

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 9
22 SEPTEMBER 2016		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, Director of Transformation,	Deadline date : N/A
Board members are requested to:	
1. Note the update of BCF delivery and the BCF Section 75 Annual Report for 2015/16	

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.
- 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 £12.6 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.

- 3.1.2 The BCF 2016/17 plan is now fully 'Approved' and written confirmation has been received by NHS England.

3.2 Governance

- 3.2.1 At a previous meeting, the Health and Wellbeing Board confirmed that the Joint Commissioning Forum, now the GPEPB, would oversee the delivery of the BCF Programme and management of the pooled budget on behalf of the Peterborough Health and 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 1 April 2015 when BCF funding began. The Section 75 Agreement has been reviewed to reflect changes for 2016/17 and contractual changes have been legally executed.

3.2.3 All necessary formal governance arrangements for the BCF were in place by April 2015.

3.3 Monitoring

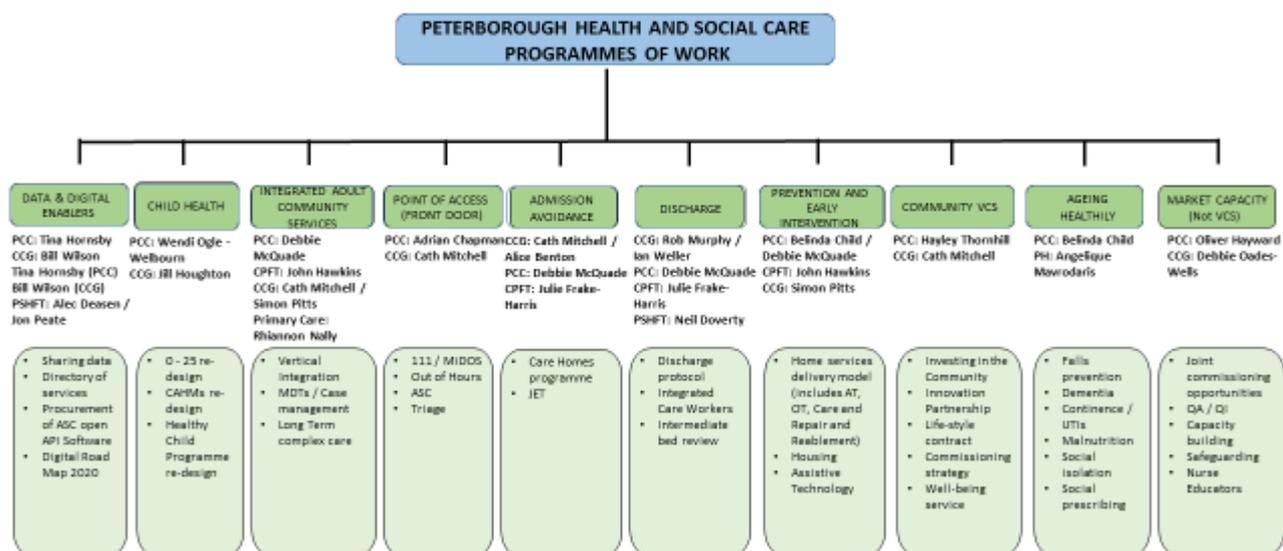
3.3.1 The Health and Wellbeing Board agreed to delegate responsibility for reporting to the GPEPB. The process and templates for reporting of local areas' BCF progress is defined by NHS England and the Local Government Association (LGA) arrangements.

3.4 The BCF Section 75 Annual Report was approved by the GPEPB on 22 April 2016. Key highlights include:

- 2015/16 spend was balanced at the end of the financial year and was invested in line with the budget plan.
- Large investments were made in OPACS, assistive technology, reablement, market development and quality improvement.
- The performance fund element of the budget was not released into the pooled fund, due to non-performance of non-elective admissions targets and was invested in acute provision.
- National conditions (e.g. protection of Adult Social Care provision, Care Act compliance and Disabled Facilities Grant investment) were met.
- Transformation projects progressed at varying speeds, with plans for 2016/17 building on the progress made to date.
- Key areas of learning have shaped the plans for 2016/17, including the need for stronger integration with other system programmes of work (e.g. STP, PCC Customer Experience Programme) and a shift to greater local delivery.

