

<b>HEALTH AND WELLBEING BOARD</b>	AGENDA ITEM No. 11
<b>24 JUNE 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Will Patten, Director of Commissioning	
Cabinet Member(s) responsible:	Wayne Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care and Public Health	
Contact Officer(s):	Caroline Townsend, Head of Commissioning Partnerships and Programmes	Tel: 07976 832188

**UPDATE ON HEALTH AND SOCIAL CARE INTEGRATION**

R E C O M M E N D A T I O N S	
<b>FROM: Director of Public Health</b>	<b>Deadline date: N/A</b>
<p>It is recommended that the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> <li>Note the contents of the report, which provides an update on the priorities and progress of health and social care integration.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Health & Wellbeing Board as an update on the progress of local health and social care integration.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide an update to the Health and Wellbeing Board on progress and the current priorities for health and social care integration locally.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference No 2.8.3.3

*To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities.*

**3. TIMESCALES**

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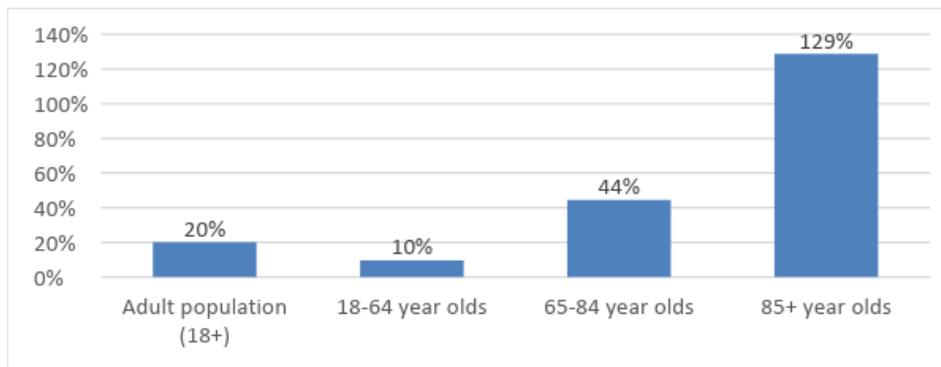
**4. BACKGROUND AND KEY ISSUES**

## 4.1 System Challenges

### 4.1.1 Population Growth

Peterborough's population is growing significantly, with an increasing older population. Cambridgeshire and Peterborough's population of people aged 18+ is estimated at 690,000. Forecasts suggest significant and disproportionate growth is expected, with those aged 65-84 expected to increase by around 44% and those aged 85+ expected to grow by nearly 130% by 2036, as can be seen in the chart below.

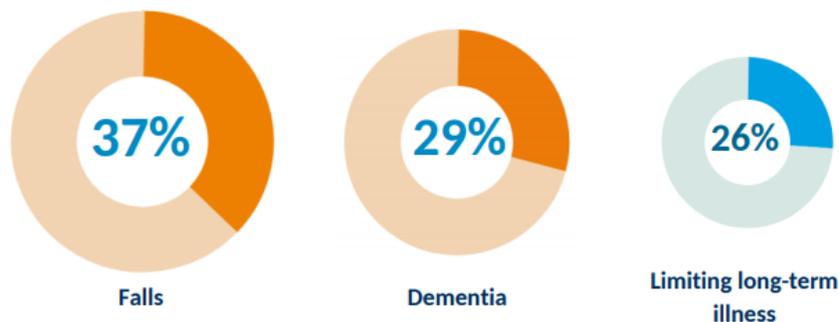
*Cambridgeshire and Peterborough projected population growth 2018-2036*



(Source: Cambridgeshire Business Intelligence Team)

By 2025, it is forecast that there will be a significant increase in the following conditions.

**By 2025 people aged 65+ are projected to have an increase in these conditions <sup>2</sup>**



### 4.1.2 Financial Pressures

Being an underfunded system means we have to address increasing demand with decreasing budgets. Peterborough and Cambridgeshire is one of the most financially challenged health economies nationally. Peterborough City Council is facing a budget gap of £18m in 2020/21 and £20m in 2021/22.

