

**REPORT TO:** Health & Wellbeing Board  
**DATE:** 13 January 2016  
**REPORTING OFFICER:** Director of Adult Social Services  
**PORTFOLIO:** Health & Wellbeing  
**SUBJECT:** Better Care Board – Quarterly Update  
**WARD (S):** Borough Wide

## **1.0 PURPOSE OF REPORT**

1.1 This report provides an update for the Health and Wellbeing Board on the main issues that the Better Care Board has been focused on progressing and monitoring over the past few months.

## **2.0 RECOMMENDATION: That the Board note the contents of the report.**

## **3.0 SUPPORTING INFORMATION**

### **Better Care Board**

3.1 The Better Care Board (previously known as the Complex Care Board until it was renamed during 2014) was originally established in 2013, to ensure that an integrated system was developed and appropriately managed to ensure that the resources available to both Health and Adult Social Care, including the Better Care Fund, are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need within our community.

The Better Care Board meets on a quarterly basis and the following paragraphs are intended to provide an overview to the Health and Wellbeing Board as to the work the Board have been progressing recently in support of its overall aim as outlined above.

### **3.2 One to One Care : St Lukes**

A review of One to One provision at St Luke's Nursing home has taken place in light of an increase in the numbers of One to One support packages over recent years and the impact that this was having on service delivery etc.

As such a new policy and funding arrangements have been implemented which continues to ensure a high quality service, cost effective services is delivered.

### **3.3 Continuing Health Care**

In July 2014, four Continuing Health Care (CHC) nursing posts were integrated with Care Management Teams (Complex Care Widnes and Complex Care Runcorn). The main aim of this integration was to ensure that the resources available to both Health and Social Care are effectively used in the delivery of services.

A CHC Action plan was developed to ensure a smooth transition and identify actions to

ensure that the service be effectively delivered. Recent activity has focused on the completion of outstanding reviews that need to be completed.

As of the 1st October 2015 the Commissioning Support Unit functions for CHC have been devolved to the Complex Care service; a transition plan is in place to manage this process over the next 3-6 months.

### 3.4 **Falls**

A detailed Falls Business case that outlined current performance in Halton and plans/proposals for the future has been recently considered.

As a result of the implementation of the Falls Strategy a number of positive changes have been seen, as follows:-

- 115 fewer older people attending hospital due to a fall in 2014/15 compared with 2011/12.
- 75 fewer admissions to hospital for older people due to a fall in 2014/15 compared with 2011/12.
- 52 less hip fractures in 2014/15 compared with 2011/12.

During the last four years we have seen an improvement in three of the four performance metrics that are being used (Hospital admissions due to a fall, injuries due to a fall or due to a fracture of femur and hospital readmissions). Readmission rates have fluctuated, but overall have changed only marginally over the same period.

The next stage requires further redesign and development to maintain the success that we have seen over the last four years, as well as improving further and addressing the issues in relation to readmissions. The four areas of further redesign are;

1. Hospital discharge – specifically plugging the referral route from discharge to community intervention
2. Pre-fall exercise programme – ensuring that there is a link and a referral process in place between sports development and the Health Improvement Team
3. Tai-chi – Improve access to Tai-chi and offer a co-ordinated approach between sports development and Health Improvement Team
4. Care homes – Establish a base line and agree best practice and reporting procedures.

The majority of the recommendations within the falls business case should be delivered within existing budget as they are more about working practices and improving links between different parts of the service, however some additional resources will be required and the Better Care Fund will be used for this purpose.

The Better Care Board will continue to monitor these developments.

### 3.5 **Minor Adaptations**

There has been a change in service provider for the delivery of the Minor Adaptations Service between 1st October 2015 to 30th September 2017.

In January 2015 the Better Care Board agreed to extend the contract with Helena Property Services for Minor Adaptations to 30th September 2015. This would allow commissioners sufficient time to explore options for future service delivery and complete a procurement process for services from 1st October 2015.

A number of options were explored with housing associations and voluntary sector

organisations. However, commissioners determined that proposed pricing levels and limited experience of delivering this type of service presented a high risk of costly, poor quality service provision. The decision was taken to test the market and an open procurement process was initiated.

Operational staff and commissioners completed robust evaluation of 9 submitted bids and the three top scoring agencies were interviewed. Housing Maintenance Services (HMS) scored highest overall on both quality and price and have been offered a contract from 1st October 2015 to 30th September 2017. There is an option to extend on an annual basis to 30th September 2020 subject to satisfactory performance.

### 3.6 **Lilycross Care Home - Widnes**

The Care Quality Commission (CQC) had previously identified a number of risks at Lilycross and made a series of recommendations. The care home developed an action plan, the delivery of which was supported by the Council and NHS Halton CCG. All new admissions were suspended until the recommendations were fulfilled.

However, the home was unable to show sustained improvement and the CQC secured a court order to close down the home.

Lilycross closed on 12<sup>th</sup> August.

The wellbeing of residents was the Council and CCGs priority and we worked closely with CQC and providers to ensure the smooth transition of residents from Lilycross into alternative care.

