Agenda Item No:5

PROGRESS IN DELIVERING THE TRANSFORMATION OF OLDER PEOPLE'S SERVICES AND THE BETTER CARE FUND

To:	Adults Committee
Meeting Date:	26 March 2015
From:	Adrian Loades, Executive Director: Children, Families and Adults Services
Electoral division(s):	All
Forward Plan ref:	N/A **Key decision:** *No*
Purpose:	To provide an overview of progress with the transformation of older people's services including progress in planning for the Better Care Fund and progress with other developments relating to the integration of health and social care in Cambridgeshire.
Recommendations:	The Adults Committee is asked:

a) To consider the update on the transformation of older people's services and the Better Care Fund and note progress made since October 2013

b) To advise as to the most effective way to keep the Adults Committee informed about the work of the Cambridgeshire Executive Partnership Board (CEPB) programme as we continue to implement an integrated system across Cambridgeshire to improve outcomes for older people.

c) To comment on the Better Care Fund Section 75 Agreement and to delegate authority for finalisation of the agreement to the Executive Director: Children, Families and Adults Services in consultation with the Chair and Vice Chair of the Committee.

	Officer contact:
Name:	Charlotte Black
Post:	Service Director: Older People's Services and Mental Health
Email:	charlotte.black@cambridgeshire.gov.uk
Tel:	01223 727991

1.0 PURPOSE

1.1 To provide an overview of progress with the transformation of older people's services including progress in planning for the Better Care Fund, and progress with other developments relating to the integration of health and social care in Cambridgeshire.

2.0 BACKGROUND

2.1 The Older People and Mental Health Services (OPMH) Directorate within the County Council was created in October 2013, on the transfer of Care Management and Discharge Planning staff to the direct employment of the Council from Cambridgeshire Community Services (CCS). Other services operating with a high degree of integration between health and social care functions were retained with CCS, subject to a further period of review.,A section 75 agreement was maintained with CCS for continued management of these services.

2.2 As discussed by the Committee on 9 September 2014, and 4 December 2014, officers are now working to deliver the following Committee decisions by 1 April 2015:

a) The transfer of Occupational Therapy services to Cambridgeshire and Peterborough Foundation Trust overseen by a Section 75 agreement;
b) The transfer of the Assistive Technology Team to the Council;
c) The establishment of a contract with Uniting Care Partnership for the Council to deliver Assistive Technology and Telehealth services across Cambridgeshire and Peterborough; and
d) The transfer of Reablement services to the Council.

2.3 These developments are being taken forward as part of the Council's Older People's Programme.

2.4 In addition to these changes, there are a range of other developments influencing the development of adult social care and older people's services, all of which have been reported to Adults Committee at various stages of development. These include:

- The Better Care Fund (BCF) and an associated partnership programme of transformation activity;
- The development of a joint Older People Strategy with partner organisations and proposals for ten features of integrated practice;
- Transforming Lives approach to adult and older people social care;
- The significant savings requirement for Adult Social Care and Older People's and Mental Health Services in 2014/15 and 2015/16
- Partnership work on 'Rewiring' Public Services;
- Council wide work considering how to support the development of community capacity and resilience, including through the county's libraries and other assets; &

- The Clinical Commissioning Group (CCG) awarding of the Older People and Adult Community Services (OPACS) contract to the UnitingCare Partnership(UnitingCare).

2.5 This report summarises recent progress in the transformation of older people's services across the above areas of work. It will be accompanied at the meeting by a presentation summarising the transformation of older people's services across the Cambridgeshire health and wellbeing system.

3.0 TRANSFORMATION UPDATES

3.1 *Older People's Service Development Programme*

3.1.1 Following the transfer of Care Management and Discharge Planning staff from Cambridgeshire Community Services (CCS) to the local authority on 1 October 2013, a change programme was established under the leadership of the Director of Older People and Mental Health. The Directorate was new and the purpose of the programme was to establish the infrastructure required for the service, improve systems and processes and develop services to support older people to live independently and in their communities for as long as possible.

3.1.2 The programme also focused on managing the demand for services to ensure that the demographic investment is applied in the most efficient way and the Directorate is able to manage the demand for services within net available resources.

