West Sussex Better Care Fund

Narrative Plan 2016/17

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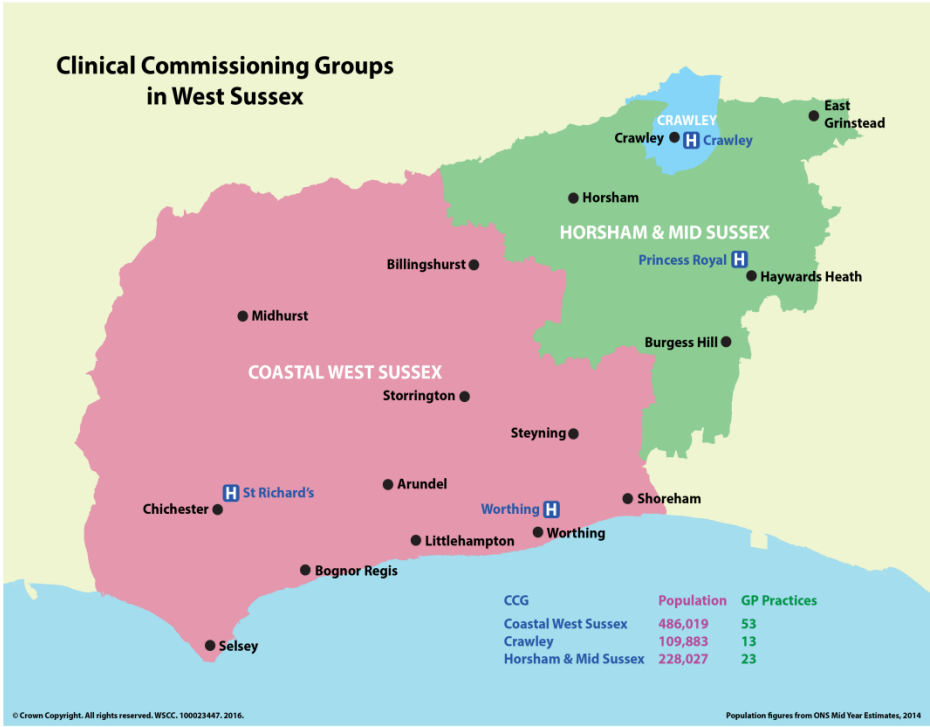
Contents

West Sussex BCF 2016/17 Narrative Plan Contents



Vision

Better Care Vision across Health and Social Care

Vision For Health And Care Services

The vision for 2019/20 remains a shift from reactive to proactive health and social care to enable more people to have healthier, safer and more independent lives in their own home and community for longer, receiving the right care in the right place at the right time.

A focus on ensuring more people are able to self-care and, through earlier interventions and preventative services, people will have received treatment or care earlier in their condition or problem. People's mental health as well as physical health will be supported, particularly those people with dementia and people with co-morbidities.

A proactive approach to the provision of health and social care and support in the community to be delivered in partnership through GP practices, integrated health and social care multi-disciplinary teams, community based health and social care services and co-located specialist services.

Delivery of good quality crisis and urgent care in the community, preventing unnecessary hospital admissions by developing additional health and social care and support capacity seven days a week, particularly around hospital avoidance and discharge services.

We understand that without the support of carers the local health and social care system will face an increasing demand for services. We will therefore continue to invest in services for carers to ensure that they are able to maintain their own health and wellbeing and will also consider how we can support carers better when they or the cared for person, faces a crisis or requires a stay in hospital.

Connected information systems will ensure a smoother journey for the patient through health and social care systems, with technology and risk stratification used to ensure that patients/customers will be proactively supported and receive earlier interventions and/or more targeted treatment or care. The 2016/17 plan builds on the work started in 2015/16 and is embedded across health and social care systems. [1]

The BCF continues to act as a catalyst through the Five Year Forward View to support:

- **Jointly managing crisis, discharge and short term interventions in the community**,
- **Proactively managing Long term Conditions in partnership,**
- **Jointly integrated commissioned services**

Vision (2)

West Sussex focus is on improving the health and wellbeing of our populations by:

- Delivering preventative and pro-active care, to help people keep themselves well and encourage access to services which improve their wellbeing.
- Strengthening the way we work in our communities, to deliver new models of care which are better able to meet their health, social and wellbeing needs.
- Integrating health, social care and voluntary sector services, to provide better joined up care and support across the services we commission.
- Improving our pathways of care, to deliver better clinical outcomes and choice for patients, and improve the overall patient experience.
- Providing more integrated urgent care in our communities, so that people can be treated locally and do not have to travel to hospital unless it is clinically necessary.
- Achieving parity of esteem across our mental health services, to deliver the new access standards, diagnosis rates for dementia and transform care for people with learning difficulties.

Local Need

Together all local partners have considered how the local needs [6] in the context of the Five Year Forward View (NHS England, 2014) will be met. In addition as part of the Sustainability and Transformation Plan, all CCGs are working with health and social care partners in Sussex and East Surrey to tackle these issues collectively, and deliver the triple aim of; Transformed quality of care; Improved health and wellbeing; and Sustainable finances.

Our vision for the BCF, therefore builds on the assessed local needs as advised by the recommendations of the Joint Strategic Needs Assessment (JSNA) [9] produced by West Sussex County Council, national and pathway-specific benchmarking tools and good practice examples such as the Atlas of Variation, Commissioning for Value packs, and the evolving Vanguards and Right Care CCG packs. Any plan for the redesign of care pathways will be then shaped by the needs of the population, and what local people, patients and partners tell us about through our communication and engagement with them. The West Sussex Health Profile [13] profiles key statistics and population details**.**

- **Demographics:** The population of West Sussex is growing with an expected overall increase of 8% by 2020 but with far higher increases for older age groups with increasing need for personal and social care.
- **Life Expectancy:** Although life expectancy in the county is above the national average the rate of increase is slower in deprived communities.
- **Deprivation:** Although a county of relevant affluence, West Sussex has pockets of significant deprivation in Crawley, along the coastal strip, and in a number of rural pockets, with associated health inequalities.
- **Long-term Conditions (LTCs):** With an increasing number of older people within the county, the prevalence of physical and sensory impairment, dementia and multiple long-term conditions will increase. Key areas of prevention and early intervention for West Sussex include:
  - An increasing prevalence of diabetes (currently 6%)
  - An estimated 15% to 30% of dementia linked to preventable cardiovascular health problems.
  - 1 in 10 surveyed respondents with LTCs saying they did not have enough support to manage their conditions
  - A comparison of estimated prevalence with recorded prevalence indicating the likelihood of currently undiagnosed people with LTCs presenting at late stage or as an emergency
  - **Mental Health:** Although the prevalence of mental health conditions is broadly in line with national averages, demand for specialist mental health provision has increased.

