Peterborough
Better Care Fund
Section 75 Agreement Annual Report 2016-17

Introduction

During the financial year of 2016/17, a Section 75 pooled budget was established in relation to the Better Care Fund (BCF) between Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The sum of £12,612,587 was invested into the pooled fund to deliver the outcomes of the BCF. This financial contribution was redirected from existing budgets within PCC and the CCG and did not comprise a new pot of money. In 2017, Peterborough will be required to submit a new, jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019). This report provides an update on the 2016/17 financial position, progress on delivery and lessons learnt for future planning.

Background

Peterborough is approaching the end of its second financial year of the BCF. The vision for Peterborough's BCF plan has remained the same over its first two years:

Over the next five years in Peterborough we want to move to a system in which health , housing support 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 shift is ambitious. It means moving money away from acute health services, typically provided in hospital, and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises: something which experience suggests has never happened before. However, this is required if services are to be sustainable in the medium and long term.

This desire to shift activity across the system has informed the budget-setting, performance management and transformation activity contained within the BCF. The vision is system-wide and has remained relevant; similar aims are expressed through the NHS Sustainability and Transformation Plan and the Council's Transformation approach to social care.

The '10 aspects of an integrated system' principles, which were developed jointly with Cambridgeshire, continued to form the basis of local plans for health, housing support and social care integration. These principles incorporate:

- A series of community based programmes and support that help people to age healthily
- A recognised set of triggers of vulnerability which generate a planned response across the system
- A universal network helping citizens to find high quality information and advice
- An aligned set of outcomes
- An integrated front door with an agreed principle of 'no wrong front door'
- Shared assessment process, information sharing between health, social care and other partners
- A shared tool that describes levels of vulnerability
- A locality based Integrated Neighbourhood Team approach working with Primary Care

- Co-located staff
- Joint commissioning and aligned financial incentives

In addition, the following five transformation themes were identified within the plan, to be progressed jointly with Cambridgeshire:

1. Data Sharing
2. 7 Day Services
3. Person Centred Systems
4. Information, Communication and Advice
5. Healthy Ageing and Prevention

Financial Position

Nearly all of the funding included within the BCF budget was already being used in Peterborough to support local health and social care services. Local areas were required to move specific budgets into the Better Care Fund, including:

- Funding that was already providing community health services
- 'Section 256' funding that was already transferred from the NHS to social care to support social care services which benefitted the health and Care system
- Funding for delivery of new social care duties under the Care Act 2014
- Funding received by the NHS for funding local re-ablement provision
- Capital funding used by District Councils for provision of Disabled Facilities Grant
- The Adult Social Care Capital Grant used for capital requirements in Adult Social Care.

This has limited Peterborough's ability to use BCF funding flexibly and has limited the proportion of the budget that could be freed up in the short term to support transformation.

The Section 75 agreement outlined the breakdown of budgeted financial allocations for the BCF in 2016/17and at the end of the financial year the budget was balanced. The breakdown of actual financial spend is attached at **Appendix 1**.

There was a performance fund element to the BCF allocation that was held back by the CCG, only to be released into the pooled fund on delivery of a successful 2.1% net reduction in non-elective admissions. At the time of writing, performance was only available up to and including Quarter 3, which indicates that non-elective admissions are not on track to meet target. If the target is not met, then this funding will be directed to cover acute costs as a result of the increased activity.

Progress in 2016/17

The vision expressed in our submission has been the guiding principle for the work undertaken over the last financial year and local progress is reflective of the strong commitment to integration from senior leaders across the local system. The transformation projects have progressed at varying speeds and the below offers a brief summary of the key progress to date and future plans for each of the five transformation work-streams:

Data Sharing

Data sharing has been identified as a crucial enabler to the provision of integrated care and underpins our whole model of person centred care. A multi-agency data sharing project was established in 2015, with the following aims:

1. To enable decision makers within health and wellbeing pathways to be well informed.
2. To complement and facilitate delivery of the preventative / admission avoidance agenda including, but not limited to, the risk stratification process, the person-centred system and the joint assessment process.
3. To improve people's experience of and confidence in the health and wellbeing system; patients will not have to 'tell their story' to a number of agencies involved in delivery of services to them; the relevant information will be accessible to all agencies across the system as required.
4. To improve strategic commissioning, planning and delivery.