3.1.3 The following key projects have been delivered by the programme over the last year:

- Completion of all outstanding activities from the transfer of staff on 1 October 2013 from CCS including moving all staff onto the CCC IT network
- Managing the TUPE transfer process for the Reablement and Assistive Technology staff to the local authority on 1 April 2015
- Improving communication and information materials for our service users, including preparing for the Care Act on 1 April 2015, which will include improvements to our web pages and a directory of services
- Planning for the improvement of existing data sharing processes and practices from 1 April 2015 and investigation and design of technical solutions to improve data sharing practices across health, social care and the voluntary and community sector
- Improvements to our systems and processes that provide financial and performance data to the Directorate, including support and development to budget holders to improve financial accountability and control
- Establishing a training programme for staff, including mandatory training.
- Establishment of clear performance targets for delayed transfers of care (both countywide and by hospital system) and an improvement trajectory
- Planning for the introduction of seven day working for Discharge Planning teams from 1 April 2015

- A review of commissioning and contracting arrangements
- Implementation of the 'double up project' to reduce home care requirements and costs through use of equipment
- Review of options for reducing 15 minute Home Care calls through use of assistive technology
- Establishment of the brokerage unit which provides one point for the purchasing of care by the NHS and County Council
- A review of business processes to ensure that they are as streamlined and efficient as possible, with changes now being implemented

3.2 ***Savings requirement for Older People's Services within the 2014/2015 and 2015/16 Business Plan***

3.2.1 The most significantrisk in delivering the sizeable savings required for Older People's services over the coming years is that the demand for services continues at a level that exceeds the available budget. The Council challenged with making significant savings within the context of a rapidly expanding population of older people within Cambridgeshire who have increasingly intensive support needs.

3.2.2 The financial challenges require a radical and transformational response. Current service models and arrangements are not sustainable and the level and range of services that can be provided is generally reducing. Considerable focus will be on managing the triggers of demand rather than just reducing services. We need to take a co-ordinated approach across the health and care system to balance the short term delivery imperative with designing a more sustainable system.

3.2.3 As the Committee is aware, significant savings are proposed to manage the triggers of demand for Nursing Care Placements, Residential Care Placements and Home Care Hours within Older People's services (savings total £2100k in 2015/16, £2400k in 2016/17, £2092k in 2017/18). This is a demand led budget which is subject to a wide range of factors, including decisions by partner organisations, increasing levels of need and complexity amongst service users and seasonal changes.

3.2.4 During 2015/16, work will continue to be undertaken to reduce the main triggers that lead to an older person becoming frail and requiring a care package or being admitted to hospital. These triggers include a fall, continence issues, mental health issues and carer break down. This work to develop a joint pathway which increases preventative activity during 2015/16 is expected to contribute towards the reduction in demand in 2016/17 and subsequent years.

3.2.5 We are also continuing to focus on ensuring that care and support provided by residential, nursing and home care is planned and reviewed carefully, and close management scrutiny is applied to the financial impact. Work has started across the Locality Teams to examine the highest cost packages in home care and identify potential areas for change. Work will also take place with NHS partners to ensure that transparent arrangements are in place to

agree funding in those situations where joint funding is appropriate of if someone is eligible for Continuing Health Care (CHC).

3.2.6 Strategy across the Council is increasingly focussed on building community resilience so that individuals, families and communities are better able to support themselves and those who are vulnerable. For older people, this may mean that support is provided and coordinated through libraries or neighbourhood hubs so that we can better prevent isolation amongst more frail older people, identify problems earlier, and ensure that a "trusted person" can offer advice and support through the voluntary sector. Work begun to define and improve the support that libraries provide for older people. This work has informed the recently published Libraries Strategy which sets the direction for future libraries provision across the county. Alongside this, officers from services across the Council have been planning how libraries can work now to contribute to the delivery of tier 1 of Transforming Lives – improving the offer of information, advice and support for older people through libraries. Action plans are currently being drawn up, and delivery of this improved offer should be at least partially in place by the Summer.

4.0 DEVELOPING AN INTEGRATED SYSTEM

4.1 As referred to in Section 3, we are collaborating with partners to support the creation of a more integrated system to improve outcomes for older people in Cambridgeshire.

