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Rutland County Council

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Ladies and Gentlemen,

A meeting of the **HEALTH AND WELLBEING BOARD** will be held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on **Tuesday, 26th January, 2016** commencing at 2.00 pm when it is hoped you will be able to attend.

Yours faithfully

Helen Briggs
Chief Executive

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A G E N D A

5) **BCF 2016-17 PROGRAMME - FIRST VERSION**

To receive Report No. 26/2016 from Mark Andrews and Sandra Taylor

Input from the Health and Wellbeing Board is invited on the draft BCF plan 2016-17 prior to the initial plan submission on the 8th February 2016.
(Pages 3 - 4)

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MEMBERS OF THE HEALTH AND WELLBEING BOARD:

Mr R Begy (Chairman)	
Mr R Clifton (Vice-Chair)	
Mr A Mann	Ms A Callaway
Dr A Ker	Mrs H Briggs
Ms J Clayton Jones	Ms J Fenelon
Inspector L Cordiner	Mr M Sandys
Ms R Dewar	Mr T Sacks
Ms T Thompson	Ms Y Sidyot

OTHER MEMBERS FOR INFORMATION

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Draft Better Care Fund Plan 2016-17 – Integration Executive View

The draft BCF plan was discussed by the Integration Executive on 21 January 2016. Their views are set out below to support the Health and Wellbeing Board's discussion of this plan.

- The draft plan was agreed to be sound overall in its aims and substance and to offer a strong starting point for the BCF planning process for 2016-17.
- External coherence
 - The plan will be cross referenced to Rutland's updated JSNA, which it supports.
 - The vision of change for Rutland will be set out more strongly, including making the connections more explicit with the wider LLR Better Care Together programme.
- Community prevention
 - It was agreed that there was a need to help to address the time lag between new healthcare options becoming available and them being fully embraced by the public. The plan's overall aim has been adjusted to raise the profile of communications, and a new stand-alone scheme has been created to increase and enhance coordination and communication so that this receives the required focus for the benefit of the public and professionals.
 - We also need to focus in more creatively on why people make the choices they do to encourage preventative behaviours and positive lifestyle choices. Public Health's experience will be invaluable here as will that of other stakeholders who work with users. The project funds in the integrated prevention and long term condition workstrands offer scope for projects to address this eg. through customer profiling, co-design projects involving service users, etc.
- Management of long term conditions and high needs
 - The CCG Community Health Services Strategy sets out an approach in which GPs are at the heart of a new model of community based care. Primary care will connect strongly to both community health services and non health services (eg. supplied by the voluntary, community and faith sectors) to support individuals more effectively to prevent, slow down or better manage their conditions. The discussion raised a number of questions, among them: how can these services integrate most effectively; what do we mean locally by an integration hub; and, how can the BCF contribute towards this and create favourable conditions for wider Better Care Together changes? The programme includes a number of responses to these challenges. In particular, it places integrated community health and social care services centre stage and puts a new focus on case management, alongside care coordination, to further strengthen the bridge between GPs and community based services. As actions depend on shaping and aligning the strategic aims and operating models of a number of stakeholders, the programme leaves scope for key partners to work together to shape the desired changes in Rutland over the coming months, reporting back on progress via BCF governance.
- Crisis response, transfer of care and reablement
 - The Better Care Fund programme is a key instrument to help to ensure that health and care services evolve to respond to actual local patterns of health care use. Given that more than half of local acute activity is out of area, the BCF plan will be more explicit about working with associated Better Care Together projects, including the LLR Urgent Care Vanguard, so

that they correspond with Rutland's needs. Out of area service use is not unique to Rutland, so finding more effective ways to work across the boundaries of local health systems would be of wider benefit.

- As part of the Urgent Care Vanguard, the CCG is grappling with challenges around coordinated out of hours services in which out of hours GP provision, general nurse led community services and more specialised services (eg. for mental health) are managed and experienced as a coherent single service with a single point of access, minimising duplication and playing to the strengths of all the various providers. This needs to work at the local level, although not all involved services will necessarily be locally based. The CCG noted that much of this work falls outside the Better Care Fund plan, but that there needs to be coherence between BCF activities and the evolving out of hours offer. The Urgent Care Vanguard team is currently reviewing dependencies and governance structures to ensure strong coordination and coherence ongoing.
- Delayed transfers of care remain a key priority nationally – they are a drain on acute resources and, as a system issue rather than a health issue, it should in theory be possible to eliminate them. Integration Executive members, including the Local Authority and CCG as the two funding partners, were unanimous that there was no strong drive locally to introduce a risk sharing agreement for the management of delayed transfers of care (DTOCs). This measure, offered by the national BCF policy guidance, would fit better in contexts where DTOC performance was a substantial intractable issue. However, national guidance has indicated that local partnerships need to work together to agree DTOC action plans. This work will progress as part of the more detailed planning, following the 8 February outline BCF submission.
- Enablers
 - Workforce challenges have been an issue in the current programme, affecting the pace of change in some areas. It was also noted that commissioning places constraints on the ability of (health) providers to adjust HR establishments in an agile way, which could hold back innovation. This will be logged as a risk in the new programme and kept under review. Alongside this, the enablers workstrand will be adjusted to allow more scope for workforce-related actions, complementing wider BCT workforce development activities.
 - Key schemes need to take into account, where relevant, the pattern of use of health services in Rutland, notably the high use of out of area services (eg. Peterborough Hospital, Stamford GPs). This will be made more explicit in the new plan.

Finally, it was noted that, alongside work on the plan itself, two further documents are being completed or revised in readiness for the next programme: the section 75 financial and risk sharing agreement that underpins the Local Authority and CCG partnership, and a technical template capturing key aspects of the plan (budget, status relative to national conditions, impact targets, etc).