

## **Summary Sheet**

### **Council Report**

Health Select Commission 19 January 2017

### **Title**

Overview of the Adult Care Development Programme / Better Care Fund (BCF)

### **Is this a Key Decision and has it been included on the Forward Plan?**

No

### **Strategic Director Approving Submission of the Report**

Anne Marie Lubanski, Strategic Director of Adult Care and Housing

### **Report Author(s)**

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### **Ward(s) Affected**

All

## **Executive Summary**

This report provides an Overview of the Adult Care Development Programme and the Better Care Fund (BCF).

The Adult Care Development Programme is the overarching strategy to transform Adult Care. The aim of the programme is to embed Care Act 2014 principles and to build upon them in terms of a focus on strengths based assessments, investing in prevention and early intervention and maximising community assets. In order to achieve these aims, there is a need to review and develop existing services, both directly delivered and externally commissioned.

The strategy is enshrined within the Adult Care Development Programme and it is delivered through a governance route overseen by the Chief Executive and Cabinet Member for Adult Care via the Adult Care Improvement Board. Ultimately, the Strategic Director of Adult Care as the Statutory Officer has responsibility for developing the strategy and ensuring it is being delivered.

The activity is being programme managed using the guiding principles of project management. Products are currently being developed to support progress against set milestones and to ensure delivery.

This report provides an overview as to progress against current activity.

The Better Care Fund (BCF) is a programme spanning both the NHS and local government. It aims to improve the lives of some of the most vulnerable people in placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care.

The Better Care Fund is co-produced and managed by the Council and the Rotherham Clinical Commissioning Group and includes risk share arrangements covered by a contract known as a Section 75 agreement. The investments have mutual benefits for both parties and help forge an approach to integrated health and care solutions. The submission for 2016/17 has been approved by NHS England.

Officers are awaiting further guidance from NHS England in order to develop the Better Care Fund submission for 2017-19. The submission will require full agreement between the Council and the Rotherham Clinical Commissioning Group as to content.

### **Recommendations**

Members of Health Select Commission note the contents of the report.

### **List of Appendices Included**

None

### **Background Papers**

None

### **Council Approval Required**

No

### **Exempt from the Press and Public**

No

**Title:** Overview of the Adult Care Development Programme / Better Care Fund (BCF)

## **1.0 Recommendations**

- 1.1 Members of Health Select Commission note the contents of the report.

## **2.0 Background**

- 2.1 Nationally, the provision of social care for adults has undergone enormous change over the past generation. The pace of change has accelerated over the past few years as the demand for more personalised services continues to grow, traditional models of care are seen to be outdated and not delivering independence, choice and control and pressure on the system grows from more demand and less resources. These changes have now been reinforced with the introduction of the Care Act.
- 2.2 The focus within adult care has to be on outcomes – both for individuals and their carers and families but also for the wider community and residents. Improving the information and advice, help and support for individuals who need it at any specific time benefits the whole community as they are likely to be family and friends of people requiring support or who may come to need it.
- 2.3 Linked to this, the approach in Adult Care is increasingly based on an assets model – identifying what peoples' strengths are, what they do have, who they know and which community groups they are linked into, what their family and friends can do as carers and what the wider communities can offer and what they can offer them also.
- 2.4 The importance of prevention and early intervention is well-recognised and this cuts across social care, physical and mental health. Further, the principle should be employed in whatever situation people live. It is essential that the person is seen in the whole – that their health and wellbeing are addressed – and that this is done in at every stage of people's journey through life – whether they are outside of the formal care system or whether they are receiving high levels of formal care and health services. The opportunity must be taken at all times to maximise people's independence and ability to make choices and take control of their lives.
- 2.5 For many years, care was based on a building based model. There has been increasing development of care based on a personalised model with people enabled to live in their own homes and to access services, facilities and buildings as part of the wider community. Consequently, the role of Adult Care has changed – rather than being focused on delivering a range of services, it has had to develop a strong partnership and influencing role.
- 2.6 Beyond the Council, Adult Care has become a key partner with health services and this partnership has been enshrined in different ways – e.g. through the Health and Wellbeing Board, Rotherham Place Plan and the Better Care Fund. Increasingly, integrated services are seen as the way forward in delivering more personalised and holistic care.