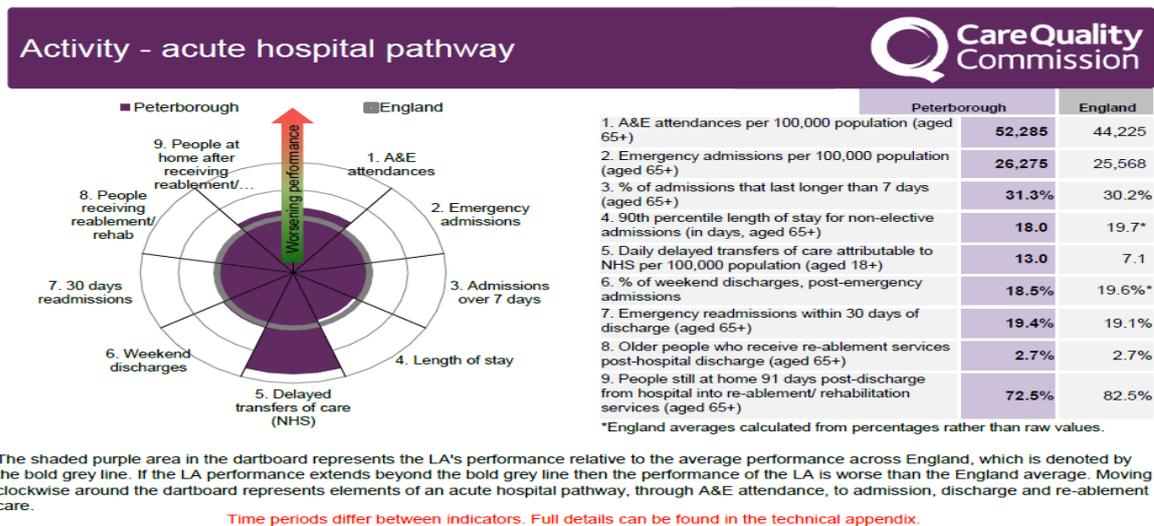
In addition, we are seeing financial pressures as a result of increasing costs of care as a result of providers facing a range of financial pressures, such as national living wage increases, recruitment and retention of staff and automatic enrolment.

To ensure we have financial sustainability for the future, we are working jointly with health to deliver community capacity and capability to meet the demands of local communities in the most cost effective way, supporting people to maintain their independence and wellbeing. In turn, preventing the unnecessary escalation of needs and the provision of more expensive services (e.g. domiciliary care, residential and nursing care, acute hospital intervention).

### 4.1.3 System Performance

The below diagram shows how Peterborough is performing comparatively across a key range

of health and social indicators.

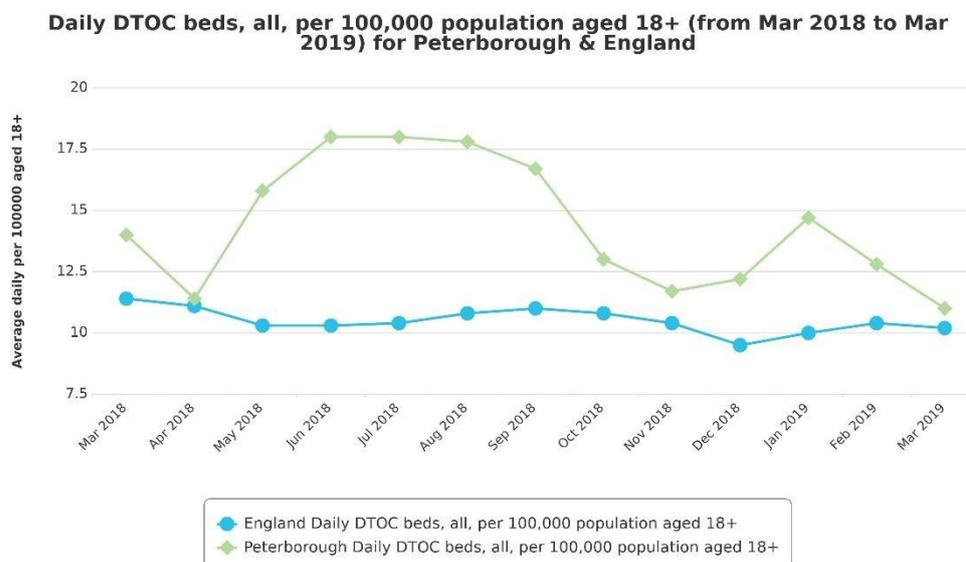


Key features highlighted from this data profile are:

