

Central
Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ



**TO EACH MEMBER OF THE
HEALTH AND WELLBEING BOARD**

31 March 2015

Dear Board Member

HEALTH AND WELLBEING BOARD - Thursday 2 April 2015

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following:-

6. Better Care Fund Plan Update

Since the HWB papers were produced, the Readiness Self Assessment Survey has been updated. The version submitted is attached with the accompanying letter.

This replaces pages 49-52 in the Agenda.

9. Delivery of the Mental Health Crisis Care Concordat within Central Bedfordshire

Attached is the Bedfordshire and Luton Action Plan to deliver the goals of the Mental Health Crisis Care Concordat.

Should you have any queries regarding the above please contact Committee Services on Tel: 0300 300 5257.

Yours sincerely

Sandra Hobbs
Committee Services Officer
email: sandra.hobbs@centralbedfordshire.gov.uk

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Better Care Fund Implementation - Readiness Self Assessment March 2015

Background

All 151 Health and Wellbeing Boards in England have an agreed Better Care Fund plan in place for 2015-16. These plans represent an ambitious programme of work to be delivered by local areas from April 2015 onwards. Integration agendas across the country are at varying stages of development and implementation of the Better Care Fund is just one element of a complex agenda across Health and Social Care. The national Better Care Fund task force has put in place a support programme from January to March 2015 to provide tools and coaching to help preparations for implementation, following on from support provided to help with the planning process. There is a commitment to continuing to provide support in 2015-16.

Purpose

The purpose of this self-assessment is threefold: 1) to support local areas in carrying out a self-assessment of their own readiness for delivery to inform discussions locally; 2) to inform the planning and allocation of resources and support that will be made available to areas in 2015-16 to further help them with implementation and delivery of Better Care Fund plans; and 3) to provide feedback on how the national team could best support local areas in 2015-16. The results of the self-assessment will be collated and analysed by the national team, and the headline results will be shared back with local areas on an anonymous basis. The data will not be shared outside the national task force other than in an aggregated and anonymised form. The self assessment is not a performance management or reporting tool, and will not be used as such. It is recommended that the self-assessment is shared with the full HWB following submission to help understanding of issues locally.

