

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 10
10 SEPTEMBER 2015		PUBLIC REPORT
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ADULT SOCIAL CARE, BETTER CARE FUND (BCF) UPDATE

R E C O M M E N D A T I O N S	
FROM : Will Patten, Interim AD Adult Commissioning,	Deadline date : N/A
<p>Board members are requested to:</p> <ol style="list-style-type: none"> 1. Note the update of BCF delivery and the second quarterly monitoring return for NHS England; and 2. Comment on the development of the projects where required. 	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Health and Wellbeing Board at the request of the Corporate Director for People and Communities.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to provide information for the Board; it sets out an update on the delivery of the BCF Programme and presents the second quarterly monitoring return for NHS England which was approved by the Borderline & Peterborough Executive Partnership Board, Commissioning (BPEPB) and submitted on the 28th August 2015.
- 2.2 This report is for the Board to consider under its Terms of Reference No. 3.6 *'To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.'*

3. BCF BACKGROUND

- 3.1 As previously reported, Peterborough's BCF has created a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together in the city. The BCF was announced in June 2013 and introduced in April 2015. The £11.9 million budget is not new money; it is a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Peterborough City Council (PCC) to provide health and social care services in the city.

3.2 GOVERNANCE:

- 3.2.1 At a previous meeting, the Health and Wellbeing Board confirmed that the Joint Commissioning Forum, now the BPEPB, would oversee the delivery of the BCF Programme and management of the pooled budget on behalf of the Peterborough Health & Wellbeing Board.
- 3.2.2 Following approval by this Board in March 2015, the Section 75 Agreement between PCC and CCG was in place by 1st April 2015 when BCF funding began.
- 3.2.3 All necessary formal governance arrangements for the BCF were in place by April 2015.

3.3 MONITORING:

3.3.1 The Health and Wellbeing Board agreed to delegate responsibility for reporting to the BPEPB. The process and templates for reporting of local areas' BCF progress is defined by NHS England and the Local Government Association (LGA) arrangements.

3.3.2 Since the last report, the second quarterly monitoring return for NHS England has been approved by the BPEPB and submitted on the 28th August 2015. Given the significant joint working across Cambridgeshire and Peterborough, the returns between the two Health and Wellbeing Board areas were closely aligned. This return covered the first quarter of 2015/16 and required information on the national conditions, local metrics, revised non-elective admission data, income and expenditure, and local metrics (falls and friends and family test) – please refer to the attached document entitled *BCF Quarterly Data Collection Template Q1 15-16 Peterborough (final)*.

3.4 WORKSTREAM UPDATES:

3.4.1 As previously reported, five projects have been established reporting to the BPEPB. These project areas are aligned across Cambridgeshire and Peterborough and the following table demonstrates the design and delivery owners for each as well as the programme management in place:

Project	Lead Org.	Design		Delivery	
		Accountable Officer	Project Support	Accountable Officer	Project Support
Data Sharing	CCC	Charlotte Black, CCC	Isla Rowland and Geoff Hinkins CCC	Alex Gimson, UC	Isla Rowland, CCC
7 Day Working	SRGs	SRG 7DW lead - Peterborough	Peterborough – WP/EH	SRG 7DW lead - Peterborough	Peterborough – WP/EH
		SRG 7DW lead - Cambs and Ely	Cambs and Ely – GK/CCC	SRG 7DW lead - Cambs and Ely	Cambs and Ely – GK/CCC
		SRG 7DW lead - Hunts	Hunts – GK/CCC	SRG 7DW lead - Hunts	Hunts – GK/CCC
		SRG 7DW lead - Wisbech/Norfolk	Wisbech/Norfolk – GK/CCC	SRG 7DW lead - Wisbech/Norfolk	Wisbech/Norfolk – GK/CCC
Person Centred Systems	UC	Sandra Myers (Integrated Neighbourhood Teams, Risk Assessment and Accountable Professional/Single Assessment Process) Alex Gimson (Risk Stratification Tool)	Isla Rowland and Geoff Hinkins CCC	Peterborough – via ICB leads - Sandra Myers	Peterborough – WP
				Cambs and Ely – via ICB leads - K Connick Hunts – via ICB leads - A Gimson	Cambs and Ely – GK Hunts – GK
				Wisbech/Norfolk – via ICB leads - D Morgan	Wisbech/Norfolk – GK
Information Advice and Guidance	PCC & CCC	Adrian Chapman & Charlotte Black	Eve Holder, PCC	Adrian Chapman & Charlotte Black	Eve Holder, PCC
Ageing Healthily & Prevention	Public Health	Angelique Mavrodaris (Overall workstream and Pre-Statutory Assessment) Deborah Cohen (Universal Offer)	CCC (Overall workstream and Pre-Statutory Assessment) GK (Universal Offer)	Angelique Mavrodaris (Overall workstream and Pre-Statutory Assessment) Deborah Cohen (Universal Offer)	CCC (Overall workstream and Pre-Statutory Assessment) GK (Universal Offer)
Overall BCF Programme Management and Reporting	PCC and CCC	WP/GH (PCC/CCC)	GK	PCC and CCC	GK

