

Briefing Note	South Tees Integration Update
Date	14 March 2018
Purpose	To provide Middlesbrough Health and Wellbeing Board with a summary of progress on current integration work.

General Update

Single Health and Wellbeing Board

1. A further meeting took place 22 February between the Middlesbrough and Redcar & Cleveland Health and Wellbeing Boards.
2. The Boards agreed a proposal to establish a single Board with a shared vision and priorities which will be presented to the respective Councils for ratification. There is some further work to do in terms of finalising the membership of the single Board; in particular there was a motion to include a Trade Union representative, which needs further consideration.
3. The Boards also agreed:
 - a. the working arrangements for the single Board
 - b. the establishment of a South Tees Health and Wellbeing Executive
 - c. an emerging forward work programme
4. It is anticipated the first meeting of the single Board will take place in June 2018, following the two Council's Annual General Meetings. The initial agenda for this meeting includes:
 - a. Single Health and Wellbeing Board – terms of reference
 - b. Delivery Plan and performance framework
 - c. Health and Social Care Integration update – new model of service delivery options
 - d. Integrated intelligence, information and data - proposal
 - e. Sports England Bid – progress update
 - f. South Tees Health and Wellbeing Executive Assurance Report

Better Care Fund (BCF)

5. Redcar & Cleveland and Middlesbrough Better Care Fund plans 2017-2019 were submitted to NHS England 11 September.
6. The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.
7. The completed BCF Q3 2017/18 reporting templates were submitted to NHS England **19 January 2018**.
8. Work is ongoing through the BCF Monitoring and Implementation Group to evaluate all current BCF projects and schemes to ensure they are effectively contributing to the BCF requirements and are having the greatest impact. The output from these evaluations will be reported to Integration Executive Group (IEG) to assess the feasibility on continuing the schemes.

9. The Integration Executive Group have agreed to reallocate uncommitted funds and slippage (approximately £1million across both plans) to schemes the CCG can invest to support the delivery of BCF metrics this will support the CCG

Financial Challenges

10. The NHS is facing unprecedented levels of financial challenge. The South Tees health and care system is, like many other systems, experiencing significant financial pressures, due to increased demand for services.
11. NHS South Tees CCG; for the first time since its inception in 2013, is forecasting an overspend (deficit) of £10.8million for the financial year. This equates to a 2% overspend against their in year allocation.
12. In support of the CCG's financial recovery plans the Integrated Executive Commissioners Group are working together to:
 - evaluate all BCF schemes – ensure that schemes have the greatest impact – with financial positions of all organisations in mind
 - ensure that the impact of decisions as a result of financial pressures are minimised and take a system wide view
 - consider new models of service delivery - with a view to an options paper being presented to the first meeting of the single H&WBB
 - better understand and utilise the key preventative services available across the area in recognition of the important role they play in reducing demand for health services

Information and Intelligence

13. Work is underway to refresh the children and young people's Joint Strategic Needs Assessment (JSNA) in Middlesbrough and there are discussions to align the approach and process with the planned refresh of the JSNA and children's plan in Redcar and Cleveland. The next phase will be to refresh the adults and older people's sections of the JSNAs.
14. Many of the key contributing organisations work across the South Tees patch so a common approach to refreshing the JSNA is preferable.
15. Developing the JSNA is the first phase in the process as the headline datasets we are currently using cannot provide the answer to the 'wicked' questions e.g. multimorbidity, frailty in the population, its impact on health care demand and how we use whole population / whole system data intelligence to support future planning and commissioning.
16. We have been exploring the role of an integrated data set as part of the integration agenda, to enable population planning and health analysis by joining up our system data and have shared intelligence across the health and care system.
17. The Single Health and Wellbeing board's provisional work programme includes developing a joint understanding of the local challenges through better use of information and intelligence. The Board have requested a proposal to be presented to the first meeting of the Board (June 2018).

18. In preparation a short initial workshop has been arranged with key people across South Tees to consider a proposal to be taken to the Board meeting in June.
19. The workshop will cover
 - Current work taking place by North East Commission Support to develop an Integrated Data Set and the Information Governance and technical challenges that they have overcome and next steps
 - An overview of how we can use the data to inform system planning - resource available
 - Begin to explore what are the hypotheses / analytical questions we need data to answer

Non Elective Admissions

20. During the first three quarters of 2017/18 there was a decrease of 1.4% in overall non elective admissions in Middlesbrough and Redcar & Cleveland Local Authorities, compared to the previous year.
 - a. For Middlesbrough LA, there was a decrease of 1.6%
 - b. For Redcar & Cleveland LA, there was a decrease of 2.6%
21. However whilst year to date figures remain lower than the previous year, during the third quarter (October –December) non elective admissions have started to increase compared to the same period last year.
22. It is also worth noting that whilst activity is down on the year, costs are increasing significantly due to changes in the tariff for non-elective admissions.

Delayed Transfers of Care (DToC)

23. The two local authorities have maintained performance over the start of winter through October, November and December in meeting the targets set by NHS England for the number of bed days attributable to adult social care.
24. Both local authorities have therefore received confirmation that their improved BCF allocations for 2018/19 will not be reviewed and so plans can carry forward.
25. Discharge delays from mental health facilities are now being included in the national returns and a process of validation is being developed across TEWV and local authorities. Specific guidance in terms of coding and attributing delays to reflect the different dynamics and demands within mental health are starting to be issued but has not yet reached the same level of sophistication as physical health. This remains work in progress, however in terms of volume of delayed discharges is significantly lower than that experienced by the acute trust.
26. In terms of implementing the recommendations of the DToC Peer Review, in particular being braver in not relying on bed based solutions, there needs to be further work at a strategic commissioning level to identify how to stimulate the market and how to pay for this type of service delivery, particularly for those needing overnight support. Middlesbrough Council are trialling overnight care within its urban environment but it is proving more problematic within the geography of Redcar and Cleveland where the cost of overnight care has proved inhibitive.