- Peterborough Delayed Transfer of Care (DTC) performance continues to be worst than the England average, but there has been an overall improvement in performance over the last 12 months
- The number of people receiving reablement in Peterborough are now at England average levels.
- In Peterborough, A&E attendances of over 65s remain higher than the national average
- Emergency re-admissions within 30 days have reduced slightly in Peterborough since 2017
- Emergency admission for those aged 65+ have risen and remain higher than average in Peterborough
- Length of stay for emergency admissions has reduced in Peterborough and are lower than the national average
- Peterborough performance for care home acute pathways is better than the national averages

#### 4.1.4 Delayed Transfers of Care (DTCs)

DTC performance has continued to be a challenge for the local system, but the below graph shows that there has been significant improvement in performance over the last 12 months.



For March 2019 Peterborough, compared to all single tier and county councils in England, is ranked 102 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 136 on the rate of delayed days attributable to the NHS, and 13 on the rate of delayed days attributable to social care.

## 4.2 Drivers and Strategic Priorities for Change

The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) key priorities, also illustrated below, mirror our system’s principles around prevention, healthy lifestyles, early intervention, promoting independence, system sustainability and integration.

Priorities for change	10-point plan
<b>At home is best</b>	1. People powered health and wellbeing 2. Neighbourhood care hubs
<b>Safe and effective hospital care, when needed</b>	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
<b>We're only sustainable together</b>	6. Partnership working
<b>Supported delivery</b>	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

*Peterborough and Cambridgeshire STP priorities for change*

Improved integration and joint working between health and social care has been a long-term strategic priority in Peterborough. Our shared system vision for integration was articulated in the 2017-2019 Better Care Fund (BCF), as outlined below:

Our vision across Cambridgeshire & Peterborough

*“Over the next five years in Cambridgeshire and Peterborough, we want to move to a system in which health and social care help people to help themselves, and the majority of people’s needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer-term support available to those that need it.*”

This vision is underpinned by seven core principles to make sure we make a long-term difference to health and wellbeing throughout the county and that we help those who need it most. We aim to:

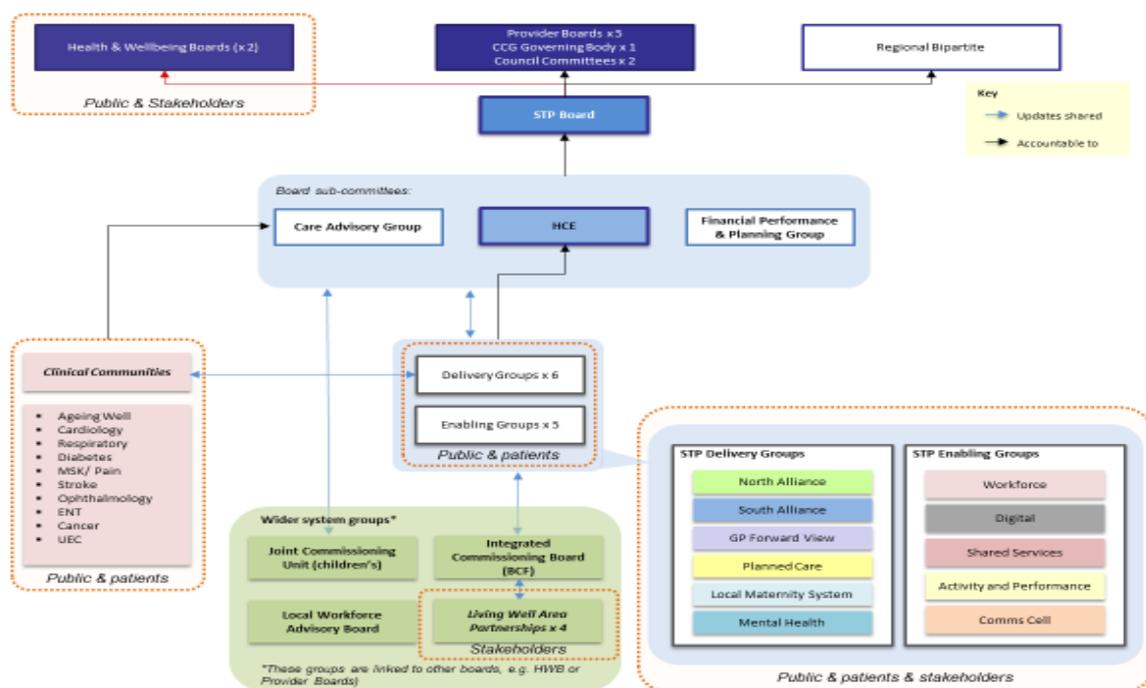
- Reduce inequalities by improving the health of the worst off fastest;
- Focus on preventing ill health by promoting healthy lifestyles while respecting people's choices and for those who have an illness, preventing their condition from worsening;
- Make decisions which are based on the best possible evidence;
- Develop solutions which are cost-effective and efficient;
- Recognise that different groups and communities have different needs;
- Encourage communities to take responsibility for making healthy choices; and
- Make sure services are sustainable.