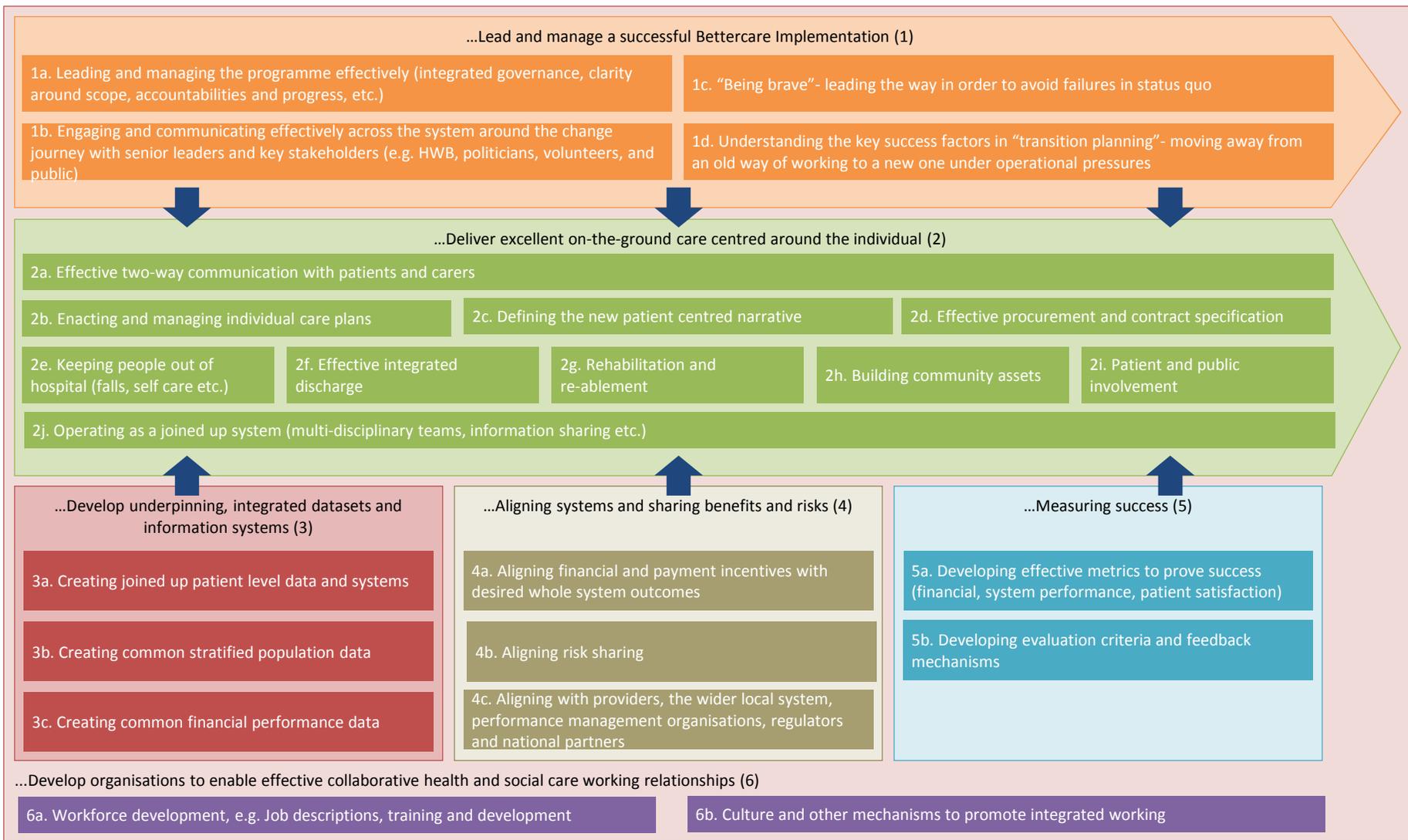
Process

The process for conducting the self-assessment is set out below. The template has been designed to be simple and quick to complete. The timescales given are to allow the information gathered to feed into planning for 2015-16 in a timely fashion.

1. Template designed and circulated by national task force to NHS England regional leads, copied to LG government regional leads for BCF;
2. NHS England Regions forward to local BCF leads (CCG and LA) who complete on behalf of HWB and return, demonstrating appropriate sign off;
3. NHS England collect responses and ensure all are returned to the BCF Task Force no later than 2pm on Thursday 19th March;
4. Task Force collate and carry out analysis of results to be shared back to local areas.

The questions

Please the 'Assessment Form' tab. The form is designed to combine the need for responses that can be analysed nationally with room for local areas to choose from a range of possible responses that allow them to properly reflect their own position. To this end a range of response options is given for each question along with an opportunity to provide accompanying narrative or comments that further describe your position locally. There are 11 questions, 9 of which provide 4 options for a response, 1 of which provides a longer list of response options, and 1 question allows up to three options for free text responses. The questions are based on the 6 domains identified through the current implementation programme as supporting effective delivery of better care programmes. These have been used for consistency but have been supplemented by additional questions focused on the specific issues of governance, PMO arrangements and risk management. A diagram setting out the domains is included on the next tab and should be used in completing the assessment form.



