

BETTER CARE FUND HIGHLIGHT REPORT

PROJECT SUMMARY	
Name	Better Care Fund
SRO	Helen Coombes
Key Leads	Fiona Richardson & Tony Meadows
PM	Ciara Ryan

KEY
On schedule to meet the target
Potential to miss target/slippage in timescales
Likely to miss target/action required

SCHEME 1 – SUPPORT FOR CARERS							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
Carers offer	Recommissioning offer	Review and alignment of carers offer to match developing integrated community and primary care services	Map existing services, market engagement, develop draft service specification	All legacy contracts reviewed. Agree final specification across commissioning partnership & with stakeholders. Procurement via Dorset Care Framework Dec-Jan. Contract Award Feb 2019	green		
Carers Leads	Acute Trust	Support joined up recognition and services for carers across the health and social care system	Develop relationship with acute trusts to promote recognition of carers and appropriate of transition to relevant services/support				
	Community Trust	Support joined up recognition and services for carers across the health and social care system	Align with DHC's Carer's Pathway and Triangle of Care approach				
	Primary care	Support joined up recognition and services for carers across the health and social care system	Pilot GP Practice accreditation scheme - North Dorset locality		green		

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SCHEME 2 – Integrated Health and Social Care Pathways							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
LD and MH Pathways	Engagement Phase	Renegotiating timeframes and method with partners in order to ensure 'buy in' with staff and users. Need to be more explicit with objectives in order to validate the methodology - eg use of the term 'co-production.'	<ol style="list-style-type: none"> 1. Complete comprehensive Intelligence Review. 2. Amend and adapt PID to reflect changes to timeline and to be more explicit around what the project is trying to achieve. 	<ol style="list-style-type: none"> 1. Use Intelligence review to aid preparation of engagement resources and to plan how the sessions with staff and with users will best generate the information that we require. 	green		<p>Failure to achieve sufficient engagement to inform future design of new Learning Disability and Mental Health pathways.</p> <p>Staff, user and carer engagement capacity.</p> <p>IT systems and capability</p>
High intensity users/Rapid response	Delivery Phase	Multiple programmes are underway and being delivered with localities through partnership approach. The current focus is on work which can be delivered through re-design or distribution.	<ol style="list-style-type: none"> 1. Continued roll out implementation of frailty toolkit DCP in tandem with primary Care transformation plans to deliver Frailty Management as a 'locality-based' approach 2. Frailty pathway work being undertaken with DCH 3. Work underway with Dorset County Hospital to agree Frailty Specialist Support Locality ICS Hubs 		green		<ol style="list-style-type: none"> 1. Workforce transition plan not yet developed and agreed and potential workforce capacity and capability gaps. Gaps in skills and capacity to implement rapid change programmes 2. Capacity in the domiciliary and care home market 3. The demand on social care outstripping capacity and resources
Medium Intensity users	Delivery Phase	ICPCS funding proposals for West Cluster includes ability to extend project scope to medium intensity needs populations. It is dependant on progress with primary Care Transformation programme to deliver an integrated workforce and resource capability across community and primary health care.	<ol style="list-style-type: none"> 1. 'Home first' scoping and project, led by DCC, but involving all partners 2. Integration opportunities between intermediate care and re-ablement services 3. Weymouth designated UTC. Aiming for direct bookings from 111 4. IAGPS development towards 100% target across west cluster. Development of LTC clinics/reviews 	<ol style="list-style-type: none"> 1. Primary Care Home Development- Purbeck & North Dorset. Commencing soon in other localities 2. ICPCS development of enhanced offer for respiratory, diabetes, pharmacy, care homes. 3. Recruitment 	amber		<ol style="list-style-type: none"> 1. Risk of not achieving the system levels reductions in activity in secondary care 2. Workforce transition plan not yet developed and agreed and potential workforce capacity and capability gaps. Gaps in skills and capacity to implement rapid change programmes