- 2.7 The Better Care Fund (BCF) is a programme spanning both the NHS and local government. It aims to improve the lives of some of the most vulnerable people in placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care.
- 2.8 The Better Care Fund is co-produced and managed by the Council and the Rotherham Clinical Commissioning Group and includes risk share arrangements covered by a contract known as a Section 75 agreement. The investments have mutual benefits for both parties and help forge an approach to integrated health and care solutions. The submission for 2016/17 has been approved by NHS England. This is two parts – a Narrative Plan and a Planning Template.
- 2.9 Officers are awaiting further guidance from NHS England in order to develop the Better Care Fund submission for 2017-19.

### **3.0 Adult Care Development Programme**

- 3.1 The Council's ambition is that adults with disabilities and older people and their carers in Rotherham are supported to be independent and resilient so that they can live good quality lives and enjoy good health and wellbeing. This vision also supports the Council's financial challenge, in terms of mitigating rising demand for statutory services within the context of reducing budgets.
- 3.2 The strategy which will enable these outcomes to be delivered contains seven key elements and these define the Adult Care Development Programme. The Council must:
- ensure that information, advice and guidance is readily available (e.g. by increasing self-assessment) and there are a wide range of community assets which are accessible
  - invest in services that embed prevention and early intervention. These reduce and delay entry into more expensive statutory services
  - focus on maintaining independence through reablement and rehabilitation
  - improve our approach to personalised services – always putting users and carers at the centre of everything we do
  - develop integrated services with partners and where feasible single points of access
  - ensure we "make safeguarding personal"
  - commission services effectively working in partnership and co-producing with users and carers
  - use our resources effectively
- 3.3 The strategy is enshrined within the Adult Care Development Programme and it is delivered through a governance route overseen by the Chief Executive and Cabinet Member for Adult Care via the Adult Care Improvement Board. Ultimately, the Strategic Director of Adult Care as the Statutory Officer has responsibility for developing the strategy and ensuring it is being delivered.
- 3.4 The activity is being programme managed using the guiding principles of project management. Products are currently being developed to support

progress against set milestones and to ensure transparency of delivery. The programme activity has been divided into four key areas:

- Prevention
- Integration
- Care Co-ordination
- Maximising Independence and Reablement

3.5 This report primarily provides an overview as to progress against current activity as of Quarter 3, December 2016.

### 3.6 *Prevention*

- A not for profit organisation, Community Catalysts recently won a tender to provide expertise as to the development of community groups to deliver preventative services and supplement the wider Adult Care offer. They will work closely with the Adult Care Community Link Workers to identify areas for development and to provide guidance as to how to best stimulate local groups.

### 3.7 *Integration*

- The Village integrated health and care locality pilot has been running since July 2016 based out of the Clifton/St. Anne's Medical practice. The remit of the pilot has been kept intentionally flexible to allow creativity in relation to what can be achieved. The high level intentions remain to reduce duplication, avoid hospital and residential care admissions and help shape the thinking for a potential wide Rotherham roll out of integrated locality working. The Key Performance Indicator (KPI) suite is being developed to enable practical comparisons to be made with other localities in terms of performance and impact.
- The positives with the pilot have been closer working relationships and co-location with social workers, therapists and nursing staff. There has been some success in discharging patients from hospital through in-reach. However, a number of practical issues have hampered progress in this area, though these are now being addressed, including:
  - staffing levels and devolving of budgets to enable the teams to work differently
  - IT and access issues, including but not limited to interoperability
  - different views across the organisations regarding information governance
  - implementation of an agreed leadership model.
- In order to refocus The Village activity, an event is to be held on the 24 January 2017. Staff working in the pilot will lead the session with the aim to identify solutions to improve on the current approach, ensure that there is a full understanding across organisations of the remit of the pilot and to encourage a true multidisciplinary model.
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) provide statutory mental health services within Rotherham. They are currently implementing a major transformation programme. The realignment of mental health services to embrace the principles of the

Adult Care Development Programme is essential to the future of integrated service delivery. Officers are working with RDaSH to understand the work streams, timelines and interdependencies of the RDaSH transformation and how the Adult Care requirements can be built in.