West Sussex Better Care Fund Schemes

The review and prioritisation of schemes delivered through the BCF in 2015/16 was completed to ensure there remains maximum efficiencies in delivery, interoperability and ensuring quality services and improved outcomes. Funding levels for existing schemes have been agreed as the same allocations as 2015/16, to enable stability in schemes and to maximise the fund for new integration and transformation schemes in 2016/17. One scheme was funded in 2015/16 that will be implemented in early 2016/17 for Electronic Social Care Monitoring. [2]

Key priorities are the delivery of seven day services; reducing the number of non-elective admissions; delayed transfers of care; protecting social care services and improved data sharing across health and social care based on NHS number. Joint assessment and local integrated teams will support these areas of working.

All health and social care partners will build on established joint working relationships and management of health and social care systems,[15b] in order that agreed system strategies, planning and priorities are joined up, the impact of improvement is maximised and risk is effectively managed. BCF being fully embedded in CCG Operational Plans. [3]

The Health and Wellbeing Board (HWB) is fully engaged in the development and monitoring of the plans, with the Joint Commissioning Strategic Group (JCSG) overseeing and assuring delivery. These arrangements compliment local priorities and delivery plans across health and social care.

As part of the new National Conditions, health and social care partners will continue to work across health and social care systems to support the development of out of hospital services; and to particularly develop a clear, focused action plan for managing delayed transfers of care, including locally agreed targets. By working collaboratively, health and social care partners will seek improved outcomes for its patients and the residents of West Sussex. [7b]

Evaluation of 2015/16 Better Care Fund

Looking back and reflections

Look back 2015/16

In 2015/16 West Sussex Better Care Fund [1], established a way of working with all commissioning partners to design, develop and agree the joint programme of work to deliver better outcomes for patients, and improve services. A BCF PMO/Co-ordination team was established which is hosted by HMSX CCG and these arrangements continue into 2016/17.

In moving forward the BCF will be used for genuine transformation of the health and social care systems in West Sussex to meet the combined challenges of the demands of a growing older population and reducing budgets. This transformation will mean health and social care services consistently provide people with the right care, in the right place, at the right time and with care that is planned and tailored to individual capabilities and needs. In 2015/16 we embarked upon that journey, and recognise that full realisation will continue to take time, however, working in partnership with all stakeholders, we feel confident that the benefits may be realised by the ultimate arbiter – the patient or service user.

The aims to achieve Payment for Performance monies was not realised due to increased acute activity, and this meant additional transformational schemes were not funded. For 2016/17 opportunities for new areas of transformational investment have been maximised. [2]

Look back 2015/16 (2)

The Self Assessment Toolkit was utilised through two key surveys. This evaluation has led to detailed discussions and revised activity regarding engagement with senior managers across the organisations and ensured clear lines of accountability, and evidencing improved outcomes. An audit has also been undertaken to ensure the effectiveness of the BCF and governance arrangements and taking these forward to 2016/17.

Leading and managing a successful Better Care Implementation
Areas of focus include:

- *More transparency in activity and reporting.*
- *JCSG members to fully engage and take ownership.*
- *Have better processes for monitoring performance and understanding why outcomes are not being achieved rather than just simply reporting them.*
- *Ensure programmes and services are focusing on improved outcomes and evidencing the activity effectively.*

Aligning systems and sharing risks and benefits

- *More alignment with the plans of individual organisations so that risk management plans and overall service objectives are shared and clearly understood.*
- *Less focus on organisation and more on West Sussex footprint.*
- *Develop joint risk sharing policies and genuinely share risk to transform and innovate.*
- *Working together on targeting a reduction in NEA - Not one organisation's issue to resolve.*

2016/17 Schemes

Rolled forward schemes and new Integration and Transformation Schemes

2016/17 Committed Funding Schemes

Scheme Name	Scheme Type	2016/17 Expenditure (£)
Disabled Facilities Grant	Personalised support/ care at home	£6,467,144
Protecting Social Care Services	Integrated care teams/ Personalised support/ care at home / 7 day working	£16,500,000
Proactive Care/Communities of Practice	Integrated care teams	£10,429,000
Carers Assessments	Support for carers	£250,000
Reablement	Reablement services	£4,097,000
WSCC Carers Initiatives	Support for carers	£1,628,300
WSCC Carers Initiatives	Support for carers	£1,320,000
Carers Support in Acute	Support for carers	£225,000
Carers Health Team	Support for carers	£128,000
Carers Health Team	Support for carers	£148,000
Telecare	Assistive Technologies	£300,000
Community Equipment	Personalised support/ care at home	£650,000
Social Care Reablement	Reablement services	£420,000
Improving Quality in Care Homes: Firefly	Improving healthcare services to care homes	£35,000
Care Act Initiatives	Support for carers	£2,017,000
Better Care Fund Programme Support	Other: Programme Support for BCF	£200,000
Integrated Hospital Discharge	Integrated care teams	£519,613
Falls	Personalised support/ care at home	£270,000
Dementia	Other: Memory Assessment Service to support diagnosis	£100,000
Programme Support for Care Homes	Improving healthcare services to care homes	£100,000

2016/17 Schemes (1)

DISABLED FACILITIES GRANT (DFG)
To provide for adaptations to a disabled persons property that are both necessary and appropriate for the needs of the disabled person and reasonable and practicable in relation to the property to support individuals across West Sussex to remain independent in their own homes. The DFG allocation is apportioned across seven district and borough council areas.