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SCHEME 3 –Maintaining Independence							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
Non-clinical health coaching and social prescription service	Procurement Phase	Provider briefing completed on 3 August 2018. Tender documents issued on 13 August 2018.	Responding to provider briefing and clarification questions with a closing date of 03 September 2018.	Receipt of proposals by 17 September 2018. Initial panel evaluation begins 20 September 2018	green		possibility of proposal bids not meeting the full requirement of the service ie lead provider for non-clinical health coaching, link worker to social prescription and self management digital platform.
MyMHealth self-management apps for COPD, Diabetes and Heart	Proof of concept phase	510 apps provided to patients with equal call from all 3 conditions. MyCOPD and MyDiabetes apps being deployed in Primary Care, MyHeart app being deployed by Cardiac Rehab Nurses and Community Heart Failure Nurses.	Increased training to Primary Care Practice Nurses. 20 Practices trained and 17 requested training.	Training programme to be completed.	amber		Risk of not utilising all of the remaining apps (730) by December 2018
				Plan for Learning and Sharing event - 25 September 2018	green		
Interim social prescription and non-clinical health coaching provision from Oct18 - March 19.	Contracting	Due to the procurement timetable for commencement of the non-clinical health coaching and social prescription service, the current providers will receive a 6 month contract	contract variations agreed by Dorset CCG	contracts to be signed	green		
Personalised Care MOU with NHSE	Development and reporting	offering choice and control to individuals with complex needs through a personalised care approach and expansion of Personal Health Budgets and Integrated Budgets	Discussions with providers and commissioners re identifying the service user cohorts to demonstrate scale, spread, impact and sustainability of personalised care approaches.	Agree MOU funding allocation	amber		
Independent Living Pathway	Design phase	Review of AT and adaptation services / pathways to design and implement 'independent living pathway'. Project scope agreed by DMT in July, steering group to be set up	Complete "as is" pathway mapping during September	To be Pathway Design to be complete by October '18	green		Risk that current service data is not of sufficient quality to support as is analysis of pathways
Technology Enabled Care	Discovery	Scope of pilots developed and agreed by TEC Team and Principal OT, quotes sought following advice from procurement	Business justification template to be completed for Brain in Hand and Discharge pilot (addressing procurement issues raised)	Business justification to be shared with steering group, funding stream to be agreed and move into implementation	green		
	Development and reporting	Mechanism required to capture impact of in year developments	Agree mechanism with MOSAIC team (BH) and timescales		amber		Risk that changes aren't prioritised within wide MOSAIC work programme

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SCHEME 4 –High Impact Changes							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
Home first - Business case to be in place for presentation at October DMT	Assessment	Working Group 1 has specific focus on this aspect as part of the Business plan for Home First Models. 289 delays up to June 2018. Of these. Average delays per week show awaiting assessment as 2nd most frequent reason.	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	green		
	Reablement/POC	Working group 2. Work underway to fully understand the usage of reablement service and definitions being applied.	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	green		Inadequate staffing levels would mean home first systems not fully implemented
	Review of pilots/AT	Work stream 3. Lead established and planning in place	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	amber		Inadequate community resource or support process could result in delayed transfers of care
	Staff - hours/training	Staff survey - results to be available from 31st August. Initial perusal suggests staff are , in general not opposed to more flexible working arrangements to increase engagement with families and carers.	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	amber		Failure to deliver model could result in inability to meet BCF targets
		DCC participates in regular calls system wide to share best practice and other issues.	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	amber		Lack of future proofing/sustainability
Trusted Assessor	HICM	Paperwork for Trusted assessor and associated practice under consideration by working group as part of wider Home first models. Business case to be delivered in October	Currently at L2 and is an integral part of the remit for working group 1 which has been initiated reporting has started	All areas have received L1 training however unable to resume full procedures until L2 training is completed and trainers identified under new models	amber		
Stranded Patients	Task and Finish Programme	Task and finish group programme set up with a scope including all patients in acute, community and mental health beds.	Governance agreed; weekly TFG bi-weekly exec ownership group SLT Sponsor agreed 45 champions signed up	Short term - 25% sustainable reduction in Dorset super stranded patients by end of October 18	green		
			Transformation Fund Bid accepted based on reducing super stranded patients by 25%	Medium term - no patient medically ready for discharge in a hospital bed beyond 21 days - December 2018	green		

On track to meet the target

Not on track to meet the target

SCHEME 4 –High Impact Changes		
Metrics		
Metric	Comments	Status (RAG)
Non Elective Admissions (NEA)	Figures show Dorset HWB had 1,133 more non elective admissions than planned for Q1 2018/19, the non elective rate per 100,000 population in Q1 was also over target (3,063 actual vs 2,797 target).	Not on track to hit the target
Reablement (latest available)	Although our latest figure shows 68.2% for the year to date, we need to be aware that this data is subject to considerable lag. I have listed the indicator as on target because both April and May's figures, which by now are robust in terms of data completion, were just above 80%.	On track to hit the target
Residential Admissions	Based on the twelve months up to the end of May to provide a truer indicator of our full-year performance (as data is subject to considerable lag in terms of input into our system), we appear to be off track. Because of lag, our monthly BCF return appears to show us considerably better than target, but we know that the numbers for each month grow retrospectively as we move through the year.	Not on track to hit the target
DTOC	<p>DCC: We have made considerable progress this year, recording considerably lower delays than have ever been previously recorded, including 5.4 delays per day this week - the lowest we have ever seen (target: 9 per day from September). We are still working on a number of approaches that should further reduce our delays. However as the data stands at this moment in time we are not due to hit target by the end of September.</p> <p>Official data for DTOC (health, social care and joint delays) available for Q1 shows a positive reduction in line with aspirations for meeting the mandated targets from September 2018. Despite the reduction we were still slightly outside of the target in Q1 (4,509 days actual vs 4,431 target).</p>	Not on track to hit the target