In the first year, the project focused on expanding a data sharing solution being developed by UnitingCare into social care; development of this system ceased with the ending of the contract. Therefore the focus of the work shifted in 2016/17 to support the development of Neighbourhood Teams, via enabling data sharing in the 'trailblazer' sites; ensuring that professionals can access each other's systems as appropriate; promoting early sharing of information about people whose needs are increasing; and developing an approach to information governance that supports the above priorities. During 2016/17, the project has provided advice and guidance to the Trailblazers; and has brought together Information Governance leads to reach agreement across agencies on how data can be shared appropriately. It also supported development of a 'proof of concept' system that allowed sharing of data between organisations to support the case management process. It has however been challenging to bring this work into 'business as usual'; whilst all organisations are willing to work together, there has not always been sufficient capacity in the system to progress this work, which relies on reaching complex and detailed agreements between a number of partners.

An acute patient pathway live monitoring system (SHREWD) was launched in the autumn and incorporates key hospital, community health, mental health and social care activity metrics for the acute pathway.

Local Authorities were actively involved in the development of the Cambridgeshire and Peterborough Local Digital Roadmap (LDR) during 2016/17. The data sharing BCF workstream programmes have been incorporated into the LDR. From 2017-18 it has been resolved to incorporate this work into the 'Digital' workstream of the Sustainability and Transformation Plan, recognising the need for system-wide ownership of these issues.

In addition, Peterborough City Council is progressing procurement of a new adult social care system, which will incorporate open APIs, supporting the longer term objectives of this work-stream. The decision has been made to align the system to that used in Cambridgeshire to facilitate information sharing and interoperability for health and care records across the STP footprint.

7 Day Services

Some areas of investment intended through the BCF in 2016/17 in relation to 7 Day Services did not progress to plan. Governance of this work-stream was originally overseen by the Systems Resilience Group. However, this became the Operational Group in December 2016 and reports to the A&E Delivery Board, which has a very focused remit on admissions/Dtoc targets. Further, there is an inter-relation with work being established under the NHS Sustainability and Transformation Plan programme, which has operated to separate governance and delivery arrangements to the BCF. It is recognised that this has created the potential for a lack of joined up delivery across transformation initiatives. One of the lessons learned for future planning is the need to better align BCF activity with the STP.

Despite these challenges, progress has been made against some of the key areas of 7 day services; e.g. improvements to the rapid community response service (JET), continued investment in the reablement pathway to address increased demand and the ongoing commissioning of the Red Cross 'Home from Hospital' service to support discharge to assess. The SHREWD patient flow system was implemented in Peterborough City Hospital, with daily social care metrics uploaded to enable system wide oversight of key blockages.

PCC is undertaking a redesign of 'Home Services' which encompasses the integration of Care and Repair, assistive technology, reablement and therapy teams. This will strengthen and enable closer alignment of the intermediate care tier. Further work is planned for 2017/18 to embed this new model of delivery. The local system is also committed to implementing the High Impact Changes for Discharge, which is a national requirement for 2017/18.

Person Centred Systems

In 2015/16, the most significant investment in transformation through the BCF was in the CCG's Older Peoples and Adults Community Services (OPACS) contract, awarded to UnitingCare Partnership. The five year contract was ended early on 3 December 2015, with the contract no longer financially viable. The immediate focus following cessation of the contract was on securing a safe transition of all service contracts to the CCG; and service continuity for patients and assurance for staff.

In 2016/17, despite the ending of the contract, Neighbourhood Teams in Peterborough have continued to develop with Better Care Fund investment. As well as support for ongoing community health services across Peterborough, four 'Trailblazer' pilot sites were supported that have been refining the multi-disciplinary team (MDT) proactive case management model. These sites have seen joint work in MDTs across health, social care,Primary Care and the voluntary sector, and development of an approach to case management for vulnerable people. Lessons from the Trailblazer teams are now being rolled out to other neighbourhood teams across Cambridgeshire and Peterborough. Further work is being undertaken to develop patient pathways and training plans for the consistent use of the Rockwood Frailty Tool across the system.

Information, Communication and Advice

Work to develop a new Digital Front Door for the council and an enhancement of the Adult Social Care First Point of Contact services is underway, with the first phases of implementation planned for September 2017. Workshops have been held with health partners to develop a model for an integrated MDT Urgent and Emergency Care hub and further work to refine and agree this continues.

