

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

Date of the meeting	15/07/2015
Author	S Sandcraft - Deputy Director review, Design and Delivery (East)
Sponsoring Board member	Dr C McCall - GP Locality Lead Poole North
Purpose of Report	The report provides an overview of the status of the Better Together programme and an update on the better care fund submission.
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 This report provides an update to the Governing Body on the Better Together Programme and the Better Care Fund.

2 Better Together Programme Update

- 2.1 As previously reported, The Better Together programme (BTG), which the CCG is part, seeks to deliver whole system approaches for adult care and health, cost reductions for partners, improved health and social care outcomes for residents and greater personalised support for individuals and their families, in particular frail older people and people with long term conditions.
- 2.2 There is a wide range of change activity occurring across the Dorset, Bournemouth and Poole health and social care system which includes:
- Better Together Programme;
 - Urgent Care - focused on developing a strategic direction for urgent care services;
 - Clinical Services review – focus on developing a blue print for secondary health- care services taking account of care closer to home;
 - Individual Local Authority organisation change programmes – Pathways to independence (DCC), Core Services Review (BBC), Medium-term Financial Plan (BoP).
- 2.3 Many of these initiatives will impact each other, either providing leverage and support or in some cases, creating tension. A whole BTG programme highlight report is available in Appendix 1, which provides an overview of progress of each of the programme areas.
- 2.4 Following Harry Capron's return to his substantive post in Dorset County Council, Miriam Maddison has commenced in a fixed term position as the Better Together Programme Director.
- 2.5 An active Sponsor Board provides a leadership structure for the three main programmes set out in paragraph 2.2, with a mechanism to provide a whole view of progress, issues and resolution proposals and a reporting structure that delivers and amalgamates the work to provide a holistic view. This is particularly important in meeting the performance requirement of the Better Care Fund (BCF), which is also overseen by the Joint Commissioning Board.

3 The Better Care Fund plan

- 3.1 There are agreed, assured, Better Care fund plans, one for each of our Health and Well Being Board areas, The Section 75 agreements have been agreed.

4. Measuring the impact

- 4.1 The reductions in unplanned admissions (a target measure of at least 3.5% from the level that would otherwise have been anticipated in 2015/16), is now be the sole indicator underpinning the pay for performance element of the BCF. Performance against other BCF metrics will no longer be linked to payment although evidence of strong local ambition against them will be included in the assurance process of plans.
- 4.2 Three cluster groups of the Systems Resilience Group are established around the three main acute trusts, which include key partners across health and social care.
- 4.3 The cluster groups have identified opportunities and actions to address emergency pressures across the system, focusing on the high impact changes outlined in the Better Care Fund plan and Urgent Care Strategy. Dashboards and performance measures have been agreed and are linked to the high impact changes and KPIs within existing plans. It is recognised that achieving the reduction in total emergency admissions will be a significant challenge.

5. Pay for Performance

- 5.1 As highlighted, one of the major outcomes expected of the national Better Care Fund (BCF) programme is a reduction of at least 3.5% in total non-elective admissions to hospital for the calendar year 2015 compared to the baseline of calendar year 2014, saving £1bn a year nationally.
- 5.2 A proportion of the money saved is made available to local Better Care Fund pooled budgets through the BCF 'payment for performance' (P4P) scheme.
- 5.3 The pan-Dorset 3.5% saving target requires total non-elective admissions for calendar year 2015 to be no more than 83,252 compared to the actual baseline total of 86,300. Since this data is not available by Health and Well Being Board (HWB), using standard NHS Dorset methodology it is apportioned as Dorset HWB 45,470 (3.5% saving 1,661) and Bournemouth & Poole HWB 37,782 (3.5% saving 1,387).
- 5.4 Savings are released in direct proportion to the cumulative target – e.g. if 30% of the target has been achieved in quarter 1, 30% of the saving is released; if in quarter 2 the cumulative saving is 45% of target, the new saving released is 45% less the 30% previously released. If savings are made, CCGs are to release money into the BCF pooled fund in May, August, and November 2015 and in February 2016 (all in the financial year 2015/16).
- 5.5 The approved pan-Dorset BCF Plan noted a 'significant/moderate' element of operational risk in that total non-elective admissions may be driven up by demand more than the BCF schemes can reduce demand, and a 'moderate' financial risk in that hospital providers point out that fixed and semi-variable provider costs will not reduce incrementally with reduced admissions.
- 5.6 Since P4P payments have not been included in 2015/16 BCF scheme funding and their S.75 agreements, there is no financial risk to the pan-Dorset BCF itself.
- 5.7 Cashable savings are calculated quarterly in arrears from publically available NHS data using a national formula set out in published NHS technical guidance. Based on the standard NHS average cost of £1,490 for each avoidable admission, Pan-