PROTECTING SOCIAL CARE SERVICES https://www.westsussex.gov.uk/social-care-and-health/how-to-get-social-care-help/adults/planning-your-care-support/
The social care services protected through this committed funding will:

- Provide positive outcomes for people through optimising not only their health and well-being but also their independence
- Contribute to the local transformation and integration of health and social care systems
- Enable social care services to develop in line with the overarching design principles and revised ways of working agreed and expressed in the BCF Plan
- Reduce the need for more costly acute health interventions by supporting people to remain in their own home and in their own community when they:
  - Face a deterioration in their health and / or longer term condition(s)
  - Have a crisis
  - Have a need to be discharged from hospital at a time that is appropriate and in a way that enables them to be supported to remain independent and not require further acute or community health services

PROACTIVE CARE/COMMUNITIES OF PRACTICE
HTTPS://WWW.CONNECTTOSUPPORT.ORG/S4S/WHEREILIVE/COUNCIL?PAGEID=1537
HTTPS://WWW.YOUTUBE.COM/WATCH?V=JMNCNGAAOAU&FEATURE=PLAYER_EMBEDDED
To develop community based integrated teams to offer holistic care to the growing frail elderly population and those with complex needs including long-term conditions; reducing their risk of unplanned hospital admission.

2016/17 Schemes (2)

REABLEMENT
Reablement aims to reduce / prevent hospital admissions. Reablement is key in the prevention agenda and seeks to help people maintain independence for as long as possible.

WSCC CARERS INITIATIVES x2
HTTPS://WWW.CONNECTTOSUPPORT.ORG/S4S/WHEREILIVE/COUNCIL?PAGEID=1879
To ensure Carers feel less isolated, stay mentally and physically fit and maintain their wellbeing and life outside the carer role.

CARERS SUPPORT IN ACUTES
To ensure Carers feel less isolated, stay mentally and physically fit and maintain their wellbeing and life outside the carer role.

CARERS HEALTH TEAM x2 http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=22403
To ensure Carers feel less isolated, stay mentally and physically fit and maintain their wellbeing and life outside the carer role.

TELECARE https://www.westsussex.gov.uk/social-care-and-health/social-care-and-health-information-for-professionals/west-sussex-telecare-service/
To drive the adoption of technologies which assist delivery of health and social care and to develop a culture where Assistive Technology is the primary consideration by members of the public and health and social care professionals.

COMMUNITY EQUIPMENT https://www.westsussexconnecttosupport.org/s4s/WhereILive/Council?pageId=1813#Find=Equipment
To enable people with increasingly complex needs to remain in their own home and to support new models of community based health care.

2016/17 Schemes (3)

SOCIAL CARE REABLEMENT SUPPORT SERVICE
https://www.westsussex.gov.uk/media/3555/ws443_regaining_independence_support_service_2012.pdf
To support and to maximise the effectiveness and value of reablement support to prevent customers from needing to receive additional and/or more intensive health and social care services.

CARERS ASSESSMENTS: HTTPS://WWW.CONNECTTOSUPPORT.ORG/S4S/WHEREILIVE/COUNCIL?PAGEID=1879
Additional funding for undertaking Carers Assessments aligned through the Care Act

IMPROVING QUALITY IN CARE HOMES: FIREFLY http://care.firefly-online.net/
Firefly, through its data intelligence and algorithmic capability, will grow to be a key tool for monitoring the state of the market and for strategic decision making.

CARE ACT INITIATIVES: https://www.westsussexconnecttosupport.org/s4s/WhereILive/Council?pageId=1649#Find=care act
To support the implementation of the new duties for Local Authorities to be brought in under The Care Act.

BETTER CARE FUND PROGRAMME SUPPORT
To enable agreed transformational programme work to be funded.

New Schemes for 2016/17

INTEGRATED HOSPITAL DISCHARGE: *New investment through the Better Care Fund of £520,000*

To develop a longer term high level Target Operating Model developed through joint working, focused on a flexible and seamless response across the end to end system, for integrated hospital discharge across West Sussex. Reviewing Front and Back Door within acutes and through targeted integrated 7 day working and trusted assessor. It is anticipated that the outcomes from moving to the Target Operating Model are:

- Reduction in non-elective admissions
- Reduction in excess bed days
- Reduction in Delayed Transfers of Care from Hospital
- Reduction in length of stay
- Improved individual outcomes
- Improved customer experience
- Care Act compliance
- Reduction in new admissions to permanent residential care straight from hospital

FALLS: *New investment through the Better Care Fund of £270,000*

Assessing needs and gaps for Falls Prevention Services across West Sussex and the identification of the potential capacity that needs to be found. By tailoring the approach to Falls according to both the Falls Risk Assessment Tool (FRAT) score as well as Patient Activation Measure (PAM) - this will direct patients to the appropriate level of Service according to both their Clinical need as well as ability to self manage.

DEMENTIA: *New investment through the Better Care Fund of £100,000*

Support to provide equity of access across the County for the Memory Assessment Service, so that people with dementia are diagnosed as early as possible, and are able to receive appropriate support and services. The service will be provided in line with the West Sussex health and social care dementia framework.