### 3.8 *Care Co-ordination*

- Training is being commissioned to support operational workers with understanding and delivering a strengths based approach to assessment. This will also focus on an asset based approach to meet the support needs of customers. This will ensure that future practice is in line with the Care Act requirements, whilst maximising alternatives to more costly statutory services.
- A Practice Challenge group is in operation to ensure that the principles of the Care Act are being adhered to in assessing and meeting support needs. This will ensure consistency and practice challenge where appropriate.

### 3.9 *Maximising Independence and Reablement*

- Formal consultation on the future offer in Rotherham for people with a Learning Disability commenced on the 5 December 2016 and will end on the 2 February 2017. There are a range of opportunities for the residents of Rotherham to contribute to the consultation in a range of formats. Letters to the existing cohort of customers accessing internal services were sent at the end of November with the online questionnaire hosted on the Council's website going live just before Christmas.
- The aim of the consultation is to reach as many people as possible; therefore a range of advertising will take place over the next few weeks, with a press release also expected.
- All 84 customers (primarily older people, but some people with a learning disability) attending Charnwood Day Care resource have been reviewed and moved to more appropriate support. The staff skills will be utilised in other service areas and this will also assist in reducing the transport costs for this financial year.
- A desk top analysis was commissioned to review the current offer by the Shared Lives team with a view to the development of an effective expansion plan based on national best practice. The recommendations are currently being considered and a full Action Plan expected to be rolled out in January 2017.
- The Community Opportunity Pathway Programme (COPP) continues to work with 10 customers and their families. Support for the programme ended in December and a report into the work and its findings is currently being produced. This will support the next phase of the COPP work, which is to review all those customers with a learning disability who access internal day care provision.

- The employment support services within the Council for people with a Learning Disability (Ad-pro and Lite Bites café) are currently being reviewed. The purpose of the review is to improve outcomes for moving people into paid employment, maximise the reach of the services and to ensure that there is the best possible return on investment.

#### **4.0 Update on the Better Care Fund (BCF)**

4.1 The most recent submission to NHS England was the BCF Quarter Two Template submitted on 25th November 2016. This highlighted that Rotherham is fully meeting seven out of the eight national conditions. Rotherham is currently partly meeting the remaining national condition which comprises of two elements as follows:

- The first element (which is fully met) includes better data sharing between health and social care, based on the NHS Number (NHSN). This is being used as primary identifier for health and social care services. Work has now been completed to ensure better sharing between health and social care. There are 5,495 adults who were in the scope of the NHSN matching project and all BCF records now have an NHS number assigned. The new Adult Care social care system – Liquid Logic went "live" on 13th December 2016. This includes the facility to integrate with the NHS 'Patient Demographic Service' (PDS) – which will deliver the ability to quickly look up NHS numbers on the NHS spine. We will begin using the NHSN on Council correspondence now that the Liquid Logic system is "live".
- The second element (which is partly met) around better data sharing includes whether Adult Care can ensure that patients/service users have clarity about how data about them is used, who may have access and how they can exercise their legal rights. This second element of the national condition has recently been introduced since August 2016. Significant progress is under way, with an expected full implementation date of 31 January, 2017 to ensure that we fully meet the national condition.

4.2 Seven day social care working (which is another BCF national condition) is now in place and embedded at the hospital with on-site social care assessment available to support patients. This has become "business as usual" from 3 October 2016 following the implementation of the social work staffing Phase 2 restructure.

#### **4.3 BCF Performance Metrics**

- Permanent admissions of older people (aged 65+) to residential and nursing care homes: Quarter 2 admissions total 110 as at 30 September, 2016 which equates to a performance rate of (224.81) and is below target (399).
- Non-Elective admissions are performing within the planned levels in the Better Care Fund. Short stay assessments have increased significantly but these are not part of the Better Care Fund metrics.