Dorset's planned BCF P4P savings were £4.242m (Dorset HWB £2.315m, Bournemouth & Poole HWB £1.927m);

- 5.8 NHS Dorset CCG has advised that the cash saving released by each saved admission will be no more than £755 and the total P4P pot will be in the region of £0.234m for Dorset and £0.746m for Bournemouth & Poole (total £0.980m).
- 5.9 Most of the planned Pan-Dorset P4P savings were not expected to be achieved until the last quarter of the calendar year 2015.
- 5.10 NHS England has recently issued a national model that calculates revised P4P using newly-available admissions data. This shows the pan-Dorset target for Jan-Mar 2015 is for no more than 21,124 total non-elective admissions. Data for March 2015 will be available in mid-May 2015; Jan-Feb admissions at 14,076 suggest the target may be achieved.
- 5.11 Irrespective of the target, the CCG is cautioning that contractual obligations with providers will significantly restrict the amount that can be released into the P4P pot.

6. Conclusion

- 6.1 The report provides an update on May position of the BTG programme and the BCF. The current BTG projects progress is rated amber or green.

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Date : 09/06/15

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APPENDICES	
Appendix 1	Better Together Whole Programme Highlight Report

Appendix 1: Better Together Whole Programme Highlight Report May 2015

Current Reporting Period :	1 May 2015 - 22 May 2015	Next Reporting Period :	22 May 2015 – 26 June 2015
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Project Name		Executive Summary of progress since last report
Shared Information & Communication Technology Project Board		<p>Information governance</p> <ul style="list-style-type: none"> • Charter and governance documents now finalised for signature • Resources and guidance materials in progress • Communications plan under development • Proposed conference to launch materials and Charter under discussion <p>Business processes</p> <ul style="list-style-type: none"> • Common data sets and portability agreement drafted • Change management process awaiting approval
Project Lead		
David Vitty / Helen Cheleda		
Project Sponsor		
David Vitty		
Status		Planned progress next reporting period
Previous	Current	<p>Business process</p> <ul style="list-style-type: none"> • Agree and implement common data sets and portability agreement • Finalise common terminology and dictionary agreement • Continue planning for implementation of single assessment by April 2016 <p>Information governance</p> <ul style="list-style-type: none"> • Approve communications plan • Engage with user requirements and procurement for Dorset Care Record activities

		<ul style="list-style-type: none"> • Finalise and approve toolkit outline documents • Produce literature, resources and materials • Plan conference and launch for Information Governance and Dorset Care Record • Progress pilot of new information sharing consent form
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Project Name		Executive Summary of progress since last report
Joint Commissioning Board		<ul style="list-style-type: none"> • Better Care Fund schemes – completed and Section 75 agreements being signed • Recruitment of Senior Commissioning Manager and Finance and Performance Manager agreed- job descriptions and context statements finalised • Finance Business Partner leading on Better Care Fund work on finance and performance • Better Care Fund Quarter I report reviewed and agreed by Joint Commissioning Board • Continuing Health Care – Joint Delivery Programme Structure considered by Joint Commissioning Officers Group. Directors meeting 22 May 2015. • Funding of Joint work on/ Pan Dorset LATC business case agreed. • Gathering information regarding Learning Disability collective spend this year • Domiciliary Care – project commenced • Institute of Public Care working on Market Position Statement Pan Dorset • Clinical Services Review discussion on emerging models • Institute of Public Care meeting with Joint Commissioning Officers Group 22 May 2015 to discuss priorities and work programme
Project Lead		
Catherine Driscoll		
Project Sponsor		
Catherine Driscoll		
Status		
Previous	Current	<ul style="list-style-type: none"> • Recruitment of Senior Commissioning Manager and Finance & Performance Manager • Better Care Fund Quarter I report agreed by Health and Wellbeing Boards through delegated authority • Agree the Market Position Statement and consider engagement with providers and launch event

