

**27 February 2020**

**Agenda Item:**

## **REPORT OF PROGRAMME MANAGER PARTNERSHIPS**

### **EXECUTIVE SUMMARY, BCF REVIEW – SECOND STAGE**

#### **Purpose of the Report**

The purpose of this report is to:

1. Review the effectiveness of the BCF Steering Group to drive strategic transformation across health, housing and social care partners
2. Clarify how the outcomes being achieved by the BCF investment compare to national requirements
3. Explore how the BCF programme relates to the Health and Wellbeing Board (HWB)
4. Set out how well we are meeting our duties to integrate service provision
5. Develop three priority work topics supported by the BCF Steering Group in January 2020
6. Recommend how to increase the effectiveness of the BCF partnership

#### **1. How well does the BCF Steering Group drive strategic transformation?**

- a) The BCF steering group is only delivering transformational change in one part of our system. This is enabling more consistency of practice about the use of DFG grants.
- b) What the steering group does well is to provide an administrative mechanism for approving BCF spend, plans and noting performance against the BCF national indicators.
- c) The steering group does not have the remit or authority to challenge how the BCF is spent by health and social care partners. It does have the remit and authority to challenge use of DFG by District and Borough Councils for one-off capital spend but there is no consensus from members that this is an appropriate use of the group's influence and time.
- d) Success with projects and services funded by BCF is not being reported to the steering group so there is no opportunity to understand benefits, learn lessons and encourage countywide consistency.
- e) The steering group cannot and does not hold other groups and Boards to account for performance against BCF national targets. For example, performance against the BCF Delayed Transfer of Care target has remained below target for the last 3 years.

#### **2. Outcomes being achieved by services funded from the Better Care Fund**

- a) Based on an analysis of the number of schemes which support each of the national BCF requirements, the most commonly supported BCF criteria are:
  - Reduction in unplanned admissions to hospital – 46 schemes
  - Prevention services (to prevent escalation of need) – 44 schemes

- NHS commissioned out of hospital care – 38 schemes
- b) The least commonly supported BCF criteria across all the schemes are:
  - Maintenance of social care services – 8 schemes
  - Population health management – 5 schemes
  - Data sharing between health and care – 3 schemes
- c) An analysis by amount of funding would produce a different ranking. However further detail is needed to enable this analysis.
- d) It is difficult to draw any conclusions from this analysis because there is no agreed framework to suggest that particular criteria should be supported more than any other criteria, either in qualitative or quantitative terms. In addition, BCF schemes are only a subset of the schemes that deliver the BCF criteria and as such does not represent the totality of transformational change and spend.

### 3. Health and Wellbeing strategy implementation

- a) The Health and Wellbeing Board (HWB) has **five legal duties** which include to improve the health and wellbeing of the people of Nottinghamshire, to reduce health inequalities and ***promote the integration of services***. The Joint Health and Wellbeing Strategy for Nottinghamshire 2018-2022 has been developed to realise these duties.
- b) To implement this strategy, the Healthy and Sustainable Places Coordination Group (HSPCC) oversees agreed actions against the 17 priority themes (e.g. homelessness, physical activity, mental wellbeing including dementia, warmer and safer homes, stronger and resilient communities, carers).
- c) There is no workstream which focuses on integration of services across health and social care or the development of partnerships related to housing, health and care. These are gaps in our strategic framework.

### 4. Work underway in Nottinghamshire to integrate services

- a) The Health and Wellbeing Board has a legal responsibility to promote integration across services and the BCF Steering Group is the only forum that meets countywide with officers attending from health, adult social care and all District and Borough Councils. This puts the HWB and the BCF Steering Group in a good position to develop a vision for integration and oversee integration developments.
- b) Despite this context, the BCF steering group has not acted as a driver for integration and there is ***no clear statement that sets out a strategic vision*** to guide the development of service integration across Nottinghamshire.
- c) Even though there is no agreed vision for integration, progress has been made across the County to develop 11 areas of integrated working at the front-line of health and social care, and in some cases, integrate with housing services as well. There are 10 examples of joint or integrated commissioning happening in Nottinghamshire. However, the services commissioned through these arrangements are relatively small.

- d) Although these pockets of integrated practice exist, there is no strategic oversight to coordinate the direction of travel, ensure that progress is maintained, barriers are addressed quickly and that lessons are learnt and shared. This kind of strategic oversight and agreed vision is recommended by national guidance documents about integration.

## 5. Potential work topics supported by BCF partners from the First Stage report.

- a) The BCF Steering Group discussed possible key areas for partnership work topics at its January 2020 meeting and proposed the following:
  - Housing responses to support hospital discharge
  - Assistive Technology
  - Digital integration to improve frontline working across partner agencies
- b) Immediate action will be taken to start conversations about housing pathways for hospital patients. A countywide working group on Assistive Technology has started to meet, coordinated by Connected Notts. Digital integration between adult social care (ASC) and Housing Authorities will be developed through the use of available BCF reserve available to ASC in 20/21. Digital integration between ASC and health providers will continue to develop into 20/21.

## 6. Recommendations of the BCF Review Second Stage:

1. To renew the way we do business together in order to achieve the aims of the Better Care Fund more effectively. This work could be organised as an overall Health, Housing and Care programme that has two main elements:
  - a. **Integration of Health and Adult Social Care** – to provide oversight of existing arrangements and establish a vision, strategy and work plan to expand our integrated approaches in prioritised areas
  - b. **Housing Partnership** - to provide oversight of key workstreams that are needed to coordinate action on particular issues related to housing, care and health as well as provide a communication channel for housing, health and care to discuss matters of interest as well as build trust and relationships.
  - c. **Plus a BCF business group** – to manage the administrative aspects of the Plan and reporting requirements across the partners

The BCF steering group could be replaced by new oversight Boards to shape and implement these programmes. A workplan would be agreed to take forward key priorities in 20/21.

2. To implement these activities which support this partnership agenda:
  - a) Gather stories about resident experiences with our services – good and not so good – to inspire us to develop our vision and address barriers to integration.
  - b) Establish a time-limited group to focus attention on the Nottinghamshire BCF Delayed Transfers of Care target, to address continued low performance

- c) Take forward the actions set out in section 5 above linked to housing and hospital discharge pathways, Assistive Technology and Digital Integration.