Better Care Fund Implementation - Readiness Self Assessment - March 2015

HWB name **Central Bedfordshire** Date **26/03/2015**

Assessment form

Question	Response <i>Select the answer that best describes your position locally</i>	Narrative and details <i>Free text up to 300 characters to provide any additional information and feedback that you think would be helpful</i>
1 Which statement best describes the joint governance structures that have been set up to oversee system wide delivery in 15-16?	1. Fully established and functional	<i>As per our BCF Plan and governance stated, a joint BCF Commissioning Board has been established. It is important however to note that manpower changes at the CCG may necessitate a review of structures underpinning the governance framework set out in the BCF Plan.</i>
2 Which statement best describes the joint PMO arrangements that have been set up to support the system in delivery of your Better Care Fund plan?	2. Arrangements in place and due to be operational by 1st April	<i>Both the Council and the CCG have robust PMO processes in place and a joint approach needs developing..</i>
3 Which statement best describes the development of schemes within your Better Care Fund plan which will deliver excellent on the ground care centred around the individual?	3. Arrangements underway but not finalised	<i>Some engagement is taking place to establish and prioritise the workstreams which will deliver schemes in 15/16 . Success of the schemes in 15/16 is also reliant on active engagement and participation by the community services provider.</i>
4 Which statement best describes the progress locally in developing underpinning, integrated datasets and information system?	3. Arrangements underway but require further development	<i>Task and finish groups are being set up to review existing data sets and to agree how information will be collated to provide assurance in year</i>
5 Which statement best describes arrangements to align financial / payment systems, benefits and risks locally?	4. Approach agreed in the plan but no arrangements in place	<i>A Section 75 agreement is being drafted. Further discussions will need to be held with key officers to agree the framework for how this will be managed, benefits secured and risk shared.</i>
6 Which statement best describes the mechanisms in place locally to monitor and report on key metrics that measure the success of your Better Care Fund plan?	1. Fully established and operational	<i>The BCF Commissioning Board will maintain an overview of progress against metrics and finances. Partner resources and engagement is key to securing the desired outcomes.</i>
7 Which statement best describes the development of workforce and culture within local organisations to enable effective collaborative working relationships?	4. Approach agreed in the plan but no arrangements in place	<i>There has been a change in workforce leads within the CCG. New leads have been identified and some engagement has commenced.</i>
8 Which of the themes in questions 3 to 6 do you see as the greatest challenge or barrier to successful system wide implementation of your BCF plan throughout 2015-16?	6. Developing organisations to enable effective collaborative health and social care working relationships	<i>We would consider the greatest barrier being the constraints within the existing Community Services contract to enable early transformation of service model. Current SLR is not robust enough to use for modelling service transformation.</i>
9 Which statement best describes whether your BCF schemes have been implemented or are ready to be implemented as planned?	3. Some support required to ensure all schemes are fully implemented as planned	<i>Our plans are ready to be implemented but there is a risk that some will not be achieved due to existing contractual arrangements with community services provider and strategic shifts due to the financial constraints on the Clinical Commissioning Group.</i>
10 What are your top 3 identified risks in preparing for delivery of the Better Care Fund, and how far are arrangements in place to mitigate? Please rank in line with your local risk management approach.	1 Financial benefits not realised	2. Mitigations identified but not in place
	2 Capacity in community & Primary services	2. Mitigations identified but not in place
	3 Lack of whole systems approach	2. Mitigations identified but not in place
11 Which statement best describes the overall readiness of your local system to deliver your Better Care Fund plan successfully in 2015-16?	3. Some further support would help improve readiness and this is not currently in place	<i>Although are Plan is ready to be delivered, a review may be required in light of the constraints described above. Our ability to deliver against the BCF targets is severely challenged.</i>
Please use this space to add any further comments or information that you would like to share in regard to implementation of the Better Care Fund in 2015-16.		<i>Please see attached letter to the submission.</i>

