

<b>HEALTH AND WELLBEING BOARD</b>	AGENDA ITEM No. 13
<b>4 DECEMBER 2017</b>	<b>PUBLIC REPORT</b>

Report of:	Wendi Ogle-Welbourn, Executive Director, People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald	
Contact Officer(s):	Will Patten, Director of Transformation, Peterborough City Council	Tel. 07919 365883

**ADULT SOCIAL CARE, BETTER CARE FUND (BCF) 2017-19 UPDATE**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Wendi Ogle-Welbourn	<b>Deadline date:</b> N/A
The Health and Wellbeing Board are requested to:	
1. Note the update of BCF delivery and planning for BCF 2017/19 submission	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Health and Wellbeing Board at the request of the Executive Director for People and Communities Cambridgeshire and Peterborough Councils.

**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 planning approach for the BCF 2017/18 submission.

2.2 This report is for the Board to consider under its Terms of Reference No. 2.7.3.6:

*'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. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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**4. BACKGROUND AND KEY ISSUES**

4.1 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 2017/18 £16.8 million budget is largely 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. It includes funding for the Disabled Facilities Grant, which supports housing adaptations and Improved Better Care Fund (iBCF) monies.

#### MONITORING:

- 4.2 Due to the delays in the BCF Policy Framework and Planning Guidance and the subsequent submission timelines, there were no BCF reporting requirements to NHS England for Q1. Q2 reporting templates have been issued by NHS England and are due for submission by 17<sup>th</sup> November 2017.

#### BCF PLANNING SUBMISSION 2017-19

- 4.3 The Better Care Fund 2017-19 plan was fully approved and submitted to NHS England on 11<sup>th</sup> September 2017. Following the regional assurance process we were 'approved with a minor condition' with a requirement to resubmit further clarification around the risks associated with the closer integration of Peterborough and Cambridgeshire plans. The plan was resubmitted to NHS England on 4<sup>th</sup> November 2017 and final approval status is due to be notified to us by the end of November 2017.

#### PROGRESS OF DELIVERY

- 4.4 Our approach to integration over 2017-19 was submitted as part of our local Better Care Fund plan to NHS England on 11<sup>th</sup> September 2017. There will be a continued focus on building on the work undertaken to date. The following provides an update on key priority areas:

**Prevention and Early Intervention:** including a county wide falls prevention programme, further work to ensure a comprehensive approach to equipment and assistive technology, and development of joint VCS commissioning opportunities. Falls prevention implementation is underway with a focus on disseminating learning from the St Ives pilot review event in October, to support the roll out of initiatives. Stroke prevention Atrial Fibrillation is currently focusing on the roll out of ECG equipment to identify patients in flu clinics. Service Level Agreements have been signed by 22 GP practices.

**Community Services (MDT Working):** including wider roll out and embedding of case management, to include data sharing to support risk stratification and pro-active identification of service users. Additional CPFT staff recruitment is being finalised to support the enhanced case management service roll out. The first run of data is being gathered from GPs to support case finding.

**Enablers:** continued development of consistent, accurate and reliable information and advice to support the concept of 'no wrong front door'. Further work to progress the LGA funded proof of concept has been progressed and a test proof of concept with MiDOS has been developed. An evaluation workshop was held on the 16<sup>th</sup> October, which will inform a review of next steps.

**High Impact Changes for Discharge:** A new national BCF condition, requires the local system to implement the high impact change (HIC) model for managing transfers of care. The HIC areas are: early discharge planning; systems to monitor patient flow; MDT/multi-agency discharge teams; home first / discharge to assess; 7 day services; trusted assessor; focus on choice; and enhancing care in care homes.

The Local Authority worked collaboratively with health partners to develop and agree a costed plan to support delivery of the 3.5% national DTOC target. This built on the gaps identified as part of the High Impact Changes self-assessments and workshops which were held late July to agree the system priorities. Investment requirements were also reviewed to support winter planning initiatives and there was significant investment from the iBCF to support key initiatives. Good progress is being made implementing these plans and the below provides an update on key initiatives that are progressing in this area:

**Reablement:** recruitment is progressing well to support a 20% increase in reablement capacity. A number of appointments have been made, with further recruitment initiatives planned. Additional reablement step down bed capacity is being commissioned for the winter months. Options for low level reablement provision are being explored with VCS providers.

**Moving and Handling Coordinator:** this post is now based with the Transfer of Care Team with a view to support embedding integrated approaches to equipment and assistive technology to support discharge and this post was in place from the 16<sup>th</sup> October. In addition a falls response service is being piloted with Cross Keys Homes from November 2017 reduce unnecessary ambulance conveyances associated with falls.

**Transfer of Care:** two new social worker posts have been based in the acute from 23<sup>rd</sup> October (Admissions Avoidance Social Worker and Social Care Strategic Discharge Lead). A new Continuing Healthcare pathway (4Qs) 3 month pilot was launched in NWAFT during November and additional social worker and discharge planning nurse capacity to support this is being recruited to.

**Trusted Assessor:** a care home trusted assessor pilot is being implemented with South Lincolnshire County Council and LINCA. Communications have been undertaken with the local care homes to ensure appetite and buy in.

**Home Care:** a weekly meeting with home care providers is now fully operational to support joint working and capacity building. Alternative options to increase home care capacity are also being explored.

**Discharge to Assess:** there has been good progress implementing phase 1 of the system wide discharge 2 assess pathway, with further refinement ongoing to support phase 2 implementation in March 2018. A review of the Continuing Health Care Hospital discharge process with a new process (4Qs) being piloted for 3 months from November 2017.

## 5. CONSULTATION

- 5.1 As previously reported, in the developing and drafting of the BCF Plan there were detailed discussions and workshops with partners, including discussion at the A&E Delivery Board and appropriate STP governance boards. The Joint Cambridgeshire and Peterborough Integrated Commissioning Board, which has system wide health and care representation, has overseen the development of the plan In line with national requirements, local system partners have approved and are signatories to the 2017-19 BCF Plan. Joint working across Cambridgeshire and Peterborough continues and regular monitoring activities have been solidified to ensure clear and standardised reporting mechanisms.

## 6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 Not applicable. The contents of this report provide an update for the Health and Wellbeing Board to note.

## 7. REASON FOR THE RECOMMENDATION

- 7.1 The report is for information to the Board.

## 8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 Not applicable.

## 9. IMPLICATIONS

### Financial Implications

- 9.1 Delivery assurance through the Board will enable the Council and the CCG to continue to meet NHS England's conditions for receiving BCF monies.

The BCF funding is in line with the Council's Medium Term Financial Strategy (MTFS).

### **Legal Implications**

9.2 There are no legal implications related to this report.

### **Equalities Implications**

9.3 There are no equalities implications related to this report.

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1

- i) BCF Quarterly Data Collection Template Q1 16-17 Peterborough (final)
- ii) BCF Quarterly Data Collection Template Q2 16-17 Peterborough (final)
- iii) BCF Quarterly Data Collection Template Q3 16-17 Peterborough (final)
- iv) BCF Quarterly Data Collection Template Q4 16-17 Peterborough (final)

## **11. APPENDICES**

11.1 None