

Vision, ambition, scope for integrated health and social care services in Cambridgeshire

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1 Introduction

- 1.1 The whole health and social care system in the county faces a shared ambition of improving health and well-being for local people, but is faced with the twin challenge of rising demand and reducing budgets. Without change our services will be unsustainable in the very near future. As a result the Health and Wellbeing Board, County Council (CCC) and Clinical Commissioning Group (CCG) have already been planning to shift resources to invest in joined-up services that are focused on preventing deterioration and support people to be independent, healthy and well in all aspects of their lives, reducing demand for higher cost, more intensive services.¹
- 1.2 Focusing on preventative community support wherever possible means a shift away from acute health services, typically provided in hospital, and emergency social care services. This is an ambitious and risky strategy – in order to avoid people being left untreated or unsupported when they have had a crisis, such services are usually funded on a demand-led basis, provided as they are needed. Reducing spending is therefore only possible if fewer people have crises, which experience suggests has never happened before. Nevertheless, collectively the organisations in Cambridgeshire are committed to achieving this, because the alternative is unsustainable services.
- 1.3 The £38m allocated by Government to the Better Care Fund (BCF) offers an opportunity to improve the co-ordination and delivery of health and social care services in Cambridgeshire to support this goal. The BCF should be regarded as an exciting enabler to help organisations work together, but is not a panacea for health and social care in itself. Firstly, it is not new money – all of the money allocated to the BCF is already spent on health and social care services in Cambridgeshire. Secondly, compared to the overall spend on the system (more than £1bn per year in Cambridgeshire) it is a relatively small amount, but it will be a lever of much bigger changes in the mainstream of health and social care services – which is likely to include changes to a number of budgets outside the immediate scope of the BCF. The ‘big change’ will be a fundamental shift in emphasis in the system – instead of needing to support people when they are in crisis with hospital or long-term social care support, personalised services provided in the community will wherever possible prevent crisis in the first place. Our collective ambition is to achieve this big change.

¹ See Cambridgeshire Health and Wellbeing Strategy 2012-17

2 Strategic framework

- 2.1 Our ambition for the big change is expressed in a number of top level master-plans and strategies, which must drive the planning and commissioning of work and services funded through the BCF. They include:
- The Health and Wellbeing Strategy, which focuses on the health and wellbeing needs of everyone living in Cambridgeshire, considers the wider determinants of health, and was signed off as a top-level strategy for services by the Health and Wellbeing Board
 - The CCG Older People's Services Programme, which includes a new approach to improving outcomes for patients, and procurement for a provider which will take on all health services for older people in Cambridgeshire, with a remit to transform services so they are preventative and joined-up
 - The development of a new social work model for adult services by CCC, focusing on professional social work at all levels of need, using community knowledge and resource to support people
 - The development of a joint health and social care strategy for older people developed by CCC, the CCG and district and city councils
 - The 5-year plan for the CCG, detailing the strategic plan for health services in Cambridgeshire
- 2.2 Taken together, these strategies present an ambitious programme for the big change described above. The overall vision for health and social care services in Cambridgeshire was expressed in the 'BCF Vision and Principles' document issued in December 2013. It stated 'Our long-term shared vision is to bring together all of the public agencies that provide health and social care support, especially for older people, to co-ordinate services such as health, social care and housing, to maximise individuals' access to information, advice and support in their communities, helping them to live as independently as possible in the most appropriate setting.'²
- 2.3 Each of the plans described above relate to specific parts of the system. However, there are 4 clear actions that are common to them all:
1. Improve and integrate advice and information services so people know what to do or where to get help.
 2. Develop integrated services that provide the right support at an early stage so that people (especially those with long-term illness or disability) can live as independently as possible – 'the right services, at the right time, in the right way'. This implies a flexible service model of support from services depending on the individual's need (which might involve support from social services, health services, housing services

² Adapted from 'Older People Community Budgeting: Principles and project ideas' available from notes of item 3 of Health and Wellbeing Board 17 October 2013, at <http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Meeting.aspx?meetingID=636>

or the voluntary sector), over which service users or patients have choice and control.

3. Develop services which will provide specialised reactive support to people when they have a crisis that helps them back to independence as quickly as possible, to avoid high intensity hospital-based treatment or long-term institutional or home-based care. These services will be provided by a combination of agencies working together, and will often involve alternatives to hospital treatment or a long-term paid carer.
4. Expand support in communities to prevent people from needing help from acute or long-term services in the first place, and to help people manage long-term illness or disability. This shift will mean that longer-term patterns of demand for acute, emergency or long-term services on which the system is currently focused will change; and formal health and social care treatment and support will build on a base of community-provided support and be primarily focused on short-term interventions.

3 How will the BCF help us deliver this strategy?

- 3.1 The BCF is an enabler to help us deliver these changes, and a catalyst for agencies to work together more closely on joint commissioning. There is already, in the normal course of commissioning services, joint working between agencies.
- 3.2 The challenge for the BCF is that it is not new money, in the sense of an extra allocation from Government that no organisation had before. Virtually all of the money allocated to the BCF is already spent on health and social care services in Cambridgeshire. This means that decisions about investment in new or different services have to be taken very carefully – we have to be sure that every change will help to prevent crisis and reduce demand for acute services.
- 3.3 We will therefore organise our planning for BCF around three areas:
 - Things that we are statutorily obliged to do. For example, Government has told us that we must meet the requirements of the new Care and Support Bill by changing the way we do social care assessments and support the introduction of the cap on social care spending.
 - Transformation of existing services. For example, CCC and CCG already fund services to support carers. One of the requirements of the Care and Support Bill is to change the way that carers are assessed. Since CCC and CCG already fund services to support carers, it makes sense to consider how all carers' services are provided, not just 'bolt on' an extension to existing services funded by the BCF. This will maximise the opportunity afforded by the BCF to do more joined-up planning and commissioning in support of our big change.
 - Stimulating innovation . Some of the ideas we have received from providers are genuinely new and offer a lot of promise. We want to support innovative ways of making our big change, and take calculated risks where we can.

- 3.4 Linking our plans for the BCF to the wider health and social care landscape in Cambridgeshire means that we can make the best use of the conversation between commissioners, providers and organisational stakeholders that has begun. We intend to keep that conversation going and expand it when possible. For example when the Older People's Programme procurement has completed, a provider will have been selected who can engage in the detailed re-design of services to develop better integration in support of our goal of more preventative, community-based support.