

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

31 October 2018

Update on the Central Bedfordshire's Integration and Better Care Fund Plan.

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Public

Purpose of this report

1. To update the Board on the Integration and Transformation projects incorporating the Better Care Fund Plan and progress on improving outcomes for frail older people.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note the progress on delivering the Integration and Better Care Fund Plan
2. Note the performance against the national conditions and metrics.

Background

2. Central Bedfordshire's Integration and Better Care Fund Plan is now in its second year and progress is continuing on delivering the national conditions and targets.
3. There is a close strategic fit between the aims of the Integration and Better Care Fund Plan (IBCF), and the Integrated Care System which are both centred on shifting the balance of care to focus on out of hospital services, promoting independence and wellbeing and reducing reliance on acute statutory services and on residential and nursing homes.

4. The key schemes of the Better Care Fund Plan and national conditions align closely with the Integrated Care System's priorities.

Integration and Better Care Fund Plan

5. Central Bedfordshire's Integration and Better Care Fund Plan is now in its second year and progress is continuing on delivering the national conditions and targets.
6. As part of the monitoring process, we hosted a successful 'local learning visit' for the NHS England team in August. Health and Social Care colleagues gave an overview of the joint working initiatives across health, social care and housing.
7. The visiting team received presentations showcasing several examples of good practice in housing and health and how the Improved Better Care Fund and other council funding is supporting the delivery of proactive and preventative services to vulnerable people.
8. The presentations also highlighted the complexity of the local health and care system as well as the challenges of facilitating transfers of care across a wide footprint but with emphasis on securing the best possible outcomes for service users.
9. The visiting team received a tour of Priory View and met with some of the residents who described their experience of living in Priory View.

Q1 Return

10. Quarter One summary on performance is attached as appendix one.
11. For 2018/19 the NHS and MHCLG submissions have been aligned into a single joint return. The return for Q1 was submitted on 20th July 2018.
12. The combined return reported on progress against plans and highlighted system challenges. Extracts from the submission providing performance against the national metrics, progress against the High Impact Change Model and summary of the successes and challenges throughout the first quarter are set out in Appendices 2A, B, C.
13. Progress against the Integration and Better Care Fund Plan including the Improved Better Care Fund was highlighted in the Q1 return and include the following updates.

Social Prescribing (aligns with STP Priority 1 – Prevention)

14. A social prescribing team comprising a coordinator and four locality-based Community Wellbeing Champions (CWCs) is now in place. Prior to taking referrals, the CWCs are 'asset mapping' in their localities, building up a

picture of the services and support available at a local level. These will be converted into a searchable database at a later date.

15. The **Multidisciplinary Approach**, which is aligned to the primary care clusters, is progressing, with Practice Managers now participating in the operational team meetings. All clusters of general practices are participating in Cluster MDT meetings. Mental Health social workers are now included within the primary care development framework. The work to co-locate the teams is ongoing as is the development of a Case Management function for the Multidisciplinary working on SystemOne.
16. The **integrated hospital discharge** service is working across all the hospitals used by Central Bedfordshire residents to track and enable transfers of care. A tracker has been developed and is being used to inform multidisciplinary teams to enable proactive care management
17. Key initiatives within the **Enhanced Health in Care Homes** are ongoing. These include:
 - **Multidisciplinary support to Care Homes:** A MDT approach to Ferndale Care Home with Flitwick GP Surgery and Nursing from ELFT. The initial test period will be between October and December. The multidisciplinary approach involves providing training to Care home staff, proactive support to avoid unnecessary GP involvement and improving wellbeing.
 - **Trusted Assessor Scheme:** The Trusted Assessor is in post and is reporting 100% of assessments being completed within 24 hours of notification.
 - Use of **Red Bags** continues with positive feedback from Care Providers, Hospitals and Emergency Services Staff.
 - **Training and Development: Leadership Skills – Supporting Care Home Managers** To meet the management and leadership challenges currently faced by the Adult Social Care Sector, Central Bedfordshire Council has committed to support the sector by funding leadership skills for new and aspiring managers. The Lead to Succeed Programme, developed by Skills for Care, is designed for aspiring managers, such as senior care workers and team leaders, who want to progress into a management position.
18. The first programme ran in two cohorts with representation from 30 care homes across Central Bedfordshire. The evaluation of the first programme is currently under way however, initial anecdotal feedback has been extremely positive.

Next Steps

19. Work will continue to progress the schemes of the Better Care Fund Plan in line with the national conditions and in conjunction with priorities of the Integrated Care System.

Implications for Work Programme

20. There is a requirement for the Health and Wellbeing Board to have oversight of the Integration and Better Care Fund Plan. Updates on progress and emerging national guidance will be reported to future meetings of the Health and Wellbeing Board.

Reasons for the Action Proposed

21. The Health and Wellbeing Board (HWB) has a statutory duty to promote integration and is seen as a valuable forum for stakeholders to come together to review performance of the BCF and consider opportunities for transforming health and social care. The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners.
22. The BCF Plan is consistent with the priorities of Joint Health and Wellbeing Strategy for Central Bedfordshire for improving health, wellbeing and reducing health inequalities.

Issues

Governance & Delivery

23. Delivery of the Better Care Fund Plan is a key mechanism by which the Health and Wellbeing Board is able to fulfil its statutory duty to promote integration of health and social care.
24. The Health and Wellbeing Board has a statutory responsibility for integration of health and social care and overall governance for the Integration and Better Care Fund Plan. The Health and Wellbeing Board will be supported by a Transformation Board comprising Chief Officers and Directors of the CCG, Central Bedfordshire Council and other Health and Care Service partners.

Financial

25. The required level of funding for the Integration and Better Care Fund increased in 2017/18 and for 2018/19 and includes the Improved Better Care Fund allocations.
26. The Central Bedfordshire Better Care Fund creates a pooled fund of £22.896m in 2017/18 and £24.312m in 2018/19 to support the delivery of integrated care. This is made up of a contribution of £5.536m and £6.511m from Central Bedfordshire Council; £15.549m and £15.844m from

Bedfordshire Clinical Commissioning Group as well as the Improved Better Care fund of £1.810m and £1.956m respectively, over the two years of the Plan.

27. The financial management, performance management and governance arrangements for the pooled fund are also specified in the S75 agreement.

Public Sector Equality Duty (PSED)

28. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between and in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

29. Are there any risks issues relating Public Sector Equality Duty Yes/**No**

30. If yes – outline the risks and how these would be mitigated

Source Documents

31. Better Care Fund Plan 2017/19

<https://centralbeds.moderngov.co.uk/documents/s75265/8.%20Appendix%201%20Central%20Bedfordshire%20Integration%20and%20BCF%20Narrative%20Plan%202017-19.pdf>

32. Appendices

Appendix 1. Central Bedfordshire Q1 Summary of Metrics Performance

Appendix 2A Central Bedfordshire Q1 Submission: National Metrics

Appendix 2B Central Bedfordshire Q1 Submission: Progress against HICM

Appendix 2C Central Bedfordshire Q1 Submission: Summary of the successes and challenges