

Collaborative Transformation Board

Working in partnership to oversee the development of integrated care
and support

Collaborative Transformation Board

Annual Report 2013/14

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Foreword by the Chair of Collaborative Transformation Board

As the recently appointed Chair of Collaborative Transformation Board I am pleased to introduce the Annual Report for 2013/14.

I would like to start with thanking the previous Chair Dr Paul Edmondson-Jones, the Vice Chair, Rachel Potts from NHS Vale of York Clinical Commissioning Group and all partners represented on the Board for the hard work and commitment they have shown over the past twelve to eighteen months.

The Board have been faced with a number of challenges during this time not least with the rapidly changing landscape of health and social care, the introduction of the Better Care Fund and the Care Act.

In addition to this the Board have also taken on the work of the disbanded Older People and People with Long Term Conditions Partnership Board; specifically around ensuring the delivery of the 'Making York a Great Place for Older People to Live' element of the Joint Health and Wellbeing Strategy 2013-2016.

Looking forward into 2015 the Board will need to focus on ensuring that work on joint commissioning is progressing along with keeping a watching brief on Care Act readiness (to ensure that we are able to effectively implement the first stage of the Care Act when it comes into being in April 2015) and progress against implementing the Adult Social Care Transformation Programme.

I look forward to working with colleagues and partners on an exciting and challenging agenda in 2015.

Guy van Dichele

Director of Adult Social Care, City of York Council

Introduction

The Collaborative Transformation Board was established in July 2013 and has been developing and adapting to meet current need ever since.

In the summer of 2014 it took on some of the responsibilities of the disbanded Older People and People with Long Term Conditions Partnership Board in a response to a review of the sub-structure beneath the Health and Wellbeing Board. As part of this the Board reviewed its membership, inviting 3 community representatives to join the Board in addition to places that were already in existence for York CVS and Healthwatch York.

The Board also opened its meetings to the public which has included a commitment to publish agendas on-line five clear working days before a meeting and offering a public participation scheme for anyone wanting to address the Board in relation to a matter on their agenda.

Whilst the Board initially met on a monthly basis to ensure the BCF submission was on track, with the submission completed in September 2014 we are now moving to a quarterly meeting schedule.

The pages below set out an overview of the Board's purpose and summaries of the work they have focussed on over the past eighteen months.

Role of the Board

The Collaborative Transformation Board has been established as the strategic body to oversee the development of integrated care and support. Its overall aim is to focus on individuals having a better experience of care and support, experiencing less inequality and achieving better outcomes. In addition to this the Board are also the overseers of the 'making York a great place for older people to live' element of the Joint Health and Wellbeing Strategy 2013-16.

They specifically will:

- Co-produce and deliver a 5 year strategy and implementation plan for whole system review and change across all care and support services in the Vale of York including:
 - having oversight of pooled budgets including the Better Care Fund (BCF)
 - having oversight of the implementation of the BCF
 - having oversight of the adult social care transformation programme
- Manage risk and performance of change processes at a whole-system level
- Ensure change and innovations are endorsed that deliver improvements to the quality of care and support for the public
- Provide a collaborative approach at a senior management level, providing support for unblocking issues and problems as they arise
- Ensure implementation of new policy guidance on integration on behalf of the organisations within the NHS Vale of York Clinical Commissioning Group area
- Take joint leadership and responsibility for the City of York on older people and people with long term conditions

Membership

The Board has representation from the City of York Council, NHS Vale of York Clinical Commissioning Group, York Teaching Hospital NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, Healthwatch York and the voluntary sector. Representatives from East

Riding of Yorkshire Council and North Yorkshire Council are also invited to attend.

Governance Structure

The Collaborative Transformation Board is a sub board of the Health and Wellbeing Board and holds its meetings in public.