Older People Strategy

As previously reported to Adults Committee in July and November 2014, officers from Cambridgeshire County Council collaborated with partner organisations across the health and wellbeing system to develop a joint Older People strategy. The strategy establishes a set of high level principles that apply equally to all public sector organisations in the county, to develop a countywide approach to delivering the aim described in the Health and Wellbeing Strategy as to 'support older people to be independent, safe and well'. The Strategy recognises that a new approach is needed to address the demands of an ageing population; increasing levels of individual need as the population ages and continuing population growth across the county as a whole. The strategy has subsequently been endorsed by all public sector organisations in the county through the Cambridgeshire Health and Wellbeing Board and through the Cambridgeshire Executive Partnership Board (CEPB).

4.2 Better Care Fund Plan Approval

As development of the strategy continued, partners were also developing Cambridgeshire's plan for the Better Care Fund (BCF), which will create a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together in the county from April 2015. The £37.7 million budget is not new money; it is a reorganisation

of funding currently used by predominantly the CCG to provide health and social care services in the county. In order to receive approval for the BCF, Cambridgeshire had to show how it would meet a number of statutory conditions, including the protection of social care services; a reduction in non-elective admissions to hospital; greater seven day working across health and social care services to support discharge; and support for information sharing between social care and health to improve coordination of people's care.

4.3 On 6 February 2015, NHS England wrote to inform us that our Better Care Fund (BCF) plan, submitted to Government on 9 January, had been approved. The letter noted that 'it is clear that your team and partners have worked very hard over the last few months, making valuable changes to your plan in order to improve people's care… your plan is strong and robust and we have every confidence that you will be able to deliver against it.' Approval of the plan follows intensive work by colleagues from across a range of organisations in the local health and wellbeing system, and we are grateful to all of those that have contributed to the plan.

4.4 Further transformation activity

In addition to these areas of work, there are a range of other initiatives being undertaken across the system in different areas. These include:

- Transforming Lives – the new strategic framework for adult social work and social care in Cambridgeshire, which will fundamentally change how we deliver services to better meet the demands that we face. It is based on a proactive, preventative and personalised approach and enabling residents to exert choice and control and ultimately continue to live, to the fullest extent possible, healthy, fulfilled, socially engaged and independent lives. This new way of working will embed social care staff in local communities, playing a strong role in multi-disciplinary teams alongside health and voluntary sector colleagues. The new model is based on 3 levels of intervention: Help to Help Yourself; Help When You Need It; and On-going Support. The Transforming Lives approach is set to be established from October 2015.

- Discussions have been taking place across the County Council about its 'Target Operating Model' and its vision for 2020.The Operating model will reflect how the Council sees its role changing through a period of continued financial restriction andofficers are developing proposals for Members to ensure the Council's objectives are part of the work of each Committee. It is intended that the Target Operating Model will inform a financial strategy for the service to 2020, rather than the more annual incremental approach adopted in the past.

- The appointment of 'UnitingCare' as the CCG's commissioned organisation to provide services for older people and people with long term conditions. This will see a new service model established across the health system, with greater use of integrated teams, preventative

services and a focus on reducing emergency admissions to hospital. From 1 April 2015, UnitingCare will be responsible for services including urgent care for adults aged over 65, including inpatients, as well as accident and emergency services; mental health services for people over 65; Adult community services for people over the age of 18 with long-term conditions, including district nursing, rehab and therapy after injury or illness, diabetes; and other health services that support the care of people aged over 65. The new service model aims to deliver improved patient experience, better community care and reduce unplanned admissions to hospital, where these can be safely avoided. Whilst social care services are not included in the scope of the contract, close integration with social care will be essential if UnitingCare are to achieve their ambition.

4.4 All of these initiatives have broadly the same aims – to shift investment across the health and wellbeing system from acute, hospital-based services and long-term social care, towards greater investment in preventative services to support people to stay independent for longer and receive greater support from within their communities. However, given the fragmented nature of the health and wellbeing system nationally and locally, there was a danger that these initiatives, if taken forward separately, may not have created an integrated system, but rather reinforced silo working and created a range of unintended consequences for people.

4.5 Therefore, as suggested in the Older People Strategy (although it applies equally to all adult social care services) it was recognised that there was a need to develop a system-based approach, which moves beyond traditional models of developing integrated services. This system would be based on a tiered approach recognising the diversity of the over 65 population, many of whom have limited contact with specialist or acute health and social care services, and no desire to do so.