Integration In Action

27. There has been good progress on the key initiatives being progressed under our Integration in Action themes. Key points to raise include:

Single Point of Access

28. SPA Vision agreed – areas of focus include; single point of referral for Rapid Response, extended opening times, MDT, Dashboard of information, shared care record, progress with discharge work stream and links with Single Point of Referral role based currently at the Trust
29. Work ongoing with the Rapid Response Task and Finish Group to review current rapid access points and gather information and feedback to implement a single point of referral
30. Good progress has been made recently to resolve the operational, facilities management and health and safety responsibilities for the SPA. However reliance on Redcar & Cleveland Council's I.T service to respond to requests relating to the phone system and I.T within the SPA continues to be a major risk and has been escalated to the Integration Executive Group.

Support to Care Homes

31. A number of pilot schemes ranging from 6 months to 18 months have been developed with stakeholders from the 5 South Tees partner organisations, care home representatives and other stakeholder organisations. These are all up and running.
32. However to understand the effectiveness of the whole care home programme, regular accurate data is required on the number of admissions to hospital from Care Homes. It is difficult to react quickly to emerging problems issues without timely data. We have been working with the CCG and the Trust to set up a report which is produced quarterly however this is still not timely as quarter two data has only just been received.
33. **Patient Passports** – Care Homes are still reporting the discharge checklists are not being completed by hospital staff or passports not returned to the home. Care Home staff report difficulty getting information from ward staff about their residents. The Ward Staff say they are unable to give information due to patient confidentiality. Work is going on to relaunch the initiative with a view to improving engagement and communication with hospital staff.
34. The Support to Care Homes programme has funding secured, through BCF, to recruit two physiotherapists (one for each locality). This continues to be difficult to progress due to the HR processes within the Trust.

Community Networks

35. There are two pilots across South Tees to develop community networks that support new models of care and impact on non-elective admissions in acute care. One in Redcar and one in North Ormesby.
36. Integration Executive Group have agreed to carry out a proof of concept test pilot with one GP practice in Bentley and one in Middlesbrough, to be chosen in the North Ormesby Cluster

37. The proof of concept will carry out risk stratification on the following groups:
- Patients who have visited GP more than 10 times in 6 months
 - Patients who have attended hospital for non-elective admission or A&E presentation more than three times in 12 months and have not engaged with linked GP practice
 - Social Care Service users who have frequently used rapid response for discharge but refused a package of care in the past 12 months
38. GP practices in North Ormesby cluster have not been as engaging in the development of a test pathway. This has been highlighted to the CCG practice engagement team to be picked up and addressed.
39. A bid for a NHS England Health and wellbeing grant has been being submitted via the Voluntary Development Agencies to support the expansion of care coordination across South Tees. The outcome of the bid was expected by January 2018; however we are still awaiting the outcome. This will support elements of social prescribing which is key in taking this model forward.

Integrated Falls Service

40. The commissioned falls service via the CCG has been reviewed, and it was agreed at IEG that this was an opportunity to review our overall approach to falls prevention across all organisations for a system wide, integrated approach to falls prevention across South Tees.
41. A number of events have taken place to pull together an understanding of our current systems and approaches to falls prevention and engagement within the community and with key stakeholders, this has led to the development of a draft South Tees Falls Prevention Strategy which is due to be considered by IEG later in March.

Discharge Home

42. **Trusted Assessor** – within the BCF there is funded identified to employ ‘trusted assessors’ who would work with care homes to improve the discharge process from hospital. A task and finish group has agreed to pursue a model in South Tees which is built on using someone who has been involved in the care sector. Redcar & Cleveland Council has emailed all its Care Home managers in the independent sector to ask for Expressions of Interest to be seconded to the role using allocated BCF funding. One Care Home Manager expressed an interest but has subsequently withdrawn. Following discussions with the Care Home Forum the sector is open to other alternatives such as someone being seconded from either Adult Social Care or the NHS to fulfil the role and so this is being pursued. This option has been tested with a local CQC Inspector who was receptive to the concept provided adequate support, infrastructure and systems were in place to maintain safety and quality.
43. Middlesbrough Council is evaluating whether to develop a different approach to resolve the issue underpinning this initiative i.e. how to speed up Care Home assessments/discharges from hospital and is in discussions with their Care Home market to generate solutions.
44. Due to the setback in Redcar and Cleveland we are unable to provide assurance that the pilot will commence in April 2018 as originally planned.
45. **Discharge to Assess/CHC assessments** -A pilot commenced 18 January 2018 to measure impact of Discharge to Assess on CCG funding due to cost shift within the system from social

care to health. The pilot will inform the development of new pathways for the assessment of Continuing Healthcare eligibility outside of acute hospital care.

46. The CCG has aligned a Commissioner to the pilot to closely monitor the data to ensure we have sufficient information to realistically evaluate the impact of the pilot on completion.
47. Due to the delay in progressing the Trusted Assessor model it is unlikely that the care home assessment element of the discharge pathway will significantly improve during the life of the pilot. However, the data being captured will demonstrate if there have been improvements in this element of the pathway.

Report Collated by:

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