Diagram 1 – Health and Wellbeing Board Sub-Structure

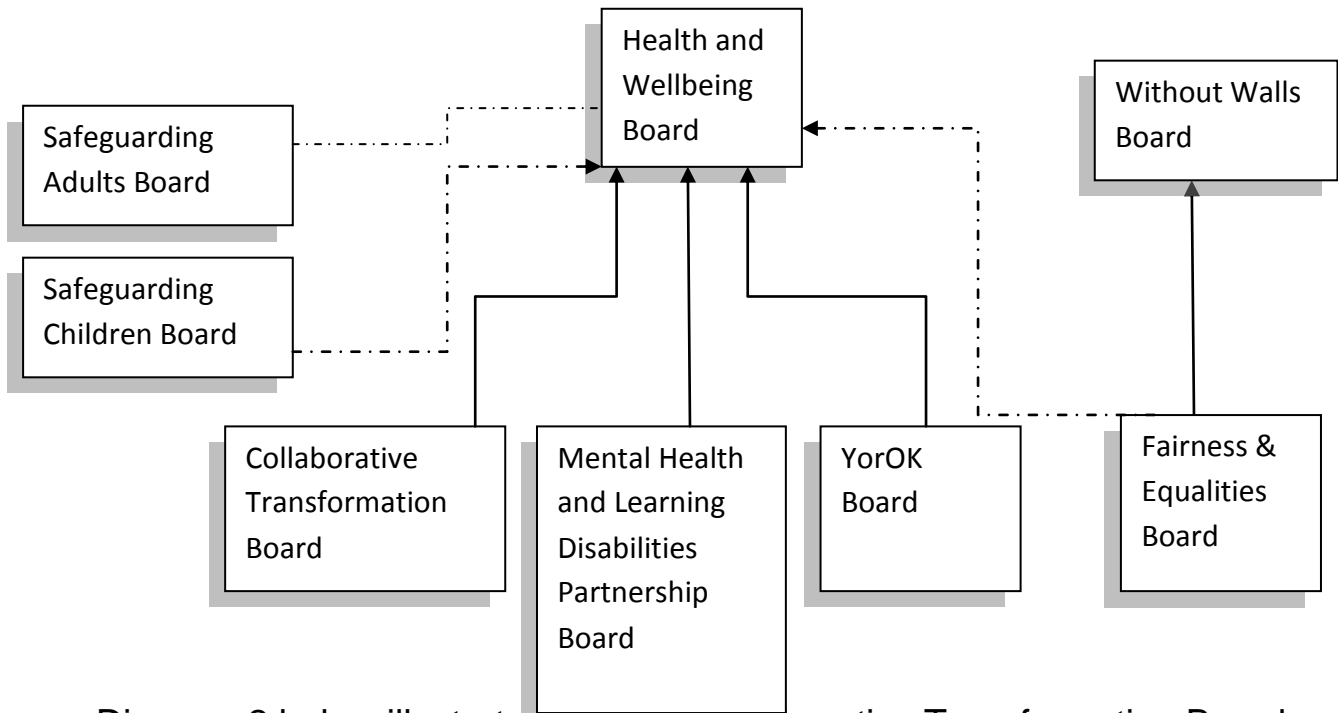
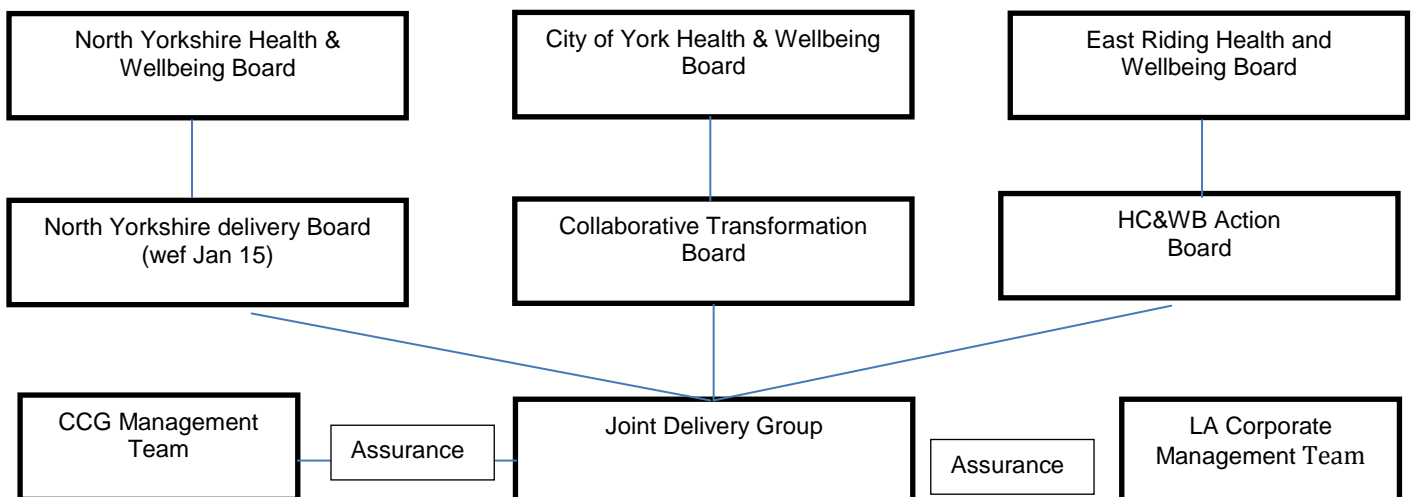


Diagram 2 below illustrates how the Collaborative Transformation Board interlinks with other Local Authority Boards and the Joint Delivery group which reports up to it.