3.4.2 Data Sharing

The Data Sharing project has gathered momentum and activities are underway. A Board meeting takes place bi-monthly, with the most recent meeting being held in August 2015. The Board has agreed a comprehensive project plan and dashboard which covers all of the objectives outlined in both Peterborough and Cambridgeshire BCF submissions. This plan will steer the project going forward. It was agreed that the dashboard will be updated and shared with the Board monthly.

In August, additional outcomes and statements were added to the plan to ensure there is a clear service user focus:

- Patients and service users will have a better experience of care and improved outcomes;
- Patients and service users will have access to their own data;
- Statement - *“My privacy and wishes will be respected”*;
- Statement - *“Professionals will be able to access my information when it is to my benefit, if and when they need to”*; and
- Statement - *“I won’t have to keep telling my story to different professionals from different places”*.

It was also decided that the appropriate workstream would consider the subject of consent in detail, to review how clarity is achieved in order to convey to patients and service users what their data will be used for and how to highlight the consequences if they do not allow sharing.

In addition, a piece of work will be developed to ensure that patients and service users are consulted and their feedback collected on the development of data sharing models. This is being considered as part of the social care service user groups, CCG patient groups and HealthWatch. These outcome measures may augment those within the original Peterborough submission, if agreed.

UnitingCare (UC) are making progress with the Single View of the Patient Record (SVPR), which has been renamed ‘OneView’. Data sharing agreements have been sent to all 106 GP practices in Cambridgeshire and Peterborough for signature and, so far, 40% have been returned.

A recent UC workshop invited Cambridgeshire County Council (CCC) & PCC to view the progress of OneView to date; the presentation was positively received. Internally, PCC have consulted with four teams (reablement, therapy OT, admission avoidance, transfer of care) to understand what health information would be valuable from a social care perspective and also what social care information may be available that would be useful to share from a health view point. The next steps are to consider the technical requirements to enable the uploading of social care data into OneView.

Agreed Project Themes:

- Sharing data between UC and PCC/CCC for frontline staff - Phase 1;
- Future planning;
- Standardisation of data sharing IT systems and processes across Cambridgeshire and Peterborough;
- Data sharing for risk stratification, early intervention and links to other BCF programmes;
- NHS number;
- Patient access / portals;
- Evaluating the impact of data sharing; and
- Ensuring that information is used to inform commissioning and strategic planning.

3.4.3 7 Day Working

There is an inclusive project plan and a dashboard established that can be used to report on the achievements of the activities involved in the 7 Day Working project. The plans include all of the actions set out in the BCF submission in line with the intentions of all the nominated health and social care partners.

Governance via a monthly monitoring process has been agreed to include all updates via the Systems Resilience Group (SRG), UC and PCC projects to ensure that all relevant information is fed into the dashboard and a live status of progress can be available to the BPEPB on a monthly basis. UC have reported that Joint Emergency Teams (JET) and OneCall have now been rolled out 24 hours a day, seven days a week across all localities.

Agreed Project Themes:

- Service re-design to support an integrated approach for health and social care to avoid unnecessary admissions to hospital and reduce the number of excess bed days and delayed transfers of care;
- Re-Shaping the housing market, minor & major adaptations;
- Re-Shaping the 24 hour bed-based care market - residential care, nursing care and reablement / rehabilitation bed based; and
- Telecare / Telehealth / Assistive Technology.

3.4.4 Person Centred Care

Following the review of a gap analysis on the Peterborough BCF submission and project scope, a project plan has been drafted which is aligned with the UC mobilisation plans. A monthly project Steering Group is in the process of being formed, to commence in September 2015, which will provide governance and monitoring for this project.