The Information and Communication project has also focused on development of a 'local information platform' or LIP. During this year the project has had three key outputs:

1) A piece of research, analysing customers of older people's services provided by Cambridgeshire County Council and Peterborough City Council, to understand their communication and information needs and preferences. This research has been completed and personas developed.
2) A set of data standards that allow the collation of data from multiple databases into one place. This is complete and the data standards have been agreed.
3) A system that demonstrates an automatic way of passing data from local authority and voluntary sector databases about services to a central point, and then on to MiDOS and the NHS 111 service to be used with customers (the Local Information Platform). This has been developed and is being tested by MiDOS.

Further work is planned in 2017/18 to enhance the platform, enabling connectivity with the range of front doors across the system. The goal is that information given to the public can be consistent, wherever people seek advice – and that it only needs to be updated once, so that *'if a customer calls NHS 111, the practitioner on the other end of the phone searches MiDOS [the local NHS database], and finds information about local authority or voluntary sector services that is of good enough quality to ensure that customers can get the support they need; and is consistent with what that customer would find if they looked online themselves.'*

PCC has also undertaken a review of Directory of Services and is planning a consolidation of the DOS structure and development of further content in 2017/18.

Healthy Ageing and Prevention

The Healthy Ageing and Prevention Project has been exploring how best to establish and implement preventative approaches that prevent or delay the need for more intensive health (specifically admissions and re-admissions to hospital) and social care services, or proactively promote the independence of people with long-term conditions and older people and engagement with the community. A clear set of early triggers were identified in 2015/16 and the areas of focus have been; falls prevention, social isolation, malnutrition, dementia and continence/UTIs.

During 2016/17, a falls prevention pilot project was implemented, jointly with Cambridgeshire, in St Ives, with a view to wider rolling out of learning to Peterborough after the 12 month pilot evaluation. The aim of the pilot was to reduce falls and fall-related injuries in the community through improving the identification, multifactorial assessment, uptake and compliance of evidence based interventions in people aged 65+ who have reported a fall or are at risk of falling. Fundamental to achieving this aim is the delivery of falls prevention training and support to staff in Neighbourhood Teams, Primary Care and other community organisations to enable them to screen, assess and refer those at risk or those reporting a fall to multifactorial, evidence based support. An evaluation report will be published in April 2017. A business case has been developed for standardised falls prevention provision across the county, which it is anticipated will generate significant savings for the whole system.

A strong focus on community development is being taken forward through Peterborough City Council's Community Serve project. The project is underway to build community resilience and improve health and wellbeing. 'Meet and eat' social dining sessions are running regularly across all three pilot areas (Can-Do area, Westwood & Ravensthorpe and the Ortons). Community hubs have been established and area coordinators are in place. A volunteer time-bank pilot is being explored. Further work is planned in 2017/18 to expand provision to include health and wellbeing advice, skills development and community access.

Other areas of financial investment in 2015/16

Care Act monies

PCC is now legally compliant with the requirements of the Care Act and 2016/17 investment funded additional costs due to the increased responsibilities of PCC as a result of the Care Act changes, e.g. Carer's assessments. Further investment in 2017-19 is identified to continue to support the costs of these additional responsibilities.

Ex. Section 256 monies
In 2016/17 money was invested in providing independent sector placements and care packages for service users with eligible needs. 2016/17 funding has been budgeted to continue to support this.

Protection of Adult Social Care
This investment has been allocated to core service budgets to ensure that the level of provision of Adult Social Care is protected. This has allowed us to continue to maintain the existing thresholds, as well as ensuring that we can meet demand and respond to demographic pressures and increasing levels of need.

Integrated Adults Community Services Contract
In 2016/17, despite the ending of the UnitingCare contract, Neighbourhood Teams in Peterborough have continued to develop with Better Care Fund investment and a commitment has remained to continue to deliver the integrated community service model.

Carer's Prescription
Investment was made in the Carer's Prescription in 2016/17, which has facilitated support to Carer's. This investment has facilitated the GP Family Carers Prescription service, supporting GP commissioning by offering GPs and surgeries a proactive way to support carers.