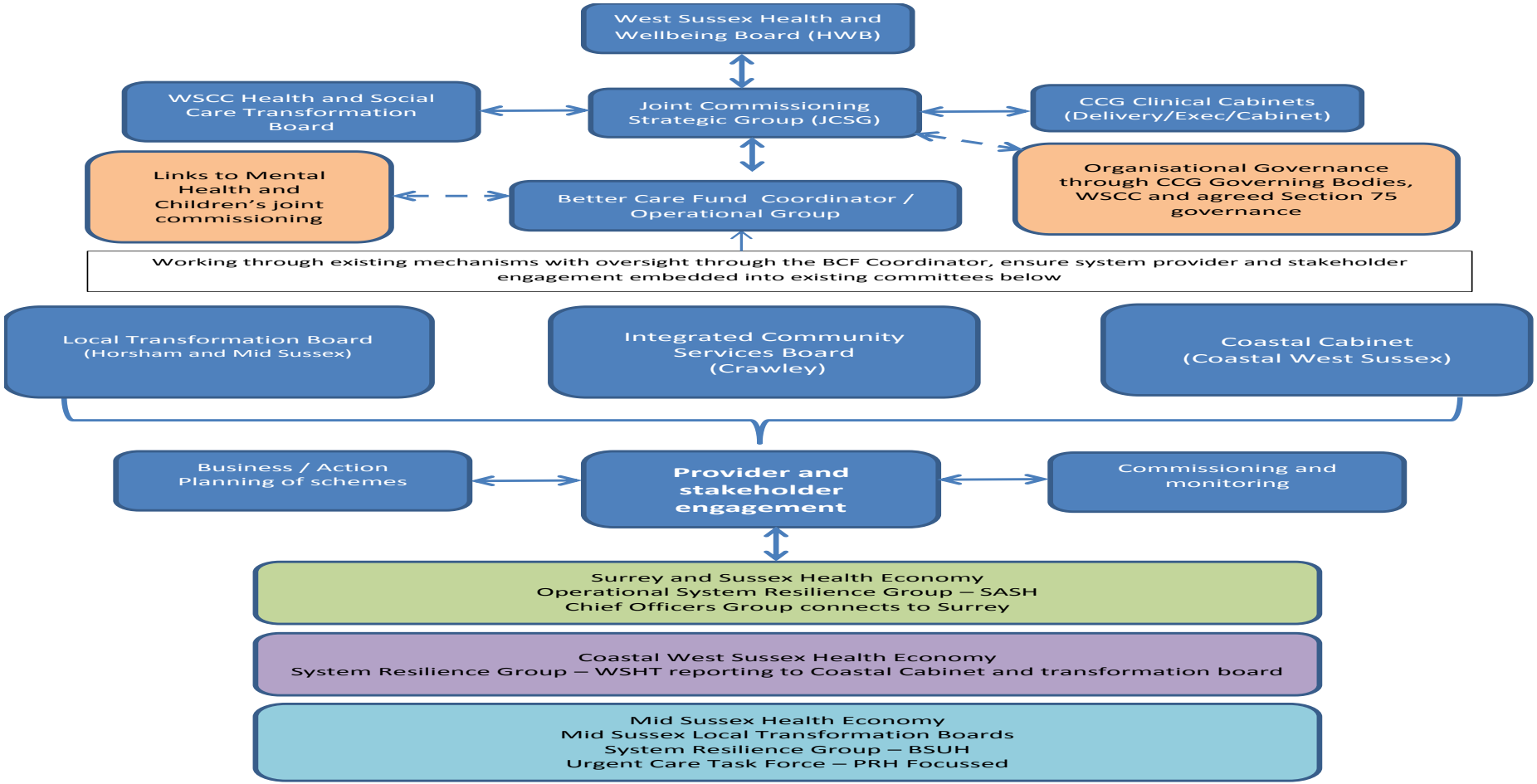
REVIEW OF NURSING HOME ACTIVITY*: New investment through the Better Care Fund of £100,000*

Programme Support to scrutinise all of the work, current activity and evaluation to quantify how much money is being spent across the health and social care economy within care homes. To explore the potential rationalisation in order to achieve better outcomes and achieve a reduction in spend that could be reinvested in transformational activities.

Governance and Assurance Processes

2016/17 Plans

BCF Governance in West Sussex 2016/17



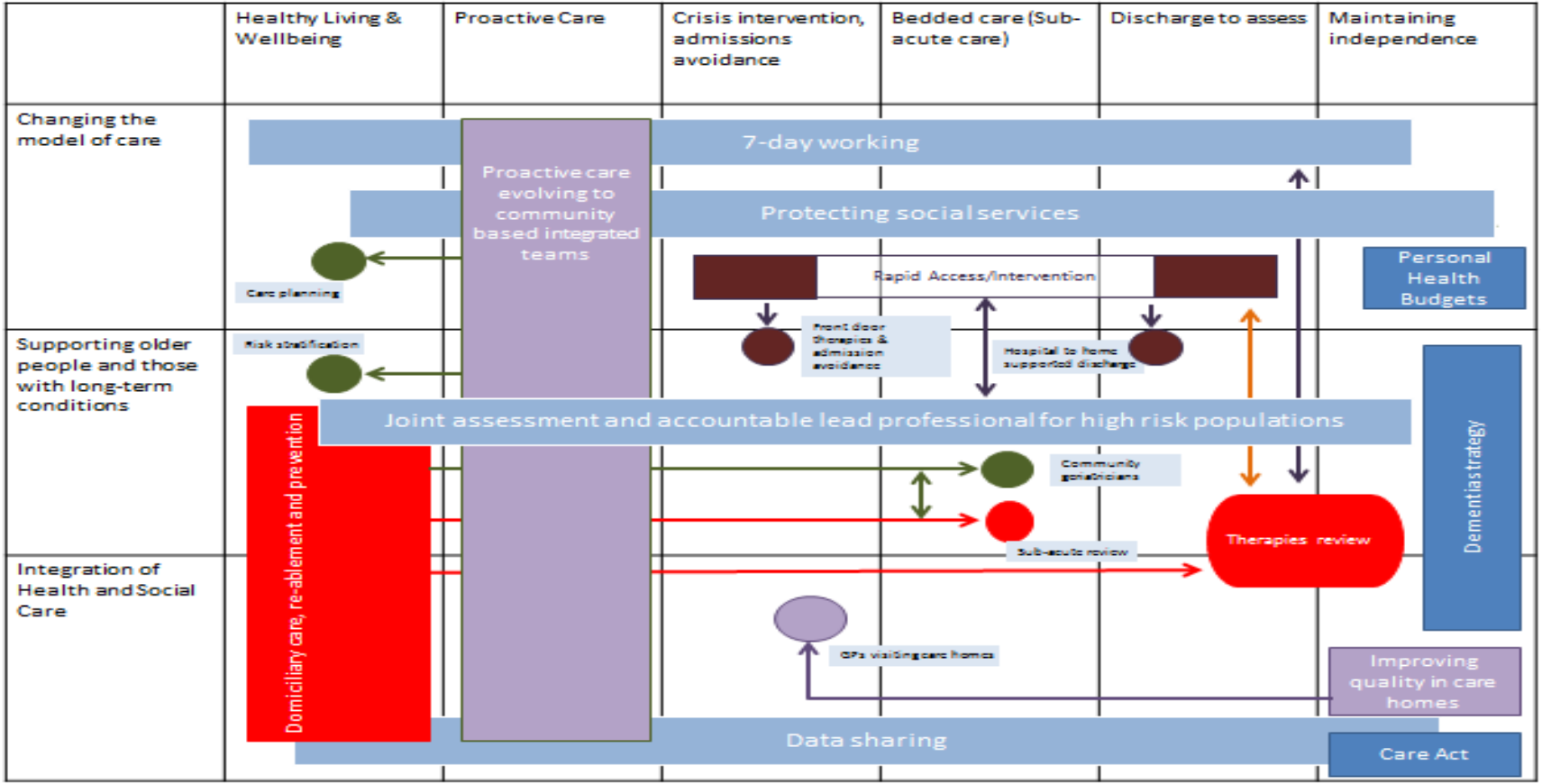
BCF Governance in West Sussex 2016/17 (2)