Project Name		Executive Summary of progress since last report
Review of Local Authority Directly Provided Services		<ul style="list-style-type: none"> • Recruitment of Executive Team Managing Director and Finance Director - Directors currently shortlisting.
Project Lead		

Notes :

Please copy and paste additional project boxes as required

Green – on target

Amber – Some challenges, but mitigating action in place

Red – Serious challenges

Andy Sharp		<ul style="list-style-type: none"> • Interim Managing Director arrangements to be agreed • Recruitment of Chair considered • Logo and branding agreed by Implementation Board and Shadow Executive Shareholder Group 21st May • Critical Go Live criteria agreed • Pan Dorset Commissioning approach – Draft and service specification circulated for comment, revised draft to be completed by 22nd May. • CQC registration – Letter to service users being drafted regarding the changes. • Engagement of trade unions and commenced staff consultation • Joint funding paper considered by Joint Commissioning Board. • 2 page article published in Municipal Journal.
Project Sponsor		
Andy Sharp		
Status		Planned progress next reporting period
Previous	Current	<ul style="list-style-type: none"> • Develop Terms of Reference for Executive Shareholder Group following Go Live • Complete work on review of business case with finance leads to ensure all set up costs captured appropriately and apportioned on a share basis or linked to company profits. • Pensions discretions considered and agreed by HR group • Prepare for session on LATC at LGA Public Sector Show 23 June and LGA conference 1st July • Interviews for Executive Team Managing Director mid/late May and Finance Director late May/early June • Staff training for new procurement procedures to be arranged • Staff ID badges – each LA to organise their own • Communications group to work on case study

Project Name	Executive Summary of progress since last report
Workforce and Organisational Development	Rotation Pilot <ul style="list-style-type: none"> • The aim is to pilot two rotational programmes; one for care staff from Pramacare, Poole Hospital and Borough of Poole Reablement. This will be on a small scale using one individual to start with from each area and the rotation will last for 16 weeks. • The second pilot is for existing students in their second year at Bournemouth & Poole College. There will be between 9-12 placement opportunities starting with the College's next intake of students in September 2015.
Project Lead	
Charles Summers	
Project Sponsor	
Charles Summers	

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Dementia Awareness Training

- Following approval by the Programme Board on the 1st May 2015 the contract to deliver Dementia Awareness and Integrated Dementia Care has been awarded to Twynham Training, who are very pleased to accept the contract and are keen to start planning the training.

Implementing Joint Ways of Working (Culture Change Education Programme)

- Channel 3 Consulting and Verve Communications are currently in the discovery phase of the project, meeting with key stakeholders in order to develop workshop that will engage multidisciplinary staff in integrated person centred working that can be delivered across the localities.

Medication Management Training

- The brief for Medication Management training for home care and residential nursing staff is currently being scoped.

Skills Development

- Health Education Wessex has been developing the “Skills for Health” programme for the past 2 years which sets the minimum standards to be achieved by Heath Organisations for their mandatory and care training elements. These organisations have been asked to provide assurance against this framework and to sign up to the framework which allows for:
 - New Starters to produce evidence of current skills and competence rather than repeating essential training
 - Transferrable records between organisations already on the Oracle LMS system, although this does not apply to all NHS Trusts in Dorset
 - There has been a focus on mandatory training but as Trusts still have a requirement to “induct” staff it is simpler to repeat the training for the annual requirements e.g. fire
- There is value in not having to repeat recent training for subject areas that only require a 2-3 year update.
- The implementation challenges are:
 - Agreement on what constitutes “Appropriate evidence” – still need to demonstrate competence and have that signed off in practice
 - Those trusts which are not on the Oracle LMS system are excluded.
- There is a huge amount of work already on going around the “Skills Passport” and similar work underway for the Skills for Care which focuses on social care staff. There does not appear to be much value in starting a separate work-stream driven by Better Together.