## 4.3 Governance

Our shared strategic ambitions are delivered through longstanding and mature partnership arrangements. The Sustainability and Transformation Partnership (STP) has established a multi-agency multi-level governance structure to deliver our system priorities. The STP (please see governance diagram below) Board contains NHS partner Chairs and CEOs as well as elected members and directors of Cambridgeshire County Council and Peterborough City Council. STP governance also has the necessary structures and groups to ensure that senior

executive leaders, operational directors, finance leaders, local clinicians and other stakeholders are driving forward the delivery of priorities.

### STP governance arrangements



**Health and Well-being Boards (HWB):** Provide the formal strategic leadership for health and social care services through two Boards – one for Cambridgeshire and for Peterborough. HWBs routinely meet jointly and include County Council/Unitary Authority (elected and Lead Officers), District Council representation, NHS provider representation, the CCG, the Police and Crime Commissioner, Healthwatch, with the voluntary sector co-opted.

The **Health Scrutiny Committees** review key areas of priority, for example, Delayed Transfers of Care. In addition, Scrutiny can effectively drill down via its 'topic' process into key issues where Members require greater levels of assurance. Most recently, Scrutiny examined issues such as workforce, patient transport and pressures on primary care services. Cambridgeshire and Peterborough Councils have an Adults Committee and a Communities and Adults Committee respectively that provide oversight of adult social care and a lead Portfolio holder for adults.

**Living Well Area Partnerships (transitioning to Place Based Delivery Boards):** the Living Well Partnerships are currently being reconfigured to become Place Based Delivery Boards. These boards will support the system priority of developing neighbourhood place based care and will lead on developing delivery at a local district level. Membership represents a wider community of stakeholders including patient representatives, Healthwatch, Local GP representatives, Primary Care Management Leads, NHS Trusts, District Councils, Public Health, the community & voluntary sector.

**Cambridgeshire and Peterborough Safeguarding Adults Board:** The Safeguarding Adults Board is made up of strategic leaders from a wide range of partner agencies whose activity is key in safeguarding adults. They have the responsibility for developing and authorising the strategic framework for safeguarding, including the policies and strategies needed to meet the core functions of the Board and the priorities in the Business Plan. The Board report to a Safeguarding Executive Group, made up of the three statutory partners (Local Authority, Police and CCG representing Health) at the highest Executive level. It holds the responsibility for ensuring there is an effective arrangement in place to safeguard children, young people and the adults who come under Section 42 of the Care Act. In doing so they are joined by senior leaders from Healthwatch and Public Health. They approve the Business Plan and ultimate

accountability lies with them.

**North and South Alliances:** Two, recently developed, Alliance Delivery Groups ensure providers of services for health and social care work together in partnership to better plan and deliver a wider range of services across a geographical area that are more proactive, person-centred and holistic, sometimes pooling resources and budgets. By working together at a neighbourhood level, and around our acute hospital footprints, these Alliances aim to improve population health outcomes, manage demand for services, reduce the unacceptable delays and barriers to people's care and, in particular, reduce the number of days people spend in a hospital bed as an emergency.