3.4 Workstream Updates

3.4.1 Recent analysis of Peterborough system plans, showed that there are a large number of programmes and initiatives across the local Health and Social Care System, including the BCF, CCG Sustainability and Transformation Plan and Vanguard programme. In the development of plans for 2016/17, the various programmes of work have been combined, wherever possible, to ensure efficient and effective deployment of resources, ensuring the focus is on delivering the changes and improvements. This approach has been shared with partners across the system and the below diagram outlines the agreed health and social care programme structure:



Data and Digital Enablers: The immediate focus is developing practical data sharing solutions to support multi-disciplinary working, including the review of approaches in line

with Caldicott recommendations. The decision was taken not to progress the UnitingCare 'OneView' system and the CCG is leading on exploring alternatives to support a single view of the patient record, linking with the Local Digital Road Map 2020 work.

Child Health: This incorporates the 0-25 re-design, CAMHS re-design and Healthy Child re-design projects. Work is underway to progress mapping, service design and implementation plans.

Integrated Adult Community Services: Vertical Integration plans to align PCC Adult Social Care with the Neighbourhood Teams are progressing. Trailblazer neighbourhood team sites to test the MDT coordination commenced on the 13th June. The need for MDT Coordinators has been confirmed. Trailblazer sites will continue for a further period, to allow further refinement of case finding and GP engagement before wider roll out. Case finding proof of concept pilot is currently being tested.

Point of Access (Front Door): Alignment of the PCC Adult Social Care Front Door with 111, including MiDOS is being progressed. A detailed model is now in development and benefits analysis has been undertaken. The LGA Digital Transformation Fund awarded £40k to support the development of a Local Information Platform (LIP) (previously referred to as the Information Hub), which will support the consistency, quality and accuracy of information.

Admission Avoidance: A&E Urgent Care Plan being developed. Mapping of intermediate care provision being undertaken to inform effective commissioning approach. 24/7 Mental Health crisis response service goes live in Peterborough on 19th September.

Discharge: Mapping of 7 Day Service community provision across Peterborough completed and priorities identified as care homes and voluntary sector. Pathway Coordinator pilot evaluation outcome report developed. Integrated Care Workers funding has been agreed and local implementation arrangements are being finalised.

Prevention and Early Intervention: PCC is undertaking further work to refine the Home Services Delivery Model to ensure integrated and strengthened intermediate care tier provision. This incorporates the integration of Care and Repair, Assistive Technology, Therapy Services and Reablement teams. PCC and CPFT are working closely to ensure integration is achieved across system-wide intermediate care provision. There is a continued focus on the expansion and embedding of Assistive Technology across social care and health.

Community VCS: The PCC Innovation Partnership is being progressed and discussions are underway with the CCG to understand the scope of integrating health commissioning with the model.

Ageing Healthily: Key objectives for this work include:

- Falls Prevention: District level leads group is looking at further development to support local implementation of the joint falls pathway.
- Primary Prevention: Further refinement of the scope of social prescribing work is being undertaken. The PCC Investment in the Community project focuses on building community resilience.
- Mental Health and Dementia: Key leads have been identified. The primary focus is the development of a joint strategy and pathway.
- Continence and UTIs: further development of gaps and priorities is being undertaken.

Market Capacity (not VCS): Care Home Educators have now been recruited by the CCG and further work to develop joint working with care homes is a priority. PCC is exploring joint commissioning opportunities to ensure efficiencies on an ongoing basis.

4. CONSULTATION

- 4.1 As previously reported, in the developing and drafting of the BCF Plan there were detailed discussions and workshops with partners. Joint working across Cambridgeshire and Peterborough continues and regular monitoring activities have been solidified to ensure clear and standardised reporting mechanisms.

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 £12.6m BCF.

Legal

- 5.2 The report is for noting and legal implications are covered within the body of the report.
- 5.3 The BCF funding is in line with the Council's Medium Term Financial Strategy (MTFS).

Human Resources

- 5.4 Some of the work-streams noted in 3.4 could have staffing implications such as changes to job descriptions or potential TUPE considerations. Where this is the case these will be considered and dealt with in accordance with the Council's HR policies.

6. BACKGROUND DOCUMENTS

- i) BCF Quarterly Data Collection Template Q1 15-16 Peterborough (final)
- ii) BCF Quarterly Data Collection template Q2 15-16 Peterborough (final)
- iii) BCF Quarterly Data Collection Template Q3 15-16 Peterborough (final)
- iv) BCF Quarterly Data Collection Template Q4 15-16 Peterborough (final)