Disabled Facilities Grant
Capital allocation was invested in this area to support minor and major adaptations for eligible adults and children via the Care and Repair service to enable people to stay in their homes. More innovative models of utilising the DFG were also implemented, including preventative small grants to aid hospital discharges.

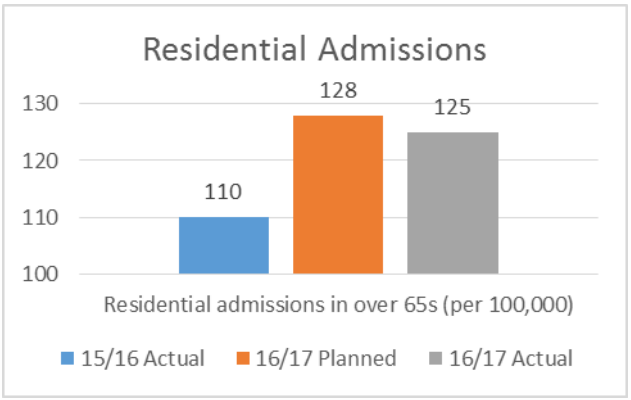
Progress against BCF performance metrics
Performance metrics included within the BCF are largely set at a national level and relate to national policy goals for health and social care. The national metrics in Peterborough's Plan are:

- A reduction in non-elective admissions to acute hospital
- A reduction in admissions to long-term residential and nursing care homes
- An increase in the effectiveness of re-ablement services
- A reduction in Delayed Transfers of Care (DTOC) from hospital

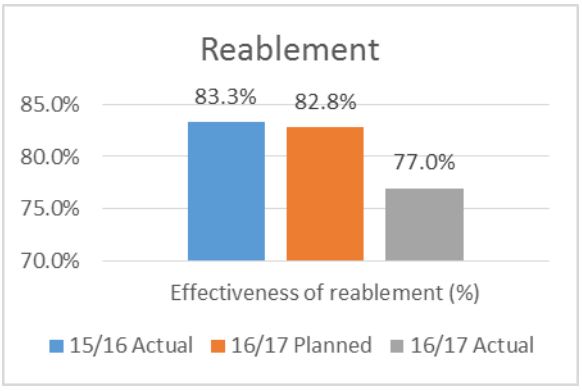
In addition, each area is asked to choose a local metric, and to choose their own measure of patient experience. In Peterborough, these measures are:

- Injuries due to falls in 65+ year olds
- Maintained patient satisfaction with local NHS services.

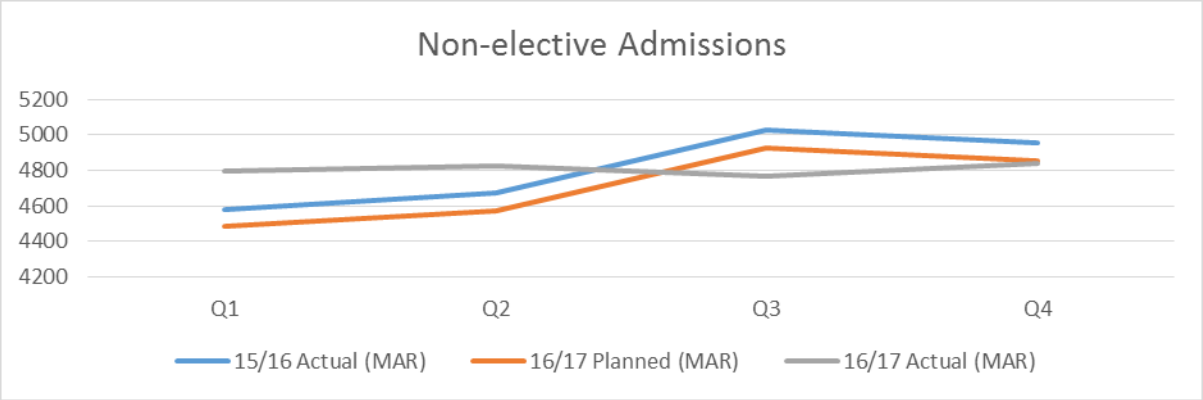
Residential admissions: The residential admissions 2016/17 target reflected the need to maintain the significant reduction achieved in 2015/16. Performance in 2016/17 exceeded the threshold target. Residential admissions for older people continued to be low in number due to the range of alternatives on offer. We had 125 admissions against a threshold target of 128. The table below shows a breakdown of year to date forecast activity for 2016/17 against planned year to date target and 2015/16 baseline.