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SCHEME 5 - Moving on from Hospital Living							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
MOFHL Pooled Budget	Section 75 Agreement	Section 75 for 2017/18 has now been amended and passed for sign off. This section amended version will be the basis for the 2018/19 agreement.		Complete	green		No high risks identified
	Budget Monitoring	Due to some discrepancies with initial return from partners the 1 Qtr. return was delayed. This has now been completed and overall a £278k overspend is currently being projected. This is mainly due to overspends by DCC and BBC. (Finance report attached for context).	Complete qtr. 1 financial return.	Further work needed now return confirmed in respect to cost increase and identify if any actions can be taken to remedy.	red		High risk of overspend based on Qtr. 1 position.
	Future Strategic Direction	Commissioning partners have agreed to review pooled budget arrangements for 2019/20 in the context of LGR.	Meetings held by MM with partners to discuss options for the Pooled budget arrangement post LGR 2019/20	Produce Report for LD JCB on future of the pooled budget for 2019/20	green		Risk if partners cannot agree arrangement for 2019/20

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SCHEME 6 - Sustainable Care Markets

Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
To note - Emphasis on developing a Joint Commissioning Strategy which will include elements currently contained within the BCF and may feed into/affect timescales and deliverables							
Dorset Care Framework OP	Framework Remobilisation	Agreement in principle has been sought and confirmed regarding the direction of travel for the scheme. This has now been broadened to include the integration strategy, i.e. initial thoughts on integration and section 75 agreements for DCC/CHC Brokerage. A new activity timeline is being worked through in accordance with the above alongside a partner MOU for the framework.	Project re mobilised. Stakeholders re engaged Project plan with action owners drafted Core team identified and kick off meeting held, owners for specific Workstreams agreed. Project documentation completed by DCC and has been shared with CCG, project charter, stakeholder analysis, implemented.	Complete comms. plan Provider event to re kick off the project to the whole Care Market in Dorset Agree actions required, owners and time plan to enable opening the framework in week 1 December.	green		No specific issues. Commissioning capacity is a risk, especially as this project is running parallel with LD DCF which uses the same commissioning resource in some areas. No specific blockers. Resource planner outstanding.
			Segment 1. Lot 1 - decision to be made as to whether complex care sits in Lot 1 (Lot 1b) or new Lot 10. Lot 7 - live in care scoping work started Lot 8 Extra Care tender complete and transfer to the new provider started Waking [and sleeping nights] rates signed off by DMT in respect of LD only	Segment 1. Lot 8 Extra care new provider in place, KPIs and Continuous Improvement plans developed in partnership with the provider. Receive draft block contract review for Segment 1. Agree workstream timings for Performance capture and provider ranking Agree forward plan for Lots 1-9 (except Lot 8)	green		Seg 1 - Waking [and sleeping nights] - must be approved through CCG once position is clear.
			Segment 2. No action	Segment 2. Engage with Commissioning owner of the Segment to scope actions and requirements.	green		
			Segment 3. Residential costs finalised, and paper prepared for DMT and CCG Governing Body.	Segment 3. Agree project plan actions and owners	green		

Integrated business intelligence	Alignment	Meeting between DCC / CCG to look at current reporting and how this can be aligned	Agree reporting arrangements	Aligned reporting - end of September 2018	green		
Integrated brokerage	Alignment	A draft S75 has been circulated	Agree S75	Align systems and processes - in place by November 2018	green		
Integrated quality	Alignment	A previous business case for the development of RIFT has been circulated	Review and update RIFT business case to ensure it captures all requirements including sharing with stakeholders	sign off business case	amber		
Care home closure	Standard operating procedure	An agreed procedure has been co-developed between partners	Sign off - end of September		green		
Manging provider failure and service interruption	Standard operating procedure	An agreed procedure has been co-developed between partners	Sign off - end of September		green		
Provider performance escalation process	Standard operating procedure	An agreed procedure has been co-developed between partners	Sign off - end of September		green		