- Delayed Transfers of Care (DTOC) targets are set nationally by the BCF programme. Performance during Quarter Two (1102.6) is below target (1241.3) and is currently on track to meet the target in this financial year.
- The emergency re-admissions within 30 days of hospital discharge (all ages) indicator is currently above target, i.e. more re-admissions than planned for. A piece of work is to be undertaken to review how this indicator is calculated, which groups of patients have the higher re-admissions and how the target has been set. Given that the indicator has been discontinued nationally and appears at odds to contractual positions, it is recommended that when local indicators are selected for the coming financial year, this indicator is no longer used.

#### 4.4 BCF Service Review Programme

- A review of the Home Enabling services has recently been completed and reconfiguration of the service has taken place. The management is currently in the final stages of recruitment. A full training programme is in place to ensure that all staff working consistently and effectively in meeting customer outcomes. The set-up of the new service is designed to provide the maximum customer contact time. All available staff time will be utilised for the benefit of the customer or to work alongside therapists to enhance skills. There will be regular progress reviews to ensure that the service is operating effectively.
- A review of the Community Neurological Rehabilitation service has recently been undertaken. The narrative including an action plan is currently being developed.
- A review considering the benefits to patients and health outcomes of Breathing Space is now in progress.
- There have been performance issues for the Community Occupational Therapy service around waiting times for assessment due to increasing referral rates. The Occupational Therapy Backlog group has been set up and this has reduced the numbers from 599 in June 2016 to 165 in December 2016. The agreed rectification actions include:
  - The Single Point of Access Team can issue equipment at first point of contact.
  - Housing Repairs are able to directly issue lever taps, half step, grab rails and key safes.
  - Commissioners are in negotiation with the Home Improvement Agency to pick up on toileting assessments and tubular path rails.
  - Support staff to start assessing for level access showers.
  - The Adult Care Performance & Quality Team are currently reviewing the business processes followed by the Occupational Therapists to complete assessments in order to identify potential efficiencies.



- The Intermediate Care pooled budget review is ongoing and is multifaceted. Options to inform the future intermediate care offer are currently in development.
- Rotherham's approach to social prescribing has been signalled as good practice in the NHS Five Year Forward View. Rotherham Clinical Commissioning Group invests £0.8m in the Social Prescribing service hosted by Voluntary Action Rotherham – this is in place until 2018. This includes a Mental Health Social prescribing pilot which has been in place for a year and has created opportunities for mental health service users to sustain their health and wellbeing outside secondary Mental Health Services. The pilot has also created more capacity within secondary Mental Health services in addition to generating wider efficiencies.

#### **4.5 Better Care Fund 2017-19**

- The Council and the Rotherham Clinical Commissioning Group are waiting for the Government's Integration and Better Care Fund Policy Framework, Planning Guidance and Planning Template (an Excel document containing financial and performance data) to be released. These were all due to be published by NHS England in December but has now been delayed into the New Year.
- The submission date for Better Care Fund Plans for 2017-19 (Narrative Plan) was originally set for 5 January 2017, but this was dependent on the release of the 3 documents highlighted above. Officers are awaiting further instructions from NHS England.

#### **4.6 Next Steps**

- The final submission of the BCF Narrative Plan for 2017-19 is anticipated to be submitted to NHS England by 31 March, 2017. This will include what we have achieved in 2016/17 and what we plan to achieve (key priorities) in 2017/18 and 2018/19. The development of the draft Narrative plan and first draft Planning Template submissions are currently work in progress.
- The BCF Planning Templates are to be submitted to NHS England in January 2017 – one template to be completed for each financial year.
- There will be wider consultation with key partners on the Health and Wellbeing Board, including the Adult Care Cabinet Member, once the first draft of the Narrative plan and excel Planning template has been completed in January 2017.
- The final approval of the BCF Plan and Planning Template will be sought at the March 2017 Health and Well-Being Board to enable returns to be made in line with the NHS England deadline.
- Officers from the Council and Rotherham Clinical Commissioning Group will continue to complete service reviews financed by the Better Care

Fund to identify best models of provision, promote value for money and improve outcomes as this is ongoing activity.