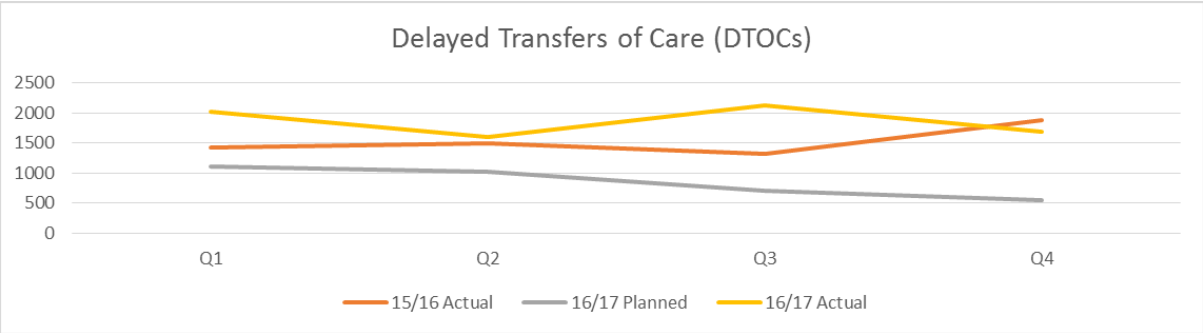
Reablement: Reablement performance showed a slight decline in performance from 2015/16 at. The target for 2016/17 was 82.8% of patients still at home 91 days after hospital discharge. Performance was strong in Q1 and Q2, but a dip in performance was experienced in Q3 and Q4. This was impacted by reduced performance due to capacity issues in the care market and winter pressures. Higher numbers were discharged to reablement servcies from hospital during the year and the service was expanded to meet a higher range of need. This also impacted slightly on the 91 day outcomes - which stands at 77%. The table below shows a breakdown of activity for 2016/17 against the planned target and 2015/16 baseline.



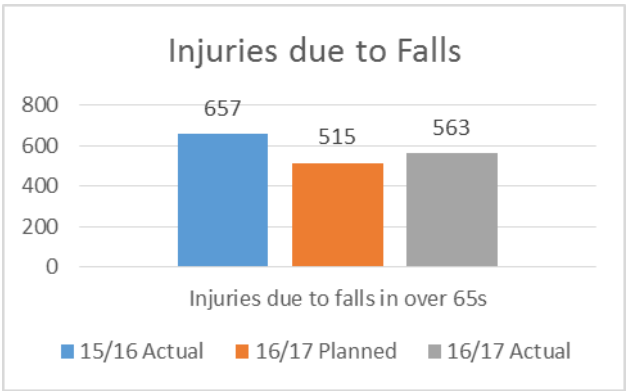
Non-elective admissions: The target 2.1% net reduction in non-elective admissions was not met in 2016/17. Increases in non-elective admissions were seen in Q1 and Q2, as a result of many increasing pressures on the system, including a rapidly growing population. Q3 and Q4 experienced a reduction in non-elective admissions, but progress at year end (0.05% reduction) underperformed against the planned year to date target of a 2.1% reduction. The table below shows a breakdown of activity for 2016/17 against the planned target and 2015/16 baseline.



Delayed Transfers of Care: Despite a slight downward trend in DTOCs in 2016/17 Q1 and Q2, a steep increase was experienced in Q3. The roll out of Discharge to Assess in Q4 had a positive impact towards the latter part of the year, however final year performance underperformed against target. Overall, DTOCs were still higher than levels seen in 2015/16. 2016/17 performance (7,456 occupied bed days) significantly underperformed against plan for 2016/17 (3,366 occupied bed days). A strong focus on discharge planning and DTOCs is a condition of national guidance for 2017/18 and will be incorporated in local system plans. The table below shows a breakdown of activity for 2016/17 against the planned target and 2015/16 baseline.



Injuries due to falls: During the course of 2016/17 there has been a consistent downward trend in injuries due to falls. The planned threshold target for 2016/17 (515) was ambitious based on previous year's performance. Despite a 2016/17 significant decrease of 21.6% against 2015/16 basline (563), the full year target was not fully met. The table below shows a breakdown of activity for 2016/17 against the planned target and 2015/16 baseline.