The ultimate management of the BCF remains through the West Sussex Health and Wellbeing Board (HWBB), however the HWBB have delegated the management of the delivery of the BCF to the West Sussex Joint Commissioning Strategy Group (JCSG). This comprises key executives from the County Council and the three West Sussex CCGs.

The JCSG provides the forum for the four parties to agree their approach to transforming the health and social care system through joint commissioning, integrated approaches to care and the BCF. The JCSG also monitors progress and expenditure of the BCF and discusses, agrees and manages remedial actions should plans go off track. The JCSG is not separately accountable in itself, with each member organisation having governance and accountability arrangements at individual organisational levels. For WSCC this is the Health and Social Care Transformation Board (reporting to WSCC Cabinet as required) and for the CCGs this is their Clinical Cabinets supported through their Local Transformation Boards.

A key agreed principle is that the BCF provides an opportunity and leverage for change however should not be dealt with outside of the whole system context.

Inter-relationships between BCF programmes and CCG/WSCC



Meeting the National Conditions

'Please note: "No - in development' against the National Conditions has been selected as per the guidance to describe when a condition is not currently being met but a plan is in development to meet this through the delivery of our BCF plan in 2016-17

Additional information contained within the 3rd Planning Submission Template and both documents should be read together

National Conditions

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
1) Plans to be jointly agreed	Yes	The 2016/17 Better Care Fund Narrative Plan has been developed jointly with all key stakeholders and agreed through the governance structures within the organisations and through the Health and Wellbeing Board (HWBB). A refreshed Section 75 agreement is being developed to capture the changes in national conditions and new schemes for 2016/17. Addressing future capacity and workforce requirements across the system are aligned with the HWBB strategy with the outcome for a vibrant and motivated workforce with the right training and the right values to support a high quality health and care system . [8]
2) Maintain provision of social care services (not spending)	Yes	Protecting social care means continuing to meet current levels of eligibility to ensure eligible adults who are at risk of harm, abuse or neglect are safe, as well as helping people with long term conditions and/or age related co-morbidities to live independently as long as possible through person centred support. Adult Services is keen to work jointly and in partnership with health commissioners, health providers and other stakeholders to look at ways of integrating the commissioning and delivery of health and social care services to: • support people to remain in their own homes through a health or social care crisis • support people to not have to be admitted to hospital unless that is the best place for them • ensure people are only in hospital for as long as is necessary • support people to return to their own home after being in hospital as soon as it is appropriate and safe for them to do so • enable people to manage their care and support needs within their own home and community It is important, though, to see the Better Care Fund funding of £16.5m, which is continuing to be provided for protection of social care services, as helping sustain the wider health and social care system in West Sussex rather than as the source of funding for a narrow list of services. [11]

National Conditions (2)

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	No - in development	The implementation of an integrated discharge model will formalise the current arrangements that are in existence across West Sussex and ensure the key linkages are made to deliver equitable and accessible 7 day services. We are building additional capacity through block contract arrangements with providers. Daily coordination provides the overview of activity and caseload prioritisation and determining enhanced availability for packages of care across the county. [1] Additional bed capacity has been created with weekend opening for health professionals to refer patients needing urgent, but non-life threatening treatment, help divert patients away from the acute sector and other community services during significant winter pressure. This will be further developed in 2016/17 by Social care and health commissioners by ensuring that 'wraparound' services, for example equipment, domiciliary care, Telecare, pharmacy services, patient transport and therapies are available seven day a week through market development and re-commissioning work with health and care providers. Commissioners expect all schemes to continue to impact on both emergency admissions, length of stay and discharge processes, and specifically delayed transfers of care by ensuring access to diagnostics, senior decision making, therapy services aligned to 7 day social care services and community health services, as defined in the clinical standards for 7 day working (NHS England, 2013). This network of 7 day services will mean patients are not unnecessarily admitted to hospital to await senior review or diagnostic results, and if required they will be able to be discharged on any day of the week thereby reducing length of stay and delayed discharges. This will also enhance the patient / service user experience. The CCG's will work with stakeholders to develop the Operational Resilience and Capacity Plan in line with NHS England's requirements which will include 7-day working as required by national policy. We will work with providers to ensure services can be delivered sustainably 7-days and to meet the nationally mandated 2016/17 deliverable of rolling out of four clinical priority standards in all relevant specialties to 25% of population. The new scheme for 2016/17 on Integrated Hospital Discharge will focus on transforming hospital discharge by integrating health and social care services to: • Develop more effective proactive discharge planning processes across the whole hospital pathway to avoid admissions and reduce length of stay • Develop an integrated approach to facilitating hospital discharge in a timely manner • Prevent readmission following hospital discharge through review of on-going support pathways/provision and outcome based planning approaches for those with long term conditions