### 3.7 **Better Care Fund Review**

The Board received a copy of the report produced by the Mersey Internal Audit Agency regarding the governance arrangements in place for managing the Better Care Fund.

The report outlined that Halton were given 'significant assurance' in relation to the arrangements in place.

### 3.8 **Halton System Resilience Group**

The Better Care Board also monitors the activity of the Halton System Resilience Group (SRG); Halton SRG reports to the Better Care Board. The SRG provides multi-disciplinary strategic direction and guidance across health and social care in relation to non-elective and elective care. It is responsible for ensuring that locally there are quality processes in place which are safe and efficient for patients and cost effective

The following paragraphs outline a number of key issues that have been dealt with via the SRG over the past few months.

### 3.9 **NHS 111 Mobilisation**

NHS Blackpool is the Lead Commissioner for the NHS 111 service contract in the North West. Since the preferred providers of the North West NHS 111 service were announced as the North West Ambulance Service NHS Trust (NWAS) and its delivery partners, Out of Hours providers FCMS and Urgent Care 24 (UC24), they have been working in conjunction with the North West NHS 111 Programme Board to effectively mobilise the new service. NB. In Halton the new service went live from 1<sup>st</sup> October.

Following service commencement, all calls to GP Out of Hours services now go through to NHS 111, where the caller's health care needs are assessed and sign-posted to the most suitable service to best meet those needs - this may include GP in or out of hours

services, Walk in Centres, pharmacy, self-care and, if appropriate, referral to A&E or 999.

Members of the public calling NHS 111 directly have seen no change in the service they are accessing, but patients calling their GP Out of Hours service will hear an answerphone message, asking them to redial the free to caller NHS 111 number

### 3.10 **Improving and Sustaining Cancer Performance**

During July and August Clinical Commissioning Groups received tripartite correspondence from Monitor, Trust Development Agency and NHS England that described the approach to improving the 62 cancer standard.

The 62 day cancer standard is that 85% of patients referred under a 14 day urgent referral for cancer will start receiving treatment by day 62 (there should be no more than 62 days between date of referral and the date they start treatment)

The tripartite approach has stated that; nationally, performance against the cancer 62 day referral to treatment standard was consistently below the required 85% at national level. Overall in Halton during 2014/15 we achieved this standard, achieving 85.81%.

The correspondence received also outlined that the remit of SRGs were to be explicitly expanded to cover the 62 day cancer standard given the need to drive better and sustained performance. As such Halton's SRG received its first report in this area at its August meeting, which focused on current performance and current work being progressed.

Performance and any necessary actions will continue to be closely monitored via the SRG in addition to other monitoring mechanisms currently in place within NHS Halton CCG.

### 3.11 **NHS England – SRG Assurance**

Substantial work has taken place since August in responding to NHSE's assurance requirements in preparation for Winter 2015/16.

As with other SRGs, Halton have been self-assessing themselves against the following areas:

- Winter readiness
- Governance and leadership
- Capacity, Demand & Data Analysis
- Non-acute demand
- 24/7 Liaison Mental Health service
- 8 high-impact interventions
- Ambulance high impact changes (in conjunction with lead commissioning CCGs)

Information has been returned in line with NHSE requirements and discussions have been ongoing with NHSE regarding Halton's level of assurance.

### 3.12 **Winter Preparation 2015/16**

A number of issues have been considered by SRG as part of winter preparations for 2015/16, as follows:-

#### 3.12.1 **Marketing Campaign 2015/16**

The SRG received proposals in respect of the marketing campaign planned for Winter. The proposals were agreed in respect of where we will advertise and when and it was

agreed that the local focus would be very much focused on the promotion of the Urgent Care Centres.

### 3.12.2 **Winter 2015/16 – Schemes**

Funding for schemes that will support the operational delivery of managing the changing demand particularly during the winter period has been discussed at the SRG. The schemes proposed for this Winter are similar to those that evaluated well last year.

The schemes identified will:-

- Support the flow within A&E within Whiston and Warrington Hospitals;
- Support the flow through acute bed base; and
- Deflect admissions from A&E.

### 3.12.3 **Flu Preparations - Winter 2015/16**

The SRG considered a report from Public Health which provided an overview of changes to and requirements of, the annual seasonal influenza vaccination campaign for the 2015 – 2016 flu season. The SRG considered the implications of this for the Local Authority and health and social care partner agencies.

## **4.0 POLICY IMPLICATIONS**

4.1 None associated with this report.

## **5.0 FINANCIAL IMPLICATIONS**

5.1 None associated with this report.

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **6.1 Children & Young People in Halton**

The Better Care Board has a role to play in ensuring that there are effective arrangements for children's transition services are in place.

### **6.2 Employment, Learning & Skills in Halton**

None identified.

### **6.3 A Healthy Halton**

The Better Care Board has a significant role in driving forward the further integration of Health and Adult Social Care Services which will have a direct impact on improving the health of people living in Halton.

### **6.4 A Safer Halton**

None identified.

### **6.5 Halton's Urban Renewal**

None identified.

## **7.0 RISK ANALYSIS**

7.1 None associated with this report.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None associated with this report.