Better Care Fund Implementation - Readiness Self Assessment - March 2015

Possible responses

Question	Possible responses						
1. Which statement best describes the joint governance structures that have been set up to oversee system wide delivery in 15-16?	1. Fully established and functional	2. Arrangements in place and due to be operational by 1st April	3. Arrangements underway but not finalised	4. Approach agreed in the plan but no arrangements in place			
2. Which statement best describes the joint PMO arrangements that have been set up to support the system in delivery of your Better Care Fund plan?	1. Fully established and operational	2. Arrangements in place and due to be operational by 1st April	3. Arrangements underway but not finalised	4. Approach agreed in the plan but no arrangements in place			
3. Which statement best describes the development of schemes within your Better Care Fund plan which will deliver excellent on the ground care centred around the individual?	1. Fully established and operational	2. Arrangements in place and due to be operational by 1st April	3. Arrangements underway but not finalised	4. Approach agreed in the plan but no arrangements in place			
4. Which statement best describes the progress locally in developing underpinning, integrated datasets and information system?	1. Fully developed and operational	2. Arrangements in place and due to be operational in 2015-16	3. Arrangements underway but require further development	4. Approach agreed in the plan but no arrangements in place			
5. Which statement best describes arrangements to align financial / payment systems, benefits and risks locally?	1. Fully established and operational	2. Arrangements in place and due to be operational by 1st April	3. Arrangements underway but not finalised	4. Approach agreed in the plan but no arrangements in place			
6. Which statement best describes the mechanisms in place locally to monitor and report on key metrics that measure the success of your Better Care Fund plan?	1. Fully established and operational	2. Arrangements in place and due to be operational by 1st April	3. Arrangements underway but not finalised	4. Approach agreed in the plan but no arrangements in place			
7. Which statement best describes the development of workforce and culture within local organisations to enable effective collaborative working relationships?	1. Fully developed and operational	2. Plans in place and due to be operational by 1st April	3. Plans underway but not finalised	4. Approach agreed in the plan but no arrangements in place			
8. Which of the themes in questions 3 to 6 do you see as the greatest challenge or barrier to successful system wide implementation of your BCF plan throughout 2015-16?	1. Leading and managing successful Better Care Fund implementation	2. Delivering excellent on the ground care centred around the individual	3. Developing underpinning, integrated datasets and information systems	4. Aligning systems and sharing benefits and risks	5. Measuring success	6. Developing organisations to enable effective collaborative health and social care	7. Other - please use the comment box to provide details
9. Which statement best describes whether your BCF schemes have been implemented or are ready to be implemented as planned?	1. All schemes implemented or on track to be implemented on time	2. Further work required to ensure all schemes are fully on track to be implemented on time	3. Some support required to ensure all schemes are fully implemented as planned	4. Significant support required to ensure all schemes are fully implemented as planned			
10. What are your top 3 identified risks in preparing for delivery of the Better Care Fund, and how far are arrangements in place to mitigate? Please order by the overall rating of severity applied to the risk through your risk management approach.	Free text - 50 characters to describe the risk	1. Mitigations identified and in place	2. Mitigations identified but not in place	3. No mitigations identified	Please identify the domain into which the risk falls (see Q8 answers)		
	Free text - 50 characters to describe the risk	1. Mitigations identified and in place	2. Mitigations identified but not in place	3. No mitigations identified	Please identify the domain into which the risk falls (see Q8 answers)		
	Free text - 50 characters to describe the risk	1. Mitigations identified and in place	2. Mitigations identified but not in place	3. No mitigations identified	Please identify the domain into which the risk falls (see Q8 answers)		
11. Which statement best describes the overall readiness of your local system to deliver your Better Care Fund plan successfully in 2015-16?	1. Fully prepared, no support required	2. Some further support would help improve readiness but this is in place	3. Some further support would help improve readiness and this is not currently in place	4. Significant further support would improve readiness and this is not currently in place			
Please use this space to add any further comment or information that you would like to share in regard to implementation of the Better Care Fund in 2015-16.	Free text.						

Attn: Lucy McLaughlin

Operations and Delivery Manager
Operations & Delivery Team
NHS England –Central Midlands
Charter House, Parkway
Welwyn Garden City
Hertfordshire
AL8 6JL

Date: 26 March 2015

Dear Lucy

Better Care Fund Plan in Central Bedfordshire – State of Readiness

Please find attached the completed State of Readiness Survey on the Better Care Plan for Central Bedfordshire. I am writing separately to express the concern of my Council about a number of key local system issues which are likely to impede the successful mobilisation and delivery of our BCF Plan.

We feel the State of Readiness Survey is limiting in its ability to allow us to fully describe the current operating environment in Central Bedfordshire. I am therefore using this opportunity to set out the prevailing and challenging issues of leadership, capacity and engagement within our local health and care system.

Our council is fully committed to the aims of the BCF plan and to its effective implementation in our area. We are very committed to joint working and have already established a joint commissioning board which will guide implementation. This strong commitment in our ambition to deliver new and innovative ways of delivering health and social care has been demonstrated in our bids to participate in national programmes which could provide support for local transformation. This includes submissions to

- The National Integrated Care Pioneer Programme (2013)
- DCLG Partnership Transformation Funding (2014)
- NHSE New Care Models Vanguard Systems (2015)

As you will know our key partner in the BCF plan, Bedfordshire Clinical Commissioning Group, is facing important financial and organisational challenges. This includes a change in leadership and rapid turnover of personnel who have been involved in the BCF.