National Conditions (3)

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
4) Better data sharing between health and social care, based on the NHS number	No - in development	West Sussex County Council has continued to seek resolution throughout 2015/16, through the LGA with HSCIC on the use of NHS Numbers for social care data. This relates to HSCIC's powers under the framework provided by the Health and Social Care Act, and this is impacting on a number of other local authorities. High-level attempts at resolution are on-going, including engagement with LGA, HSCIC, and minister. As per the guidance no batch transfers of the NHS number has been made to the local authority which has impeded progress in this area. The development of Open APIs to digitally share relevant service-user information falls under the scope of the forthcoming 'Digital Roadmap' for the Coastal West Sussex footprint (comprising Coastal West Sussex CCG, Crawley CCG, Horsham and Mid Sussex CCG, and West Sussex County Council along with two further CCGs, Brighton and Hove City Council, 8 providers, and 150+ GP practices), supporting the plan to deliver a paper-free NHS by 2020. In the meantime, an interim solution is in place allowing professionals treating the same patient to share information on a 'read only' basis. This is currently available to GPs, mental health, and community teams with social care to be included once the NHS Number issue is resolved. Through Sussex wide collaboration a system whereby patient data can be accessed between care settings. Has been developed. The Read Only Care Information system, (ROCI), allows clinicians and social care faster access to patient records held by other professionals treating the same individual. All health and social care organisations across Sussex are party to an Information Sharing Agreement defining the lawful and appropriate use of the system. This will be further articulated in the final version of the Digital Roadmap due in June. There continues to be well developed Information Governance arrangements and data sharing agreements in place supported by and over seen by the Commissioning Support Unit (CSU), and through WSCC Information Governance arrangements.

National Conditions (4)

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	The CCGs and Adult Social care in West Sussex are already well advanced in their implementation of risk stratification. The approach to risk stratification is based on the Kings Fund combined predictive model. This relies on 2 years history of primary care and secondary care information to predict the risk of admission in the next 12 months. In Crawley Horsham and Mid Sussex CCG area, the segment of population that we prioritise in the proactive care model is 65 -85% risk of admission. In Coastal West Sussex CCG area, it is focused on top 2% of the population and now moving towards the top 10% of the population who are at risk of admission. Work is currently being undertaken to input social care data into the risk stratification tool. Not only will this ensure social care clients are considered more within the proactive team work, but will also enable commissioners to get a much better understanding of the interactions of health and social care services within patient pathways. Additional scoping to include mental health and community data in risk stratification tools are also being reviewed We are currently improving performance against NHS mandate's target on dementia diagnosis rates across West Sussex and exceeding it in 2 out of 3 CCG areas. Improvements to the Memory Assessment Service pathway in partnership with primary and secondary providers are being actively planned. The CCGS and LA together with our wider communities are also working in partnership to develop 'dementia friendly' towns and services.

National Conditions (5)

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	No - in development	Against the guidance this remains in development as engagement with providers regarding NEA's and DTOC is embedded in business as usual and contracts and service specifications. As part of contract negotiations and the contract round for 2016/17, providers have been engaged regarding activity and the key focus on a reduction on Non Elective Admissions (NEA's) and Delayed Transfers of Care, as part of the delivery of QIPP. This includes detailed QIPP summary documents circulated to providers as part of on-going discussions. [12] The CCGs continue to engage with providers through a series of related work streams, including: • Urgent Care plans have been co-designed through Urgent Care Working Groups and Boards. • The joint 'Sub-Acute Review' with West Sussex County Council included provider consultation as part of the evidence review. • A joint review of discharge planning processes in Coastal West Sussex has identified a number of the local plans to be supported by the BCF. • The development of the proactive care programme; consulted in the development of ; and includes providers within the sponsor group. • Aligning contracting mechanisms to BCF plans such as Lead Provider arrangements for key elements of proactive care and rapid assessment and intervention schemes. Through their annual plans, providers have taken into account national drivers when developing the strategic direction of their organisation, including: Five Year Forward View (5YFV) How the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health. Triple Aim (outcomes, quality, cost) Triple Integration (health and social care, physical and mental health, primary and specialist) Moves to seven day, 24 hour working for NHS Social Care Providers continue to be engaged with West Sussex County Council through a range of various mechanism, including the Domiciliary Care Strategy Group and a number of forums including the Mental Health and Learning Disability Forum, the Care Homes Managers Forum, the Physical Disability Forum and any one off consultation events relating to specific work streams.

National Conditions (6)

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
7) Agreement to invest in NHS commissioned out-of-hospital services	No - in development	There will be a Risk Share agreement in place to address the over activity in Non Elective Admissions seen throughout 2015/16 and this is being developed in line with the guidance. The West Sussex risk share approach has been evaluated by PPL consulting and determined that it meets the national conditions, as there is an agreed approach to financial risk sharing and contingency. Due to the levels of activity across the health system the CCGs have agreed to share the risk and have determined the levels of risk, aligned to their populations. Analysis of levels of activity has determined that the over activity seen in 2015/16, if replicated would cost more than the maximum risk share pot of £14,870,430. The new schemes for 2016/17 include integrated hospital discharge to support people from an acute setting and develop further out of hospital services.