UC reports that feedback from the staff consultation on developing neighbourhood and integrated care teams will be available once reviewed, at which point the location for the teams will be confirmed. Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) have also consulted with community and mental health staff as the new neighbourhood teams will be fully integrated, comprising of health professionals with the training, skills and experience to provide seamless care for people over 18 with long-term conditions and everyone over 65. The new teams are expected to be up and running from the beginning of October.

Agree Project Themes:

- Development of a Multi-Disciplinary Team (MDT) Approach;
- Development of a shared assessment process for health, social care and other partners;
- Development of a shared risk tool;
- Customer experience and customer journey;
- Reablement review; and
- PCC areas of focus.

3.4.5 Information and Communication

Monthly core group meetings are now in place for this project workstream. The meeting held in July agreed that the chair for the group would remain shared between Charlotte Black (CCC) and Adrian Chapman (PCC). The group gave direction for the next steps and a series of work has commenced, including identifying what actions could be considered for a shared project across Cambridgeshire and Peterborough. Both will also produce a health check against each of the identified actions.

Draft Project Themes:

- Review front doors;
- Develop an Information, Advice and Guidance strategy;
- Establish and schedule evaluation process;
- Determine technology requirements and options;
- Determine solution for independent financial advice sign posting;
- Develop a community service model;
- Develop plan for the publicity and training for both staff and the public; and
- Develop and embed process for content update.

3.4.6 Ageing Healthily & Prevention

Public Health produced an initial scope of work with the intention of leading the BCF activities across Cambridgeshire and Peterborough (please refer to the attached document entitled *Cambridgeshire Executive Partnership Board (CEPB) Healthy Ageing and prevention: proposed project scope*). The scope was compared to the Cambridgeshire and Peterborough BCF submissions and a draft project plan was compiled, which has since

been review by Public Health. Further work is required to agree the final project themes and actions.

A Steering Group for this project area is currently being pulled together which will provide the governance and monitoring. There are a number of PCC only actions that are being monitored internally and will be reported using the same documentation.

Draft Project Themes:

- Co-ordination of public and 3rd sector activity to prevent or reduce isolation and loneliness;
- Review of current provision and development of integrated approach to ensure people are living in appropriate housing with provision of accessible services and opportunities to foster community engagement, independence and resilience;
- Co-production of prevention strategy for older people and embedding of preventive approach across organisational and sectorial workstreams;
- Development and implementation of a series of targeted evidence-based health programmes and interventions for key priority areas;
- Identification of those at higher risk of admission to health and social care and approaches responsive to those at high risk of future care;
- Delivery of programmes to support carers and older people to retain or regain the skills and confidence to be independent and active in their communities;
- Alignment with collaborative and integrated care agendas with a focus on promotion and provision of support to facilitate effective and appropriate self-management; and
- PCC only workstreams.

4. CONSULTATION

- 4.1 As previously reported, in the developing and drafting of the BCF Plan there were detailed discussions and workshops with partners. The purpose of these discussions and workshops was to create the vision, goal, objectives and scope of the Strategic Level Plan for BCF and the specific delivery projects/schemes.

This joint working across Cambridgeshire and Peterborough continues and each of the five projects has now achieved clarity on what it is to deliver. The project plans and dashboards are in various stages of completion and focus will be given to ensure absolute clarity on milestones, target end dates and dependencies.

Regular monitoring activities will be solidified across all five projects to ensure that clear and regular standardised reporting can take place on a monthly basis. Cambridgeshire and Peterborough have agreed to take a joint approach to all programme management documentation and are currently confirming risk and issue logs and communication plans.

5. IMPLICATIONS

FINANCIAL

- 5.1 Delivery assurance through the Board will enable the Council and the CCG to continue to meet NHS England's conditions for receiving £11.9m BCF.
- 5.2 The BCF funding is in line with the Council's Medium Term Financial Strategy (MTFS).

6. BACKGROUND DOCUMENTS

- i) BCF Quarterly Data Collection Template Q1 15-16 Peterborough (final).
- ii) BCF Quarterly Data Collection Template Q1 15-16 Peterborough (final) – Tab 8 Narrative (this is a word document of the exact text displayed in the original Q1 15-16 submission)

- iii) Cambridgeshire Executive Partnership Board (CEPB) Healthy Ageing and prevention: proposed project scope.