MUNICIPAL YEAR 2015/2016	

MEETING TITLE AND DATE Health and Wellbeing Board 14th July 2015.	Agenda - Part: 1	Item: 8d
	Subject: Report From Enfield Integration Board	
	Wards: All	
Report of: Dr M Abedi Chair: Enfield integration Board	Cabinet Member consulted: N/A	

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1. EXECUTIVE SUMMARY

- The Enfield integration Board (EIB) has met twice since the last meeting of the Health & Wellbeing Board
- The key discussion and action points are set out within the body of this report and include:
  - An overview of the BCF programme
  - Approval of the clinical model of care for the Older People / Integrated Care Programme
  - Presentations from provider organisations on current work to reduce non-elective admissions.
  - Approval of the BCF Programme Risk Report
- The members of the EIB have requested that externally facilitated development sessions are set up to consider opportunities for service integration in the future. These will contribute to commissioning intentions within the NHS planning system for 2016/17. A programme brief has been developed and an appendix to this report sets out the proposed brief programme and recommendations to take this work forward.
- As part of the national BCF monitoring regime, NHS England required a routine return setting out current progress. This was completed in May and is being reported to this HWB in line with national guidance. (See Appendix 1).

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Receive the report outlining the Integration Board meetings and actions.
- Approve the plans for a short facilitated development programme for the Integration Board.
- Approve the Quarterly BCF Data Return.

3. BACKGROUND PAPERS

- Enfield Integration Board Forward Plan. (Attached).
- Quarterly BCF Data Return. (Attached).

4. Report from Enfield Integration Board

Meetings of 22nd April and 20th May, 2015.

I. Terms of Reference for Integration Board

The Terms of reference for the Integration Board were formally adopted. The Terms of Reference for the Sub-groups to the Integration Board were considered. The constituted sub groups are:

- Finance & Activity Sub Group
- Programme Delivery Group

The ToR for each group was noted and members agreed to offer feedback to officers before the next meeting. It was noted that EIB is a sub-Board of Health & Wellbeing Board and HWB being a sub group of full Council, all changes will need to be reported to full Council via Health & Wellbeing Board.

II. Better Care Fund Programme

An overview of the BCF programme was presented. In response to questions and comments, it was noted that:

- There were currently not any BCF programmes / initiatives awaiting approval (many schemes had started in 14/15 or were existing services.
- A small number of schemes were still being developed by working groups. These would come to the Board for approval in due course.
- Stakeholder engagement options required.
- Important to note that BCF is intended to be a catalyst for change and reshaping existing services.
- EIB felt strongly that dedicated time and support should be given to developing a work plan for the future. It was agreed to explore arrangements for facilitated

sessions to further develop the vision for integration and produce an outline work plan for the next 2-3 years.

- Detailed development work will take place in working groups, final decision to the EIB.
- In regards to the 3.5% acute admissions reduction target, the monthly return is quite pivotal. Important that the Finance & Activity Sub Group focus on the 3.5% info. We need local, reliable data.
- The primary focus of the BCF was to shift money from Acute to Social and Primary Care. The Integration Board was the vehicle to make this happen.
- Understanding the evidence around service change is important. Developing more clinician-to-clinician conversations would be powerful.
- A Performance dashboard is being developed and will be brought to a future meeting.
- If reduction of emergency admissions is successful, the EIB can identify areas of further investment elsewhere.
- BCF provides opportunities for acute providers to move out of traditional ways.
- Business cases need to explicitly include public engagement.
- A discussion on the EIB approach to stakeholder engagement would be welcome

III. Clinical Model for the Integrated Care Programme – Older People

An overview of the Integrated Care Programme – Older People was presented. In response to questions and comments, it was noted that:

- This discussion will focus on the clinical model – full business plan at future meeting.
- In the aims, include something more explicit about improving the patient experience.
- The programme is a network of care for individuals. The Golden thread is the patients themselves.
- Biggest challenge - cultural change for organisations and workforces.
- Organisations need to invest in workforce development for staff.
- Discovered opportunities for cost reduction, e.g. CHATs, reduced their costs and increased their service coverage.
- Concerns were expressed that behaviours of people will frustrate these schemes, e.g. contacting 999 ambulance services rather than calling local rapid response services.
- Critical to ‘right-size’ the teams (ILTs).
- ILTs are based on population and known patient numbers for each locality
- OPAU. The evidence suggests we may need a single unit (not at both acute hospitals).
- CHATs. Should have seen a correlation of improved quality and a reduction in safeguarding issues raised, but haven’t. Suggests something is not working
- Falls programme. Concern about lack of interventions to prevent primary falls. (Fracture liaison nurse, model is about what happens after they've fallen rather than prevention).
- OP frailty. Improving dementia diagnosis is a priority and therefore important to offer more services for GPs to refer patients / carers and families to post diagnosis.

- Functional mental health: There is an ongoing dialogue. The issue of Mental health for Older People has been raised but requires further work.
- It was noted that all partners have bought into the clinical model.

It was agreed that the clinical model as presented was approved – subject to some further work on some elements of the programme.

IV. Financial Report / Overview

The BCF schedule within the draft section 75 agreement and the financial programme associated with it was considered and agreed.

It was also agreed that a three-year budget plan would be constructed and discussed at a future meeting. It was noted that there was no certainty over planning assumptions beyond 2015/16 in regards to BCF and that policy may change after the forth coming election. However, it was also recognised that there was a genuine intention to continue this work – irrespective of policy mandate following the election result.

V. Re-setting / Confirming Emergency Admissions Reductions Target

Agenda item for information only (Reaffirmation of the 3.5% reduction target previously agreed by H&WBB).

VI. Sub-Acute Beds at Chase Farm Hospital

It was agreed, that the issue of resolving the issue of the (sub-acute) beds at Chase Farm Hospital that remain open is considered by, and will remain, the purview of this Board.

It was agreed to expedite this issue by asking CCG and RFL colleagues to find the most appropriate forum for addressing the details within this issue. It was noted that this matter had been previously discussed at the System Resilience Group. The matter may also need wider discussion in several fora – this would be closely managed for consistency.

VII. Presentation: Provider Trust Representatives

Representatives from provider organisations were invited to present their current and future plans to ensure the avoidance of emergency admissions and promote integrated services.

a) Fran Gertler from Royal Free London Hospital presented on behalf of the Trust. Key Messages included:

- OPAU: evaluation of the OPAUs has shown many positive achievements within integrated care. They have proved popular with GPs and patients, and their positive contribution to key outcomes including a reduction in the number of emergency hospital admissions for patients aged 65+.

- Post-Acute Care Enablement (PACE): This integrated team brings together staff from seven organisations. PACE team manages all onward referral arrangements with social care teams, and has access to rapid response enablement /home care packages as required. The service operates 7 days a week until 10pm. The patients usually go home within four hours of the clinical decision to accept onto a PACE pathway
- TREAT: actively pulls patients from A&E and provides consultant led rapid access investigations, interventions, emergency social packages and, with the support of PACE, a safe return to the community.
- Super MDTs for discharge planning
- 7 day social worker support
- Enablement wards at Chase Farm

b) Richard Gourlay from North Middlesex Hospitals presented on behalf of the trust. Key Messages included:

- Ambulatory Emergency Care: Consultant led service to be provided between 08:00 & 20:00; 7 days a week. Pull through from Emergency Department and redirection from GPs to AEC.
- Care Home assessment team & teleconferences: Consultant geriatrician input into care homes working with community matrons and other stakeholders
- Admission avoidance team: Multi-disciplinary team to review patients in ED & assessment units with a view to supported discharge home. Predominantly Monday to Friday – some coverage on Saturday & Sunday
- "Hot Phones": Acute Medicine; Care of Elderly; Surgery; Gynaecology; Paediatrics hot phones. Immediate consultant advice available
    - Manage at home
    - Manage in ambulatory model
    - Manage in assessment unit

c) Kathyrn O'Donnell from BEHMHT presented on behalf of the Trust. Key Messages included:

- NMUH Mental Health Liaison Service (MHLS): have performance targets set up to ensure avoidance of non-elective admissions, re-admissions, re-attendance and length of stay for patients
- MHLS Crisis Lounge Project enabled better patient flow through A&E exploring alternatives to admission.
- Discharge Intervention Team (DIT) developed to support managing to the contracted bed base rather than depending on independent sector placements. Won a BEHMHT special achievement award and enabled more appropriate use of recovery house beds.
- Contributions to:
    - Care Home Assessment Team (CHAT)
    - Integrated Locality Team
    - Intermediate Care Team (ICT)

Key areas of comment and debate included:

- Royal Free and North Middlesex models of care appeared similar but different. How do we know which is better (if either) and we need to understand the gaps between them.

- System really has come together well. significant impact to DToC
- Presentations have focussed on current plans. We need to be more forward looking
- Development sessions for the EIB are being planned. This will be fertile ground for identifying new opportunities for the future.

d) Presentation: GP Networks Representatives

Manuel Antony from Enfield GP Network presented on behalf of the Network. Key Messages included:

- Care for frail older people using integrated pathways
- Provide quality care around their needs within their community
- Embrace current & emerging technologies to achieve the above
- Risk Stratification - Setup "At Risk" register
- Perform pre assessment investigation
- Perform Assessments and produce Integrated care plan

Key areas of comment and debate included:

- Concern that this was already happening within ILTs
- Risk stratification still embryonic and unsophisticated at the moment
- It was beneficial to share good practice, collaborative working between providers, and we should include in development session
- Presentations show how far we've come. Enfield focus, there isn't another forum that shows this

VIII. Better Care Fund Risk Report

It was noted that these risk were focussing on the implementation of the Better Care Fund – and not those identified in the preparation of the BCF plan or the wider integration agenda. The risk register would be managed in the Finance & Activity Sub Group and reported to the Board.

The report was approved with a note that some of the risks (as currently identified) required further work on defining the risk more precisely and a wider distribution of the risk owners should be considered.

IX. EIB Development Sessions

At its meeting on 20th May, in response to comments made at its previous meeting, the EIB agreed in principle that a project brief should be developed to arrange facilitated development sessions. The suggested project brief could include the following 3 key elements:

- Alignment of commissioner priorities and vision.
- Develop a common understanding of the vision for integration with the Enfield Integration Board and to develop a work plan (potential commissioning intentions) to initiate that work.

- A multi-level / multi-organisational event (from Chief Officers to frontline staff) to realise / implement the vision for integration in Enfield; enabling new ways of working, create platforms for the delivery of the existing programme and develop potential new workstreams for the future.

5. Quarterly BCF Data Return

Under the Operationalisation Guidance published earlier this year, each Better Care Fund Partnership is required to submit performance and assurance data each quarter on a set date.

The guidance states that assurance management for the BCF will be embedded into business as usual processes in NHS England for planning, performance monitoring, assurance, and performance management as far as possible. However, on the most part, this will be at CCG level rather than HWB level.

However, on 11th May, the Better Care Support Team issued a revised and much simplified reporting template to report BCF performance for the period 1 January 2015 to 31 March 2015. Meanwhile, NHS England information from other pre-existing sources and data collections has been gathered centrally.

The revised template therefore asks for data returns by Health and Wellbeing Board area to be submitted on the following issues only:-

- Whether Disabled Facilities Grant has been pass-ported to the relevant local housing authority;
- Whether a section 75 agreement is in place to pool BCF funding in accordance with the nationally approved BCF plan; and
- Whether the six national BCF conditions are being met or are on track to be met through the delivery of the national approved BCF plan.
- This will be the only information that we require to be provided from local areas for the return that is due by 29 May 2015.

There will therefore be no collection of data around these metrics through this quarterly return (Jan 15 – Mar 15). This includes forecast performance and actual performance against BCF metrics.

6. Calendar of Meetings / Forward Plan

The Forward Plan was discussed at both meetings – with minor amendments. (Revised version attached at Appendix 2)