**A&E Delivery Boards:** These two Boards compliment the above Alliances and address operational performance issues and ensure urgent care needs are dealt with in the most appropriate setting by the most appropriate services (which in many cases should not be in A&E departments or acute hospital beds). They deliver nationally mandated improvement initiatives and core responsibilities to lead to A&E recovery, as well as oversee improvement projects that require locality tailoring for successful implementation. Our A&E Delivery Boards also provide a vehicle for strong and visible front-line clinical leadership and resident/patient involvement, as well as promote a culture of continuous quality improvement.

**Integrated Commissioning Board:** The Board's primary focus is to provide oversight and governance for joint strategic commissioning opportunities across health and social care, including delegated authority for the Better Care Fund.

#### 4.4 **Current Priorities for Joint Working with Health**

There are a number of current key priorities for joint working with health, including:

- System working to address DTOCs
  - Improved Better Care Fund (iBCF) investment to support DTOCs
  - Joint Discharge Programme
  - Market management of capacity for home care, residential and nursing care
- Admission Avoidance initiatives
  - Neighbourhood Place Based Care
  - Supporting care homes to reduce avoidable hospital admissions
  - Joint Commissioning to support prevention and early intervention

##### 4.4.1 **System Working to Address DTOCs**

NHS partners and both councils have worked in close partnership, at a strategic level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plans, resulting in significant investment to reduce current challenges. A range of operational forums have been established to co-ordinate our system wide activities to enable timely hospital discharge. That said it needs to be recognised that there are a number of major challenges, including a growing older population, greater acuity of need, workforce recruitment and retention and significant funding issues across the health and care system.

##### iBCF Investment to Support DTOC Pressures

Significant Improved Better Care Fund (iBCF) investment has been made to support DTOC pressures, including additional reablement capacity, social worker capacity to support discharge and prevent hospital admissions, investment in community equipment and occupational therapist support, the implementation of the trusted assessor model to support care homes to reduce assessment related discharge delays and investment in continuing healthcare resources to support implementation of a new CHC hospital discharge process.

##### Joint Discharge Programme

The Discharge Programme continues to be the highest priority for the System. It is a joint priority programme of work, which has been agreed with health and social care partners to support delivery of the 3.5% target. A Discharge Programme Operational Group has been

established to implement key operational changes to support delivery of the DTOC programme, with the key focus areas being:

- Following best practice learning from other areas, a review of validation processes is being undertaken. This will support a consistent approach to reporting and reduce instances of over-reporting as a system.
- Referral and assessment pathways for discharge to assess pathway 1 (intermediate care and reablement at home provision) are being reviewed to support less handoffs and reduce unnecessary delays in discharges. This will ensure the use of light touch assessments and development trusted assessor models.
- Integrated Discharge Team (IDT) managers have been recruited to at Addenbrookes and Peterborough City Hospital, starting within May and June 2018. Hinchingsbrooke is currently being recruited to you. These roles will take the operational day to day lead on the multi-disciplinary IDT to ensure a co-ordinated response to complex discharges, holding individual organisations to account.
- Revisions to patient choice communications and policies has been undertaken and is in the process of being implemented across the hospital sites. This work is happening alongside continued culture change and confidence building amongst staff, supporting difficult conversations with patients to happen earlier.

Demand and capacity modelling was undertaken as part of the discharge programme of work. It was led by a multi-disciplinary task and finish group, with the objective of understanding the capacity and demand gap for post hospital care provision; and developing recommendations for addressing capacity shortages. Following a detailed analysis into the key areas of demand for post hospital discharge support, the outcomes showed that we have adequate capacity at a global level across domiciliary care, residential, nursing and intermediate care beds. The issue is the way in which 'demand' presents itself. This means that we don't have the right capacity in the right place at the right time (**capacity mismatch**). There are a number of reasons for this, including - Flow in and out of services isn't 'average' or 'steady', we discharge in bunches, Geographical variations, Patient choice (e.g. male carers, time of calls), Not all patients are eligible (e.g. ward design, entry criteria, mixed sex wards etc.) and Flow out services impacts on blockages in short term provision. 'Capacity' is hiding 'Process Delays' in some instances. As a system we have already invested in additional capacity, increasing reablement, domiciliary care and care home provision and we continue to work with the market to maximise capacity. Therefore, the work of the discharge programme has now been configured to support how we can do things differently, including making the best use of process and flow, changing the conversation with patients, commissioning differently (e.g. personal health budgets, place based commissioning) and focusing on admissions avoidance to reduce flow into hospital.