Notes :

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Status		Planned progress next reporting period
Previous	Current	<ul style="list-style-type: none"> Continuing with the mobilisation phase of the Culture Change Education programme for the integrated locality teams. Bournemouth University will be advertising the role of the PhD student that is being co funded by the Better Together Programme and Bournemouth University to undertake research for the Workforce and Organisational Development work stream. Attending the Partners in Care Board meeting. Working in partnership with Twynham Training to begin planning the delivery and evaluation of the Dementia training pilots. Arrange to review the 2015/16 Workforce and Organisational Development work stream budget with Health Education Wessex. Representatives from Bournemouth Borough Council, Partners in Care, Bournemouth University and the Better Together team have arranged a meeting in early June to plan recruitment activities for care workers during freshers week.

Project Name	Executive Summary of progress since last report
Locality Teams	<ul style="list-style-type: none"> Locality leadership teams have updated monthly summary report Locality leadership team membership has been updated with more GPs included. A number of key leaders from Better Together and leaders and staff from virtual locality leadership teams have met with Channel 3 and Verve to start to identify, shape and co-design cultural education programme. This includes identification of locality champions, possible dates for events and workshops and an understanding of the tailored support required by each locality. Start dates have slipped to allow for full engagement and effective co-design of programme. It is expected that engagement will be completed by June, co-design and development of programme by July/August and start of delivery of programme by September. Draft job definitions for case manager and health & social care co-ordinator have been developed and shared with virtual locality leadership teams. Next round of locality cluster group meetings planned for June. <ul style="list-style-type: none"> 1st June – Dorset WEST 3rd June – Dorset EAST 30th June – Dorset MID
Project Lead	
Sally Sandcraft	
Project Sponsor	
Sally Sandcraft	

Notes :

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	<ul style="list-style-type: none"> • Improved communication and engagement with locality staff. <ul style="list-style-type: none"> – First draft of staff newsletter produced; to be approved. • Development of evaluation methodology (questionnaire, case studies and performance measures). <ul style="list-style-type: none"> – New and simpler evaluation questionnaire produced; to be approved. – Case studies being collected from localities; on-going. – Performance data currently collected; to be considered and used where appropriate. • Further development of localities project plan and key milestones tracker. • Further development of locality contractual/commissioning arrangements.
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Status		Planned progress next reporting period
Previous	Current	<ul style="list-style-type: none"> • Agree job definitions for case manager and health & social care co-ordinator. • Complete 3 monthly detailed localities progress report. • Hold next round of locality cluster group workshops and share learning. • Complete first draft of project plan setting out key milestones. • Channel 3 and Verve to complete engagement phase with localities and to develop first draft of cultural education programme/timetable. • Further work to develop evaluation methodology. • Further work to develop contractual/commissioning arrangements.

Project Name	Executive Summary of progress since last report
Carers	<ul style="list-style-type: none"> • First draft of strategy produced • Health and Wellbeing check distributed and publicised to GP's by: <ul style="list-style-type: none"> – Letter to surgeries sent with hard copy leaflets – GP newsletter announcement – Included in GP training sessions • Young Carers leads consultation implemented
Project Lead	
Paul Miller	
Project Sponsor	
Paul Miller	
Status	Planned progress next reporting period

Notes :

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Previous	Current	<ul style="list-style-type: none"> • Delivery plan for strategy consultation agreed • Delivery plan to align existing Local authority carers' services agreed • Example GP Pathway agreed • Future CRISP website hosting explored • Further publicity of Health and Wellbeing check planned by engagement of a focus group in Weymouth and Portland locality, local carer's champions and engagement in carers week events. Development of a longer term dementia focus group.
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Project Name		Executive Summary of progress since last report
Early Help		<p>My Life My Care</p> <ul style="list-style-type: none"> • Pharmacy briefing – article published for promotion of MLMC through pharmacies <p>Early Help Board</p> <ul style="list-style-type: none"> • Board representative attendance reviewed, new representatives from CCG, Public Health and Acute and Community Hospitals secured • New workstream lead agreed as Paul Leivers - Head of Early Help and Community Services in Dorset County Council • EU Bid – still awaiting outcome <p>Self Funders</p> <ul style="list-style-type: none"> • Short article published on information and advice for self-funders in 'Your Dorset'
Project Lead		
Paul Leivers		
Project Sponsor		
Paul Leivers		
Status		Planned progress next reporting period
Previous	Current	<p>Next Steps</p> <ul style="list-style-type: none"> • VCSE to draft an aligned bid process • IPC support proposal to be developed further to include clear purpose, outcomes and indicators. Products to be explored: <ul style="list-style-type: none"> – an outcomes framework to inform grants funding allocations, commissioning decisions and service development – first draft of a Wellbeing/Early Prevention Strategy • Capacity Builder recruitment for East Dorset