Diagram 2



Key Work Areas

Better Care Fund

The Better Care Fund started life as the £3.8 billion Integration Transformation Fund being announced by the Government as part of the June 2013 spending review. The monies were to be spent locally on health and social care to drive closer integration and improve outcomes for patients and people with care and support needs.

The Better Care Fund is not new money. It is existing NHS and social care funding which needs to be jointly invested as the biggest ever financial incentive for health and social care to work together and improve outcomes for people.

In York, this means that there will be a pooled budget of £12 million to invest in joint working between NHS Vale of York Clinical Commissioning Group and City of York Council.

Whilst Health and Wellbeing Board have overall responsibility for the Better Care Fund, the BCF plan and the projects that form the plan have been discussed at all Collaborative Transformation Board meetings to ensure that the most robust submission was made. The BCF plan was initially submitted to NHS England on 4th April 2014 and revised plans were submitted on 19th September 2014 to respond to a national refocusing of submissions around preventing emergency admissions to hospital.

The BCF is formed of a number of schemes designed to increase the integration of health and social care and a sample of these is listed below:

- Pilot Care Hub (York) – Priory Medical Group
- Pilot Care Hub (Selby) – York Teaching Hospital NHS Foundation Trust
- Hospice at Home Service
- Emergency Care Practitioners
- Mental Health street Triage
- Psychiatric Liaison Service

A commissioner led Joint Delivery Group has been set up (see diagram 2 above) to hold the strategic responsibility for delivery and assurance of the BCF. It also acts as an 'unblocker' in relation to delivery of the schemes in the BCF that have challenges or face barriers. The Chair of the JDG sits on the Collaborative Transformation Board easily enabling any significant concerns to be escalated to them.

Consultation and Engagement

There has been a significant amount of consultation and engagement around the Better Care Fund; whilst none of this has been led by the Collaborative Transformation Board representatives from the Board had attended. Feedback from a Healthwatch York event held in May 2014 were presented to the Board and discussed in depth.

The Board are due to consider a report on engagement at their January 2015 meeting, which will include a summary of feedback from engagement events that are relevant to their remit.

Adult Social Care Transformation

Collaborative Transformation Board has kept a watching brief on progress made on the Adult Social Care Transformation Programme acknowledging the cross cutting nature of this work and its links to the Better Care Fund. In January 2014 the Board received an overview of the programme and the potential impact on budgets of 2% to 5% increase in customers over the next two years. There is a need for change and for a refocusing towards early intervention and prevention and building sustainable community capacity.

Throughout 2014 the Transformation Programme has been taking shape, identifying the following:

- processes and procedure
- engagement programme
- aligning 7 day working
- use of NHS identifier
- streamlining capacity across the workforce

- stocktaking against the Care Act and Care Act readiness
- workforce development

Electronic Shared Care Records

People tell us they ‘only want to tell their story once’ and this is something that is fully supported by the organisations represented on the Collaborative Transformation Board. By having one care record shared across organisations and a single point of contact we will be a significant way forward with achieving this.

Collaborative Transformation Board have supported and advised on the development of electronic shared care records, including the need to put in place a localised data sharing agreement. An information sharing protocol was subsequently developed and agreed. A number of potential integration platforms, that will provide a holistic shared electronic patient record are currently being investigated.

Collaborative Transformation Board will continue to be involved in this work and will be receiving another progress update at their January 215 meeting.

The Joint Health and Wellbeing Strategy

Collaborative Transformation Board are now responsible for ensuring the ‘making York a great place for older people to live’ element of the Joint Health and Wellbeing Strategy is delivered.

As the refresh of the Strategy has only recently been agreed Collaborative Transformation Board will, in the New Year, need to refresh their work plan to incorporate this.

Community representatives on the Board have started to feedback positively how they are helping to support the pieces of work that will need to be done.

Much of the other work that the Board are doing, such as BCF and the Adult Social Care Transformation Programme contribute to the vision of 'making York a great place for older people to live'; in particular supporting a shift toward community based care, so people can access treatment within their own community or at home, rather than having to be admitted to hospital, residential or nursing care.

Focus for 2015

As we move into 2015 the Board will need to start to ensure that they are confident that joint commissioning arrangements put in place are cost –effective and sustainable and show real benefits and positive outcomes for those accessing services.

Work will continue on monitoring progress against the Better Care Fund projects, the Adult Social Care Transformation Programme, the Care Act and delivery against the relevant elements of the Joint Health and Wellbeing Strategy.