#### Market Management of Capacity

The Council is working intensively with the independent care home market to increase supply to care provision. The local authority has actively commissioned additional domiciliary care capacity (10% increase since April 2017) and residential care home capacity (11.2% increase since April 2017). Additional investment from Hancock winter monies has also been made in ensure the provision of nursing care, which has been a particular pressure within Peterborough. We continue to work with the market to increase and maximise capacity which has included the development of our Joint Market Position Statement.

An integrated brokerage function is being developed across health and social care, providing a single point of managed access to the market across Cambridgeshire and Peterborough for Adults, including older people and physical disabilities. This will enable a managed response to demand, removing competitive agency behaviours, ensuring better control of market fees and maximising opportunities for optimising provider capacity through a dedicated route to market. The local authority and CCG continuing health care (CHC) brokerage teams are now co-located and further integration discussions continue to enable a refinement of aligned processes and practice.

#### 4.4.2 **Admissions Avoidance Initiatives**

A number of admission avoidance interventions have been implemented, including joint iBCF/STP investment in falls prevention and stroke prevention projects. The Council has established Adult Early Help services and continues to work with primary care and CPFT's neighbourhood Teams to identify people whose needs may be escalating or may be vulnerable to hospital admission.

##### *Neighbourhood Place Based Care*

The system is committed to the development of place based delivery and the Council has been working closely with NHS Partners around the development of local Integrated Neighbourhoods. This work sits alongside the development of Primary Care Networks with populations of 30,000 – 50,000 and is being aligned to the Council led Think Communities programme and Adults Positive Challenge. The model of delivery is driven by a neighbourhood, 'place based' approach, and success will mean that people have greater independence and better outcomes via a greater focus on prevention, empowerment and building self-sufficient and resilient communities.

##### *Supporting Care Homes to Reduce Avoidable Admissions*

The need to improve the quality of life, healthcare and planning for people living in care homes is essential as we move from reactive models of care delivery towards proactive care that is centred on the needs of residents, their families and staff working in care homes. It is recognised that many people living in care homes do not have their needs appropriately assessed and acted on in a holistic manner. This frequently leads to people experiencing unnecessary, unplanned and avoidable admissions to hospital, and inappropriate prescribing of medication which can lead to adverse health outcomes.

Key system priorities are focused on co-producing solutions to support implementation of the Enhanced Health in Care Home model and maximise opportunities for aligning health and social care resources to improve the support offer to care homes. This includes how we support discharge planning through coordinated multi-disciplinary support to care homes, closer alignment of quality assurance, contract management and care home support resources to maximise impact and upskilling the care home workforce to support effective management of residents, preventing unnecessary hospital admissions.

##### *Joint Commissioning to Support Prevention and Early Intervention*

Integrated commissioning approaches support us to increase consistency in service provision and enable better engagement and market management. The following are a number of existing integrated commissioning arrangements that we already have in place:

- BCF pooled budget: commissions a range of integrated initiatives, including: community multidisciplinary neighbourhood teams, prevention and early intervention initiatives such as falls prevention, interventions to support the management of DTOCs;
- Support for people with mental health issues;
- Learning Disability Partnership;
- Community Occupational Therapy Services; and
- Community Equipment Services and Technology Enabled Care Services.

As a system, we continue to work across Adult Social Care and health to develop joint up commissioning strategies, for example the development of our local Dementia Strategy.

## **5. CONSULTATION**

5.1 Consultation has not been required.

## **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 RECOMMENDATIONS**

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 There are no direct financial implications resulting from this report.

**Legal Implications**

9.2 There are no direct legal implications resulting from this report.

**Equalities Implications**

9.3 There are no direct equalities implications resulting from this report.

**10. BACKGROUND DOCUMENTS**

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

10.1 Better Care Fund Plan 2017-19  
Cambridgeshire and Peterborough Sustainability and Transformation Plan

**11. APPENDICES**

11.1 None

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