Friends and Family test: We exceeded the target for this metric, running consistently over the set target of 93%. Performance for 2016/17 at end of year was 97%.

Performance summary

Whilst performance against some indicators has been positive, performance against non-elective admissions and delayed transfers of care have notably continued to worsen. The below table summarises performance against metrics on a green (met target), amber (improved performance but didn't meet target) red (no improvement) basis:

Metric	2016/17 Actual Performance	2016/17 Planned Threshold Target
Non-elective admissions to hospital	**0.05% net reduction (19,229)**	2.1% net reduction (18,834)
Delayed Transfers of Care (DTOCs) from hospital	**7,174**	3.5% occupied bed days (3,366)
Admissions to long-term residential and nursing homes	**125**	128
Effectiveness of re-ablement services	**77%**	82.8%
Injuries due to falls in 65+ year olds	**563**	515
Maintained patient satisfaction with NHS services (Friends and Family Test)	**97%**	93%

However, it is important to note that success in these indicators is reliant on a significantly wider range of factors than activity contained within the BCF Plan. Whilst BCF-funded activity will have successfully had an impact on preventing non-elective admissions and reducing DTOCs, this has not been sufficient to mitigate all underlying demand and increased pressures across the system. This highlights the challenge of maintaining the BCF as a separate programme of activity in delivering reductions in these indicators.

Additional priorities for 2017-19

Plans for 2017-19 build on current progress and the lessons learnt to date. They recognise the changing landscape locally and the need to move forward in a dynamic way. Below outlines some of the key learning points and plans for progressing into next year.

National comparisons

In February 2017, the National Audit Office published a summary of progress in health and social care integration, which allows for some limited national comparisons of progress in delivery of Better Care Fund aims. Most notably, achievement against performance indicators in Peterborough matches the national picture. National results have seen a reduction in permanent admissions of older people to residential/nursing homes; and an increase in proportion of older people at home 91 days after discharge from hospital. However, delayed transfers of care and non-elective admissions have continued to increase significantly between 2014 and 2016. It was found that financial directors in the majority of areas did not believe it was possible to deliver on both financial and performance targets assigned to their local areas.

The report notes that progress in integration has been slow in many areas, particularly due to financial constraints and continuing short term financial pressures.

Nationally, the NAO found that the BCF process has created significant bureaucracy around integration; and that barriers remain in place through legislation and accountability frameworks that discourage greater integration. Despite these findings, 76% of local areas agreed that implementation of a pooled budget had led to more joined up health and social care provision; and 91% felt that the BCF had improved joint working.

The report concludes that the BCF has significant potential to join up health and social care services, but that better national guidance is needed on standards of integration and associated indicators to measure the effectiveness of local integration.

Local issues and lessons learned

In addition to the summary above, there are two further challenges that have been faced in developing a Better Care Fund plan in Peterborough – a lack of alignment of planning timescales; and a lack of alignment of boundaries.

Lack of alignment: timescales: Planning for the first year of BCF took place over an extended period of over 12 months; however during that time the guidance, financial allocations and requirements changed significantly. In the following years, time available for BCF planning has been considerably compressed. For 2016/17, the guidance was published in February 2016; the plan for the 2016/17 financial year was not then approved until late August. At the time of writing in March 2017, guidance for the financial year beginning 1 April 2017 has not yet been published. This has led to organisations agreeing their budgets before financial allocations have been published, based on assumptions about funding to be included in the BCF. This creates a barrier to effective alignment and planning of the pooled budget. The compressed timescales also significantly impedes wider engagement with a range of partners on the content of the BCF plan.

Lack of alignment: boundaries: Whilst the BCF covers the Peterborough Health and Wellbeing Board area, different organisations represented on the Board cover different areas. The CCG area covers local authority areas of Cambridgeshire and Peterborough, alongside small elements of Hertfordshire and Northamptonshire. The STP footprint covers Cambridgeshire and Peterborough; whilst many NHS providers cover a wider area again, serving patients from parts of Norfolk, Lincolnshire, Essex, Hertfordshire and Bedfordshire. Whilst there has been some linking of BCF plans across Cambridgeshire and Peterborough, slight differences in approach have led to delays at times and created the potential for confusion. It also creates the need for multiple reports to be generated covering different geographical areas. This disconnect is emphasised now that the NHS STP has been established as the main vehicle for NHS Transformation in the area. It is proposed that greater alignment is needed to ensure that partners can work together effectively on their approach to transformation.