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		<p>My Life My Care</p> <ul style="list-style-type: none"> Continued development of information and directory categories on MLMC. Carol Cake to attend future meetings <p>Self funders</p> <ul style="list-style-type: none"> Completion of audit process to determine which Independent Financial Advisers (IFAs) who are members of the Society of Later Life Advisers (SOLLA), are suitable for Trading Standards approval Develop delivery plan to help less wealthy people access advice from the voluntary sector that will be free at the point of delivery
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Project Name		Executive Summary of progress since last report
Systems Resilience Group		<ul style="list-style-type: none"> Dashboard – Working with Better Together to collate information on Better Together Programme, Better Care Fund and Systems Resilience ORCP – metrics agreed with providers and reporting to NHS England monthly. Easter 2015 – Providers submitted report to CCG on particular challenges /issues faced. Ambulatory Emergency Care - Strategy included in all NHS provider contracts from April 15. Work is taking place on standardising counting and costings within provider contracts. Delayed Transfers of Care – Steering group now formed and monthly meetings taking place. SRG Governance – Urgent and Emergency Care Networks will sit above SRG.
Project Lead		
Dr Simon Watkins		
Project Sponsor		
Alison Waller		
Status		Planned progress next reporting period
Previous	Current	<ul style="list-style-type: none"> Dashboard – Work on future modelling for BCF 3.5% target reduction in emergency admissions, based on last year, known challenges and incorporating Provider information ORCP Funding – evaluation of schemes and recommendations to SRG Easter 2015 – A formal report to be presented to SRG in June 2015 Ambulatory Emergency Care – Cluster groups looking to interpret the strategy on a local level and develop implementation plans. Delayed Transfers of Care – Focus of Steering Group to include Care Act 2014 and the impact on the system, improving processes and reviewing the Discharge Quality Standards. SRG Governance – Aim to review SRG governance for 2016/17 and 2017/18 to ensure fit for purpose

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Project Name		Executive Summary of progress since last report	
Community Equipment		<ul style="list-style-type: none"> • Piddlehinton site is 90% operational and now being used for recycling, maintenance and deliveries. • Demand for personal identification numbers has been managed well. To date 137 new pins have been created. • Clinical Advisory Group feedback was that despite some minor issues the new online ordering system is easy to use and the stock list has improved. Over 89% of delivery orders were placed online. 9,049 items of equipment has successfully delivered to 3,291 people across the new service area. • Collection activity has been very high in the Dorset County Council area following the start of the full collection/recycling service. • Branding and advertising both sites has been delayed by building snagging, and the priority's being given to delivery of the service. • First invoice from NRS Healthcare for April 2015 reconciled according to the Section 75 Agreement and on budget. • The service is now operational and the service critical priorities completed. The next period will be focussed on consolidating the service provision and checking off lower priority tasks still needing completion. 	
Project Lead			
Ivor Cawthorne			
Project Sponsor			
Neil Goddard			
Status		Planned progress next reporting period	
Previous	Current	<ul style="list-style-type: none"> • Piddlehinton site to be fully commissioned subject to snagging work. Remedial works to improve drainage of car park area. • Wallisdown site to have supply road resurfaced and structured roof replacement works to commence. • Assessment facilities to be finalised in consultation with clinical advisors and NRS Healthcare. • Branding to be completed for both sites and official service opening to be planned. Service promotion work to be planned with NRS. • Newsletter to go out to prescribers highlighting progress made and clarifying any issues highlighted by the Clinical Advisory Group in Partnership with NRS Healthcare. 	

Notes :

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