National Conditions (7)

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - in development	The action plan remains in development by the three CCGs and West Sussex County Council, and providers, however builds on work through the System Resilience Groups and action plans in place across the different acute systems to implement the SAFER Patient Flow Bundle. [7a] Proposal for the inclusion of a target across West Sussex of 3.5% reduction against the overarching plan. West Sussex partners would like to move to adopting the Stranded Patient Metric across all health systems including Mental Health, Community Hospitals and Acutes. The target of 3.5% does acknowledge that there are different individual variations in the different systems and the level of measurement is subject to interpretation. There are a range of programmes across the health and social care system in West Sussex that support the reduction on delayed transfers of care, although may not be being funded directly through the provision of Better Care Fund monies. These programmes include: • Crawley Transformation Projects (impact on SASH): Sub-acute ward on 6th floor of Crawley Hospital. This will enable patients to be moved out of the acute hospital earlier in their pathway. • Integrated Hospital Discharge (impact on SASH and PRH): Roll out of work scoped by Peopletoo and signed off by all stakeholders to deliver a fully integrated pathway to support discharge out of hospital. This is a new scheme funded through NCF for 2016/17. • Responsive Services (impact on SASH and PRH): Consolidation of specific community teams i.e. admission avoidance, intermediate care etc into a single responsive services team that will include inreach into the hospitals to deliver early supported discharge • Community Beds review (impact on SASH and PRH): Refreshing service specification for all community beds to maximise efficiencies around staffing and case mix coming into community beds. • Clinical Hub (impact on SASH and PRH): Will include a referral out of hospital element to allow patients to be discharged into the appropriate service in a more timely fashion.

New National Conditions: Delayed Transfers of Care (DTOC)

System Resilience Groups (SRGs) [7a] working across West Sussex have put a number of measures in place to ensure the best outcomes for the residents of West Sussex. [5] They seek to ensure operational resilience by:

- Delivering the A&E 4h wait and other emergency metrics
- Delayed Transfers of Care kept at a minimum
- Delivering speciality compliant 18 week pathways
- Delivering safe Infection Control Capacity for C Diff /MRSA/D&V
- Deliver timely ambulance handovers
- Ambulance conveyance rates
- Reduce DTOCs supported by robust management process:
- Plan and implement SAFER start model at key points after bank holidays or when system pressures escalate
- Daily and weekly focus on DTOCs
- Ensure timely system response with ‘triggers’ and action as tested by ECIP
- Ensure national definitions used consistently for DTOCs

Key areas of risk are: [7a]

- Increasing older population, higher acuity and complexity
- Significant workforce issues across all providers, particular pressure in nursing, GP and carers
- Fragility in nursing home and domiciliary care markets

New National Conditions: Delayed Transfers of Care (DTOC)

Whilst winter is clearly a period of increased pressure, establishing sustainable year-round delivery requires our capacity planning to be on going and robust. In West Sussex this is a key area of focus for all partners. **7a**

Single Health Resilience Early Warning Database (SHREWD) will be implemented across the CCGs providing real time data from provider systems giving an overview of demand/capacity across the whole system. This enables responsive and efficient management of peaks in demand. SHREWD will also contribute to the development of a responsive ORC plan based on actual demand and agreed system triggers that result in effective action being taken nearer to real time.

Key actions across the system including the Brighton System Unscheduled Care Stock-take and SAFER Patient Flow Bundle. **7a**

Further development of Hospital Rapid Discharge Team at Princess Royal Hospital. **10**

Systems across in West Sussex and the STP footprint submitted expressions of interest to become involved in agile testing and to be involved with rapid, iterative tests of change, which will focus particularly on the 'reasons for delay' categories, to support reducing delayed transfers of care.

BCF Allocations

Disabled Facilities Grant

In 2016-17, a piece of partnership work by the CCGs, district and borough councils and the local authority across West Sussex, will consider how services, for example DFG funded home adaptations, use of technologies and other services can be delivered more jointly to support people to maintain their home environments to enable them to remain independent in their own homes. The intention is to ensure a seamless and joined up approach to assessment of need and access to the those services. The 2016-17 DFG allocation is assigned, as per guidance to the following district and borough councils ,Adur £511,693, Arun £1,324,891, Chichester £1,174,486, Crawley £715,853, Horsham (Inc. Chanctonbury) £957,246 , Mid Sussex £796,061 and Worthing £986,915

Care Act Monies

The monies allocated exceed the minimum requirement in the ready reckoner and focus on carers assessments and other initiatives to meet the new statutory requirements cross West Sussex.

Carers Breaks

There is dedicated carer-specific support, including carers' breaks, detailed through the schemes and set out in the 2015/16 BCF Plan, to meet key outcomes (e.g. reducing delayed transfers of care). [14]

Reablement

The West Sussex BCF Plan continues to include NHS funding to maintain current reablement capacity in councils, community health services, the independent and voluntary sectors to help people regain their independence and reduce the need for on-going care. During 2016/17 the CCG's and Local Authority will review how these services may be able to be delivered more efficiently through integrating services. The range of services delivered by the provider under the umbrella of reablement include: Community Nursing; COPD; Speech & Language; OT Adults; OT Inpatients; Physio Adults; Physio; Inpatients; Community Neuro Rehab; Chronic Pain Management; Podiatry; Rheumatology; Intermediate Care .

Risks

There are organisational, financial and reputational risks for all organisations within the health and social care system if they are unable to manage system pressures. The County Council has a number of strategic risks detailed in its own Risk Register, as part of the Total Performance Monitor, which can be affected by the effectiveness of schemes put in place to manage these system pressures. This may include the challenge of shaping the health and social care market.

The BCF Coordinator maintains a Risk Register and will monitor and escalate risks to JCSG and HWBB for consideration and action.

Risks include:

- the increased activity which may prevent evidencing improved outcomes.
- the risk of maintaining status quo in services, and not transforming them for real integration by 2020.
- use of the BCF fails to deliver the national conditions and funded schemes lead to an increase in the number of admissions to residential and care homes or other Local Authority commissioned services.

Risk Share

Local agreement is in place for the risk share to be in place for 100% of the available funds to the CCGs and partners. This is in recognition of the trend in increased activity in Non Elective Admissions (NEA).

Despite on going work across the health and social care system the reductions in NEA were not achieved and activity remained a concern.