Lessons learned for 2017 – 19

The following recommendations have been made for BCF planning in 2017-19:

Greater alignment of BCF activity with the STP and local authority transformation plans: In its first two years, the BCF has maintained a separate project structure for many of its transformation projects. Given the fact that many BCF performance targets are dependent on activity across the STP Delivery Boards, further alignment is necessary. From 2017, the BCF will shift to commissioning activity either from the STP or local authority transformation programmes as appropriate, to reduce duplication and ensure that all partners can be engaged with the correct pieces of work. The BCF

plan will describe activity to be commissioned, and responsibility for implementation would be passed to the most appropriate group. It will include specific targets in relation to performance indicators for BCF commissioned activity as well as clarity on the primary governance.

Greater alignment of Cambridgeshire and Peterborough BCF Plans: BCF transformation activity has always been aligned to some extent between Cambridgeshire and Peterborough. As most health and social care service transformation activity is now system wide in Cambridgeshire and Peterborough, it has been agreed that there should be further alignment of the two plans, with a single set of activity and common budget categories across the two areas wherever possible. Separate BCF budgets will still be maintained in line with statutory requirements, and each Health and Wellbeing Board will still be responsible for agreeing plans.

A single commissioning Board for Cambridgeshire and Peterborough: Previously there were two separate boards in Cambridgeshire and Peterborough overseeing BCF activity – the Cambridgeshire BCF Delivery Board and Greater Peterborough Area Executive Partnership Commissioning Board. To support more effective joint commissioning these are being replaced by a single board across Cambridgeshire and Peterborough. This will support a more joined up approach to planning and allow a more coordinated approach between the two areas and enable streamlined reporting into the two Health and Wellbeing Boards.

Appendix 1 - Better Care Fund - Peterborough Pool

2016/17 Budget - Year End Position

As at 31/03/17

					2016/17	
					Budget	Actuals
					£	£
		Revenue				
		Care Act			407,000	407,000
		Ex section 256 agreement			3,522,000	3,522,000
		Protecting Adult Social Care Services, including transformation			1,589,000	1,589,000
		7 Day working: reablement			86,000	86,000
		7 Day Working: reshaping bed based market			164,000	164,000
		Person Centred Systems: Assistive Technology			100,000	100,000
		Healthy Ageing and Prevention: Quality Assurance/Quality Improvement			550,000	550,000
			Sub-Total		**6,418,000**	**6,418,000**
		Older People and Adults Community Services (OPACS)			4,042,000	4,042,000
		Carer's Fund			150,000	150,000
		Wellbeing Network			50,000	50,000
		Performance Fund			429,000	429,000
			Sub-Total		**4,671,000**	**4,671,000**
		Capital				
		Disabled Facilities Grant: Adults			1,523,587	1,523,587
			Sub-total		**1,523,587**	**1,523,587**
			TOTAL		**12,612,587**	**12,612,587**
		Financed by				
		CCG	Revenue		11,089,000	11,089,000
		PCC	Capital		1,523,587	1,523,587
			TOTAL		**12,612,587**	**12,612,587**

1 16/17 Financial Position

1.1 The pool finished in balance

1.2 Care Act included packages of care for carers in line with increased Care Act responsibilities. It also included continued investment in wellbeing and prevention, safeguarding, advocacy, triage tool, Continuing Health Care pathways and shaping the market.

1.3 Ex section 256 agreement included investment in independent sector placements.

1.4 Protecting Adult Social Care included investment in core service budgets to maintain the level of provision.

1.5 Reablement included continued investment in commissoning additional reablement support in line with need.

1.6 Reshaping the bed based market included continued investment in Friary Court.

1.7 Assisitve Technology included investment in expanding the local AT offering, ongoing upskilling of therapy teams and commissioning provision e.g. Cross Keys and pilots e.g. Alcove.

1.8 Quality Assurance and Quality Improvement includedconitnued investment in market development, domiciliary care, quality improvement work and DTOCs

1.9 Performance Fund was not released by the CCG into the pooled budget as the non-elective admissions target was not reached. This was invested in acute provision.

Name
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30/03/2017