

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 10
19 MARCH 2018	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald	
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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: Wendi Ogle-Welbourn	Deadline date: N/A
Board members are requested to: 1. Note the update of BCF delivery	

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 of work.

2.2 This report is for the Board to consider under its Terms of Reference No. 2.8.3.6 *'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?	NO	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.

4.2 MONITORING:

The below tables provide an overview of targets and performance to date across Peterborough and Cambridgeshire at the end of Q3:

Metric	2017/18 Planned Target	Peterborough Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	
Non-elective admissions to hospital	18,128 non elective admissions	At the end of Q3 NEA performance was at 13,325 year to date against a threshold year to date target of 13,717.		Continued investment in prevention and early intervention approaches – including joint funding of falls prevention and atrial fibrillation Multii-Disciplinary admissions avoidance team established in ED
Delayed Transfers of Care (DTOCs) from hospital	3.5% Occupied Bed Days Peterborough – 345 occupied bed days for Q3	The system continued to report high levels of DTOC in Q3 with December performance reporting 587 occupied bed days against a target of 345. This represents performance running at 7.61% at the end of Q3. Assessment related delays continue to be the bulk of DTOCs within the system. Q3 social care attributable delays were zero during Q3, an improvement on Q2. Though jointly attributable delays increased on Q2 statistics.		Ongoing weekly monitoring of DTOC performance to ensure quick identification of trends iBCF investment in DTOCs – ongoing implementation of plan (see appendix 1) Ongoing review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Evaluation of Continuing Healthcare 4Q hospital discharge pathway 3 month pilot in planning
Admissions to long-term residential and nursing homes in over 65 year olds	154	At the end of Quarter 3 there were a total of 101 care home admissions year to date and we are on track to stay within our threshold target.		On track to meet target
Effectiveness of re-ablement services	83%	At the end of Q3 proxy performance was at 73%. Continued capacity issues in the domiciliary care market have impacted on reablement capacity.		Additional iBCF investment in reablement provision Ongoing recruitment of reablement support workers to increase capacity by 20%.

				Domiciliary Care capacity being reviewed with providers at fortnightly forum to reduce bridging packages in reablement Additional VCS provision commissioned to support reablement and domiciliary care capacity
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4.3 PROGRESS OF DELIVERY

Our approach to integration over 2017-19 was submitted as part of our local Better Care Fund plan, which now has full approval from NHS England. 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: ongoing roll out of training to neighbourhood teams. Falls prevention health service go live March 2018. Stroke prevention: Atrial Fibrillation is currently focusing on the roll out of ECG equipment to identify patients in flu clinics.

Community Services (MDT Working): Additional CPFT staff recruitment is being finalised to support the enhanced case management service roll out. First run of data is being gathered from GPs to support case finding.

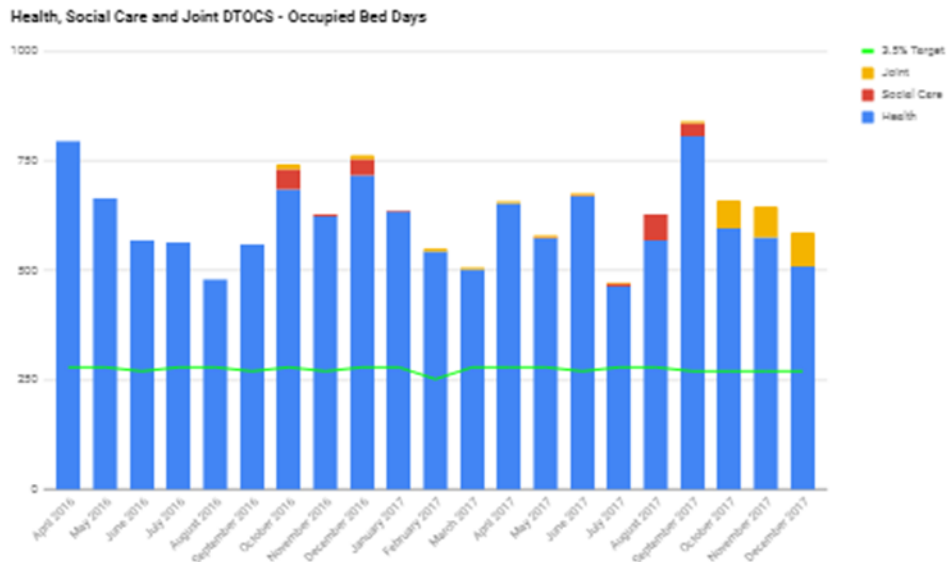
Enablers: An evaluation of the test proof of concept has been undertaken and discussions are ongoing across health, social care and VCS to progress next steps.

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. An update on key initiatives can be found at **Appendix 1**.

DTOC Performance

4.4

The below graph shows month on month DTOC performance across Peterborough against the 3.5% target, highlighting that performance is significantly underperforming against target. Despite deteriorating rates of DTOC, social care and joint DTOCs have remained exceptionally low, with the bulk of delays attributable to the NHS.



During December, 86.9% of all delayed days were attributable to the NHS, 0.0% were attributable to Social Care and the remaining 13.1% were attributable to both NHS and Social Care.

Peterborough, compared to all single tier and county councils in England, is ranked 114 out of 151 on the overall rate of delayed days per 100,000 population aged 18+. It is ranked 139 on the rate of delayed days attributable to the NHS, and 1 on the rate of delayed days attributable to social care.

There was significant investment from the Improved Better Care Fund (iBCF) to support a range of initiatives to reduce DTOCs. This investment was targeted specifically at the health and social care interface and it is important to note that the STP is responsible for a range of health related activities to support delivering the 3.5% DTOC target. An update on the key iBCF DTOC Plan initiatives can be found at Appendix 1.

The original intention was to invest £2,000,000 of iBCF monies into housing for vulnerable people. Adult Social Care is facing unprecedented financial pressures resulting from increasing costs of care and increasing demands on its resources from winter pressures. In line with the IBCF national conditions, we are using the funds to mitigate these pressures and provide solutions to meet the DTOCs target and meet Adult Social Care (ASC) needs. The Council has committed to invest Capital funding to enable continued delivery of the vulnerable housing project objectives.

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 board to note.

7. REASON FOR THE RECOMMENDATION

7.1 *The report is for the 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 Q2 17-18 Peterborough (final)
 - ii) BCF Quarterly Data Collection Template Q3 17-18 Peterborough (final)

11. APPENDICES

11.1 Appendix 1 – Commissioning Winter Pressures / iBCF Plan 2017/18