The full risk sharing agreement will be set out in the refreshed Section 75 [2] agreement and will cover liabilities up to the value of the contingency fund and the BCF committed funding schemes. The total pooled fund will stand at £60,674,487 of which £14,870,430 will be the risk share element.

Regular monitoring of spend will be through governance arrangements with quarterly reports to HWBB on spend.

Further investment in NHS commissioned out of hospital services will be developed in year, should additional funds become available. Based on forecast activity this may not be realised in 2016/17.

Organisation	Total £	Allocated to Committed Schemes 2016/17*	Risk Share 2016/17 *
Horsham and Mid Sussex CCG	12,998,887	9,305,000*	3,694,000*
Crawley CCG	7,302,091	5,227,000*	2,075,000*
Coastal West Sussex CCG	32,028,065	22,927,000*	9,101,000*
West Sussex County Council	8,345,444	8,345,444	0
BCF Totals	£60,674,487	45,804,507	14,870,430

*Figures have been rounded up

Metrics

Indicator	2016/17 Target and Target Basis	Notes & Key Drivers
Non-elective Admissions (General and Acute) *(Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population.)*	***2016/17 Target:*** No additional reduction in NEA activity over CCG operating plan assumptions planned through BCF. ***Target Basis:*** Local Risk Share agreement will be in place to address NEA over-activity seen throughout 2016.	• Activity has remained constant throughout 2015/16. Current schemes to develop further to evidence outcomes. • New national condition on NHS commissioned out of hospital services/local contingency planning
Admissions to Residential and Care Homes *(Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.)*	***2016/17 Target:*** 595.6 ***Target Basis:*** Target remains as per 2015/16 recognising change in definition from actual recorded admissions to recorded intent of admission.	• Reduction in permanent placements • Supporting people in their own homes • Quality of care homes
Effectiveness of Reablement *(Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.)*	***2016/17 Target:*** 85.2% ***Target Basis:*** Target remains as per 2015/16 recognising that the cut-off for reporting is not in line with statutory reporting thereby carrying some risk.	• Ensuring there are effective out of hospital services • Supporting people in their own homes
Delayed Transfers of Care *(Delayed transfers of care from hospital per 100,000 population.)*	***2016/17 Target:*** In development as part of local action plan to reduce DTOC. Target Basis: Will be developed as part of action plan.	Local target and action plan In development as part of local action plan to reduce DTOC which were above target during 2015/16.
Dementia Diagnosis *(Estimated diagnosis rate for people with dementia.)*	***2016/17 Target:*** 68.1% ***Target Basis:*** Plans submitted to NHS England via the return 'Planning 16/17 – CCG Monthly Activity and Other Requirements' for each CCG.	• Dementia strategy • Additional investment from the Better Care Fund for Memory Assessment Service
Patient Experience *(National measure – ASCOF1 Social Care Related Quality of Life.)*	**2016/17 Target:** 19.5 ***Target Basis:*** Increase to 19.5 based actual figure for 2014/15 being above planned figure.	Patient engagement and improving patient experience.

Key Documents

Further information that supports the West Sussex Better Care Fund Plan can be found in the following documentation, and is available on request. Documents are referenced in the narrative plan and aligned to a number detailed here:

2015/16 Better Care Fund Plan [1]
2015/16 Section 75 Agreement [2]
2016/17 Clinical Commissioning Group Operational Plans: NHS Horsham and Mid Sussex CCG, NHS Crawley CCG and Coastal West Sussex CCG [3]
Quarterly BCF submissions to NHSE [4]
https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/
HASC and Cabinet reports: [5]
http://www2.westsussex.gov.uk/ds/cttee/hasc/hasc100316i7.pdf
http://www2.westsussex.gov.uk/ds/cttee/hasc/hasc100316i7dtoc.pdf
Future West Sussex Plan 2015-2019: [6] http://www2.westsussex.gov.uk/ds/cttee/cc/cc190216i5a.pdf
Heath and Wellbeing Reports:
Whole System Resilience Presentation: [7a] http://www2.westsussex.gov.uk/ds/cttee/hwb/hwb151015i7.pdf
http://www2.westsussex.gov.uk/ds/cttee/hwb/hwb280416i8.pdf
Joint Commissioning Summaries [7b] http://www2.westsussex.gov.uk/ds/cttee/hwb/hwb040216i6d.pdf
http://www2.westsussex.gov.uk/ds/cttee/hwb/hwb040216i6b.pdf
West Sussex Joint Health and Wellbeing Strategy 2015-2018: [8] http://www2.westsussex.gov.uk/ds/cttee/hwb/hwb050215i6a.pdf
West Sussex Joint Strategic Need Assessment (JSNA): [9] http://jsna.westsussex.gov.uk/ageing-well/2014-joint-strategic-needs-assessment-report/
Hospital Rapid Discharge Team: [10] http://www.nhsimas.nhs.uk/fileadmin/site_setup/contentUploads/presentations/HRDT_Draft_2.pptx
Social Care: [11] https://www.westsussexconnecttosupport.org/s4s/WhereILive/Council?pageId=574&lockLA=True
http://www.westsussexwellbeing.org.uk/topics/more-topics/carers-support
Providers: [12] http://www.sussexcommunity.nhs.uk/downloads/about-us/board/board-papers/2015/november/05-fiveyear-strategic-plan.pdf
https://www.bsuh.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=538240
http://www.surreyandsussex.nhs.uk/wp-content/uploads/2013/02/2512-SASH-Annual_report_2015_V7.pdf
Health Profiles: [13]

Commitment to Carers: [14] https://www.westsussex.gov.uk/media/6396/joint_commitment_to_carers_report.pdf
HWBB Newsletters: [15 a] http://www2.westsussex.gov.uk/ds/cttee/hwb/hwbnewsletterdecember2015.pdf
[15 b] http://www2.westsussex.gov.uk/ds/cttee/hwb/hwbnewsletterfebruary2016.pdf

West Sussex Better Care Fund