4.6 As a result, a paper was developed and shared widely across the system titled ‘Developing an integrated system for Cambridgeshire to improve outcomes for older people’. The paper, considered by Adults Committee in December 2014, proposes a set of practical proposals for implementation, that would move us towards a more integrated system. These features are:

1. A series of community based programmes and support that help people to age healthily
2. A recognised set of triggers of vulnerability which generate a planned response across the system
3. A universal network helping older people and their families to find high quality information and advice
4. An aligned set of outcomes
5. An integrated front door with an agreed principle of ‘no wrong door’
6. Shared assessment process, information sharing between health, social care and other key partners
7. A shared tool that describes levels of vulnerability
8. A locality based Multidisciplinary team approach (MDT)

9. Co-located staff
10. Joint commissioning and aligned financial incentives

4.7 Many of these proposals reflect work that is already taking place across the County, but in a partial way and not as an explicit part of an integrated system. The paper was considered by the CEPB in late 2014, and it was agreed that the paper should be used as a basis for planning the future work programme of the CEPB, in order to move the local system from agreement to implementation of an integrated system across Cambridgeshire to improve outcomes for older people.

4.8 To take this forward, the County Council's Integration and Transformation Team worked with colleagues in the CCG and Peterborough City Council (PCC) to develop a programme of projects that could be overseen by the CEPB to ensure that each area was developed across the system in an integrated fashion. As a result, five key projects were agreed in November 2014 by CEPB, and formed the basis of the Better Care Fund plans in both Cambridgeshire and Peterborough. The projects are:

Project 1: Data Sharing
The Data Sharing Project will deliver an effective and secure joint approach to data sharing across the whole system, enabling improved co-ordination and integration of services for adults and older people. It is a critical element of the overall transformation programme in Cambridgeshire because the delivery of all other schemes will rely at least in part on effective and secure data sharing mechanisms being in place, particularly the Person-Centred Care project and the UnitingCare delivery model and solution.

Project 2: 7 Day Working
The 7 Day Working project aims to expand 7 day working to ensure discharge planning is undertaken according to patient need, not organisational availability. When patients are in hospital, intensive case management needs to occur in order to expedite appropriate discharge. This requires the whole team, with good leadership, to be proactive in each of the assessment and treatment steps required, undertaking parallel rather than sequential action where required. There is evidence of this occurring elsewhere - e.g. Warwickshire where the NHS, Social Services and hospital work closely together with positive outcomes. Our approach will include expansion of a range of services involved in the hospital discharge process. These include health, social care and the residential and nursing home sector. This will directly contribute to admission avoidance and align with a significant number of the OPACS outcomes.

Project 3: Person Centred System
The Person Centred System Project aims to enhance and improve person centred care across the entire system. This is will be achieved by ensuring that care and support is planned and co-ordinated by multi-disciplinary teams of professionals (Integrated Care Teams) that identify individuals who may be at risk of becoming frail or requiring high cost services in the future. In addition, the Integrated Neighbourhood Teams will identify gaps in

service and facilitate the delivery of flexible, co-ordinated and creative long term support for those at high risk of needing hospital admission or long term intensive interventions to enable them to remain within their communities wherever possible. Each of these vulnerable or 'high risk' people will have a lead professional to coordinate care and support from the range of different organisations.

Project 4: Information and Communication
The Information and Communication Project will develop and deliver high quality sources of information and advice based on individuals' needs as opposed to organisational boundaries. Part of this work will include the establishment of the principle of an integrated system wide 'front door' for people that require information and advice about any part of the system irrespective of their presenting need(s). There is recognition that support and information will invariably be accessed via a broad range of routes. Therefore part of this work may involve embedding a principle of 'no wrong front door' and focusing efforts on supporting people to navigate the system in a way that best suits them, including self-service opportunities. This work will require all of our organisations, and residents to think differently about how they pass on or receive information.

Project 5: Ageing Healthily and Prevention
This project will focus on the development of community based preventive services to support and enable older people, in particular to enjoy long and healthy lives and feel safe within their communities. It aims to promote independence and prevent people from requiring long-term health and social care and will lead to the delivery of improved outcomes. A key deliverable of this project will be an identified set of triggers of vulnerability which can be used to generate a planned response across the system. This will include formal medical triggers and will be complemented by softer data that could indicate potential escalation of need such as requests for blue badges or concerns identified by housing providers. There is a substantial amount of business intelligence data and information available across the system. The integration programme will offer partners an opportunity to align this information to inform future business planning and strategic commissioning and enable more effective targeting of resources.