## **5.0 Options considered and recommended proposal**

5.1 None

## **6.0 Consultation**

6.1 There is a current live consultation on the on the future offer in Rotherham for people with a Learning Disability. This commenced on 5 December 2016 and is due to conclude on 2 February 2017. It is anticipated that further consultations will take place on various elements of the Adult Care Development Plan driven by emergent activity regarding commissioning / decommissioning or remodelling of services.

6.2 There is no planned formal consultation for the development of the Better Care Fund 2017-19 submissions.

## **7. Timetable and Accountability for Implementing this Decision**

7.1 None

## **8.0 Financial and Procurement Implications**

8.1 The Adult Care Development Programme will contribute towards the wider savings requirements for the Council driven by the Medium Term Financial Strategy budget set in 2016/17 and also in the budget for 2017/18 currently being developed. There will be future requirements to procure services driven by the need to commission new models of care and these will become more explicit as the programme matures.

8.2 There maybe future requirements to procure services under the Better Care Fund 2017-19 and these will become more explicit as the submissions are developed.

## **9.0 Legal Implications**

9.1 The Adult Care Development Programme proactively supports the delivery of the requirements of the Care Act 2014.

9.2 The Better Care Fund enables the Council to discharge a range of statutory duties under the legislation.

## **10.0 Human Resources Implications**

10.1 There are likely to be future Human Resource implications for Adult Care and externally commissioned service personnel and these will become more explicit as the Adult Care Development Programme matures.

10.2 There are no Human Resource implications for the Better Care Fund.

## **11.0 Implications for Children and Young People and Vulnerable Adults**

- 11.1 The Adult Care Development Programme and the Better Care Fund are primarily for adults – people aged over 18. However, there will be positive implications for young people transitioning to Adult Care services as new pathways are developed and an improved menu of choice is made available under the Maximising Independence and Reablement work-stream.

## **12.0 Equalities and Human Rights Implications**

- 12.1 The overarching Equality Assessment for the Adult Care Development Programme has been recently updated and will be subject to regular refresh driven by activity and potential impacts. Each major work stream area has a specific Equality Assessment with review dates set.
- 12.2 There is no requirement for an Equality Assessment for the Better Care Fund.

## **13.0 Implications for Partners and Other Directorates**

- 13.1 The Adult Care Development Programme will compliment and provide benefit to external health partners in terms of increased integration and coordinated multiagency working. The investment in prevention and early intervention, strengths based approaches to assessment and the development of community assets should keep people more independent and therefore delay escalation into higher cost, complex provision.
- 13.2 The Better Care Fund is co-produced and managed by the Council and the Rotherham Clinical Commissioning Group and includes risk share arrangements. The investments have mutual benefits for both parties and help forge an approach to integrated health and care solutions.

## **14.0 Risks and Mitigation**

- 14.1 The Adult Care Development Programme has a comprehensive risk register that is linked to the four key areas. This includes strategies to provide mitigations. These risk registers inform the wider Adult Care Directorate risk register, which in turn feeds into the Corporate risk register for any high level risks. The primary risks for the Adult Care Development Programme are:
- financial - in terms of budget savings not potentially being realised in full
  - reputational – in terms of transformational change may be negatively perceived by the press and public
  - late or none delivery of anticipated transformational change – may have negative impacts on customers, carers and Council staff
- 14.2 The risk for the Better Care Fund is against the agreed financial framework. Part of the governance processes include the in-year assessment of expenditure against the schemes and highlights risks emerging in-year as set out in the risk share section of the Section 75 agreement between the Council and the Rotherham Clinical Commissioning Group. The anticipated forecast outturn against the original budget is currently showing overspend of £62,000 for 2016/17 – out of a total budget of £24.2 million per annum.

## **15.0 Accountable Officer(s)**

- 15.1 Anne Marie Lubanski, Strategic Director Adult Care and Housing in her statutory DASS role will be the Accountable Officer for the Adult Care Development Programme and the Better Care Fund investment plan.