The CCG's current focus is clearly on its financial recovery which naturally has implications for wider joint investments in transformation. There has been little opportunity to jointly reframe our local vision in response to the newly emerging financial challenges and to coproduce the future strategic direction of health and social care in Central Bedfordshire.

We consider the current state of our community health services to be a significant barrier to developing joint working and integrated approaches to primary and community based services. Creating a shift to out of hospital care and early intervention and prevention through multidisciplinary working is central to our Better Care Fund Plan. Our current community services provider is not able to engage actively with local transformation plans.

We feel that with the current state of affairs, the BCF Plan is at risk and the capacity to commit fully to a future joint agenda is limited.

We will of course continue to work with the CCG to deliver the Plan but felt it important to highlight the risks to delivery and limitations we currently face in securing a joint strategic vision for health and social care in Central Bedfordshire.

Yours sincerely



Julie Ogley

Director of Social Care, Health and Housing

Direct telephone 0300 300 4221

Email Julie.ogley@centralbedfordshire.gov.uk

Bedfordshire and Luton Joint Action Plan

1. Commissioning to allow earlier intervention and responsive crisis services				
No.	Action	Timescale	Led By	Outcomes
Matching local need with a suitable range of services				
1.	To establish a comprehensive mental health JSNA to include detailed baseline information on local need for crisis services.	June 2015	Public Health, LA's	A detailed profile of patient demography on current usage of crisis services along with profiles of levels acuity to inform commissioning and investment decisions on improving crisis services and on targeting preventative services.
2.	To develop a local model for street triage across Bedfordshire and Luton.	March 2016	LA's/CCGs/Police	A locally commissioned Street Triage service in place which will support people in crisis and prevent A&E admissions and S136 presentations.
Improving mental health crisis services				
3.	Re-modelling of Crisis and Home Treatment teams.	March 2016	CCGs	A local 24/7 crisis services in the community in the least restrictive setting. Outcome based service specifications to deliver responsive Nice compliant and patient centred services
4.	To review the crisis pathway for children and young people.	March 2016	NHS England CCGs, ELFT	Children to receive early support and timely access to services to reduce the risk of children and their families experiencing a mental health crisis and minimise the need for an inpatient or residential placement away from their homes.
Ensuring the right numbers of high quality staff				
5.	To work with all local provider organisations to ensure that all commissioned services adhere to approved	March 2016	CCGs/ELFT	All crisis services reflect best practice and guidance on appropriate and safe staffing levels as set out in the Francis report. All staff are appropriately qualified in competency levels that reflect the service being delivered and that they operate at

	staffing, bed occupancy and caseload levels in line with national guidance.			the optimum skill mix to deliver high quality care. That services operate with an established staff base which minimises the use of agency staff not familiar with local services or the local population which it serves.
Improved partnership working in Bedfordshire and Luton locality				
6.	To review the governance structure in place and all joint policies, procedures and protocols to build effective partnerships across all organisations involved in crisis care including the voluntary sector.	June 2015	CCGs/LA's/ HWB/Police	All local agencies will be clear on their roles and responsibilities in responding to mental health crisis with clear lines of accountability in place including those for monitoring quality of care with clear governance structures in place linked to local Health and Being Boards. A&E will be the absolute last resort and not the default setting for people experiencing a mental health crisis unless they have physical needs which need to be addressed.

