

MEETING TITLE AND DATE Health and Wellbeing Board 15th October 2015.	Agenda – Part: 1	Item: 8
	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:
 - Approval of the final business case the Older People / Integrated Care Programme
 - Approval in principle of a replacement project within the Children & Young People’s workstream for supporting young people with learning difficulties and challenging behaviours within borough – avoiding expensive specialist long-term placements.
 - Consideration of the finance and performance reports – including the deterioration of two key performance areas (See Appendix 1).
 - Approval of the BCF Programme Risk Report

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Receive the report outlining the Integration Board meetings and actions.
- Note the Performance report summarized within the main body of the report.

3. BACKGROUND PAPERS

- Enfield performance Dashboard (Appendix 1).
- Enfield Integration Board Forward Plan. (Appendix 2).

4. Report from Enfield Integration Board

Key Highlights from the meetings held on 15th July and 16th September 2015.

4.1. Integration Board (& Sub Groups) Governance Review:

A governance review of the Better Care Fund arrangements had been undertaken and that this would be reported to the next meeting of the Board. This may allow for some discussion on form and function of governance during the forthcoming development sessions.

4.2. Integrated Care – Older People

The full business case for the workstream was approved by the Integration Board. It was noted that this followed on from the discussions and approval of the clinical model at the previous meeting. The additional elements in the business case regarding crisis response and further seven-day working.

It was noted that the programme had achieved an 8% reduction in unplanned hospital admissions for over 65's. It was recognised that this was a good news story. However, it was also noted that admissions for 50-64 year olds and under 18's had significantly increased.

The Board agreed to:

- Reaffirm clinical model and approve the business case
- Receive regular performance updates – including key milestones for delivery. (NB: this could be in the form of a report from the Older People / Integrated Care Working Group).

4.3. Supporting Social Care Services

The business case outlining the updated expenditure plans for the funding previously known as NHS funding for social care (Section 256 monies) was approved - although there were some significant differences when compared with previous years. Included within this was funding of demographic change. Performance against the expenditure plan would be monitored throughout the year.

4.4. Intensive Behaviour Assessment & Therapeutic Service

A new service was proposed to avoid Long term specialist placements for young people with learning difficulties who presented challenging behaviours. The service would avoid costly residential accommodation through a combination of timely and intensive therapeutic support and the provision of regular, planned short breaks. Where practicable (both in terms of the capacity within the team and the suitability and individual circumstances of each potential case), the team will also support the repatriation on existing placements back into borough and with families.

At present, Enfield does not have any viable alternative to placing young people out of borough in specialist placements in the independent / commercial sector where that case has deteriorated to a stage when existing local services can no longer support the individual and / or their

families / carers to remain within the local community. As a result, young people (14-18) who are already supported by local services are placed in specialist residential placement to attempt to address behaviours. Typically, each Out of Borough placement costs between £180k - £250k P/A and most placements last for many years and bridge the transition to adult services. Presently, there are approximately 3 – 4 (new) cases each year. The cost of the new service was proposed at approximately £150k.

The board felt that, in principle, the business case was highly attractive. A very low unit cost with requiring only one successful diversion to get a return on investment. The Board agreed to approve the proposal in principle and ask the BCF Management group to sign off the final business case. In addition, it was recommended to keep business case simple, change name, buddy-up with other boroughs, looking to extend the service to include repatriation and link to existing CAMHS and Psychology Services. The final business case would be ratified at the next meeting.

5. Better Care Fund Risk Report

It was noted that these risks 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.

It was noted that one of the identified risks around the failure to reduce emergency admissions had now happened and the risk is now an issue. A steering group headed up by the CCG was looking to analyse the data and produce a report / recovery plan.

6. EIB Development Sessions

The HWB had approved the expenditure and programme with the caveat that the development session be opened up to the wider HWB. The original suggested three stages to the developments programme:

- 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.

A procurement exercise was undertaken which resulted in the appointment of the leadership Centre to facilitate the project. John Jarvis and Joe Simpson from the Leadership Centre attended the Board and discussed their approach. Using a small number of core principles [it is proposed to]:

- Establish a co-design team so that the interventions start real and stay real and the work is owned by all
- Connect the work to core issues around improving health and wellbeing of Enfield residents

- Tailor interventions to participants' needs
- Embrace wider perspectives from amongst partner organisations, communities, service users and citizens
- Keep connecting more of the system to itself.

The approach from The Leadership centre was noted and it was agreed to extend the timescales for delivery of the project until November / December.

7. BCF Finance Report

There is a current underspend within budgets of £253,750. This is largely due to delayed or phased starts to indicated projects.

8. BCF Performance Report

8.1. BCF Performance Dashboard

Current performance against the nationally defined metrics and conditions of the fund has deteriorated in some areas. The Performance dashboard is attached as appendix 1. Key messages include:

- Reducing Admissions to Care Homes is on target.
- Delayed Transfers of Care performance continues to fluctuate.
- Reablement is still not achieving target but has improved performance compared to previous months.
- The composite Patient Satisfaction measure has been updated on some of the component elements. Those elements that are updated show moderate positive progress.
- There has been a sharp rise in Non-Elective Admissions and the programme is currently failing this target.

In future, the Board requested further analysis of performance and causal reasons behind any poor performance.

8.2. Payment for Performance Q4: 2014/15

Enfield Integration Board approved the payment from the NHS Enfield CCG held contingency fund to the Better Care Fund Pooled Budget triggered by the "Payment for Performance" metric relating to the target for reducing Non-Elective admissions to hospital.

In accordance with the published guidance against a reduction target of 288 admissions, Enfield saw a reduction of 130 admissions from the revised baseline but fell short of the planned target by 158 admissions. The resultant calculation for the Payment for performance is: 130 admissions x £1,490 = £193,700.

8.3. Quarterly BCF Data Return

The Q1 2015/16, Performance and Assurance Return (completed and returned to NHSE by 28th August) was ratified.

9. Calendar of Meetings / Forward Plan

The forward plan was considered. The Board re-affirmed their preference to remain meeting on a bi-monthly cycle. (Attached at Appendix 2)