2. Access to support before crisis point				
No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
7.	To develop the expansion of a primary care based service model to include Single point of access and primary care based mental health workers	September 2015	CCGs	A local primary care led mental health service based within GP practices to deliver first line preventative services with prompt onward referral to appropriate services for those with more complex needs. GP access to Consultant Psychiatrists for advice, support and quick access back into secondary care services for people who are experiencing a deterioration in their condition. Service users and carers will have one point of entry into services and will be supported to access the service they require at that time.
Improve access to and experience of mental health services				
8.	To ensure outcome based commissioning is in place.	April 2015	CCGs	All commissioned services are linked to recovery based outcomes which are measurable and monitored in accordance with agreed governance arrangements.
9.	Develop robust feedback mechanisms from partners and stakeholders.	July 2015	CCGs/LA's	Partners and stakeholders form an integral part of the whole commissioning cycle. A local published programme of events and forums to be held to evaluate services and ensure on going improvement of services.
10.	Clear reporting and monitoring of quality of care of people in crisis	May 2015	CCGs/LA's/HWB	A local dashboard of crisis indicators available to review the quality of care across the crisis pathway across Bedfordshire and Luton as set out in the governance framework.
3. Urgent and emergency access to crisis care				
No.	Action	Timescale	Led By	Outcomes
Improve NHS emergency response to mental health crisis				

11.	To enhance psychiatric liaison services within local acute hospitals.	October 2015	CCGs	Improved patient and carer experience in acute settings. People feel supported in managing their physical and mental wellbeing. Acute hospital staff feel supported and appropriately trained in dealing with mental health. Reduced inpatient admissions and lengths of stay.
12.	Review and transform Criminal Justice service in line with national model	April 2016	ELFT	The national model for liaison and diversion will be in place for people with mental health conditions or with a learning disability.
13.	Mental Health included in whole system urgent care pathway, including 111 and provision of 24/7 single point of access for mental health services.	August 2015	System Resilience Group Chairs.	A&E attendances are minimised, reduced emergency admissions into acute hospitals. Patients and carers will experience improved services. Rapid access to appropriate community based services will be the norm. Ambulance and Police will divert patients to the appropriate service.
Social services' contribution to mental health crisis services				
14.	Re-modelling of the AMPH service to match capacity with demand using the ADASS toolkit.	September 2015	LA's/ELFT	An appropriately resourced and responsive service in line with national recommendations and meeting the needs of the local population

Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983				
15.	Zero tolerance of people to be held in custody and develop and publish approved places of safety.		LA's/Police	Implementation of the "Safer place to be" guidance. Defined places of safety communicated to all partner agencies. Improved patient experience. Reduction in use of Section 135 and 136. Minimise A&E attendance. Detailed information on use of S135 and S136.
Improved information and advice available to front line staff to enable better response to individuals				
16.	To work with all local providers and organisation across the community to develop and implement mental health training. Including police, probation and ambulance staff.	March 2016	LA's/CCG's /ELFT/Police	All staff who may engage with people in crisis have the appropriate skills and training to respond to people in mental health crisis. Improved patient and carer experience.
Improved services for those with co-existing mental health and substance misuse issues				
17.	Develop a multi - agency approach to substance misuse and dual diagnosis.	March 2016	LA's/CCGs	All agencies will be responsive and flexible to meet peoples' needs in a crisis regardless of diagnosis if a clinical intervention is required. People will get the help they need at the time they need it.

4. Quality of treatment and care when in crisis				
No.	Action	Timescale	Led By	Outcomes
Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring				
	Refer to no.15			See Point 15.
Service User/Patient safety and safeguarding				
18.	Review restraint procedures across whole system and implement the "Positive and Proactive Care" guidance	September 2015	ELFT/Police	When restraint has to be used it is done so according to protocol and staff are fully trained in undertaking restraint procedures.

5. Recovery and staying well / preventing future crisis				
No.	Action	Timescale	Led By	Outcomes
Joint planning for prevention of crises				
19.	Scope out the current market position including the role of the voluntary sector and the wider community in supporting people in a mental health crisis	March 2016	LA's	An informed local community skilled in maintaining the well being of the local population. A community able to recognise the deterioration in the well being of individuals and to signpost them to local support agencies and services in place able to respond.
20.	Recovery and Rehabilitation services will work in integrated way with crisis and community teams to deliver streamlined services which are person centred and recovery based with emphasis on full integration back into the community.	March 2016	CCGs	An effective recovery based service which rehabilitates people back into the community with full support. Facilitates discharge from acute inpatient settings, reduces lengths of stay and helps people reintegrate back home through proactive case management.

ACTION	Timescale	Led by	Outcomes

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