The project will seek to build community resilience and deliver on an ongoing basis a series of planned, evidence based public health programmes to support falls prevention, promote physical activity and promote mental health, physical and emotional wellbeing. Public sector activities will be co-ordinated to reduce the risk of social isolation for vulnerable people and the provision of accessible services within communities. This will support people to retain or regain the skills and confidence to remain living in their communities for as long as possible and maintain their independence, thus reducing demand on primary and secondary care and social care services. The project will also be responsible for ensuring clear and effective links are established with economic growth and development programmes to ensure that factors that have a positive impact on healthy ageing and prevention of acute need are built into long-

term plans for new communities.

4.9 These projects are being further developed through multi agency design meetings during February and March 2015, and a verbal update will be provided on progress at the meeting.

5.0 BETTER CARE FUND ARRANGEMENTS – SECTION 75 AGREEMENT

5.1 As reported to the Committee in January, in order to ensure adequate joint governance of the budgets to be included in the BCF, the BCF allocation will be placed into a pooled fund under section 75 of the NHS Act 2006, which makes arrangements for the sharing of funding between health organisations and local authorities. A section 75 agreement will be agreed and signed by representatives of both the Council and Clinical Commissioning Group.

5.2 A Draft Section 75 Agreement has been developed by colleagues from both organisations with legal advice sought by both parties; the agreement is based on a template agreement provided by NHS England for use for the Better Care Fund. The draft is attached at Appendix A.

5.3 The table detailing how the BCF budget will be used in Cambridgeshire is set out at page 20.As the Better Care Fund is not new money, many of the budgets incorporated into the BCF were already committed to other initiatives, including the CCG's Older People and Adult Community Services (OPACS) contract; the existing section 256 transfer of funding from NHS England to Cambridgeshire County Council and the requirement to meet the new statutory requirements set out in the Care Act. As a result, the funding for the projects described above is limited.. However, the initiatives will support the health and wellbeing system in continuing to meet people's health and social care needs whilst the CEPB programme continues to be designed and implementation begins. This reflects a cautious and balanced approach to finance in the local system agreed between the Council and CCG. The intention is that as initiatives already underway support a shift in resource from intensive, long-term or emergency support towards more preventative approaches, this will release more resource to increase the speed of transformation in the medium term. However, it must be noted that this shift will be exceptionally challenging and has not been seen before.

5.4 The draft agreement has been discussed with members of the Working Party of the Adults Committee on the Better Care Fund. Further to that discussion, the Adults Committee is asked to endorse the agreement and delegate authority to the Executive Director: Children Families and Adults Services for the sign off of this agreement.

6.0 ALIGNMENT WITH CORPORATE PRIORITIES

These proposals strongly align with the Corporate priority relating to the support and protection of vulnerable people.

6.1 Developing the local economy for the benefit of all

6.1.1 There are no significant implications for this priority.

6.2 Helping people live healthy and independent lives

6.2.1 The proposals in this paper are intended to increase the way in which the County Council and partners work together to increase independence and improve health for older people.

6.3 Supporting and protecting vulnerable people

6.3.1 The proposals in this paper are intended to strengthen the way in which the County Council support and protects older people and their carers.

7.0 SIGNIFICANT IMPLICATIONS

7.1 Resource Implications

7.1.1 The following bullet points set out details of significant implications identified by officers:

- These proposals will impact on the Council's ability to improve outcomes for older people.
- These proposals cannot be delivered without the full collaboration of partners and the Uniting Care Partnership in particular.

7.2 Statutory, Risk and Legal Implications

7.2.1 The recently published Care Act includes a number of new requirements to be delivered by Councils and the implementation of the proposals in this paper will make a significant contribution to implementing the Care Act.

7.3 Equality and Diversity Implications

7.3.1 There are no significant equality and diversity implications.

7.4 Engagement and Consultation Implications

7.4.1 It will be important to consult service users and their carers about the detail of these proposals as the Council develops plans for implementation. This would need to be a collaborative approach with the partners that make up the Cambridgeshire Executive Partnership Board.

7.5 Public Health Implications

7.5.1 The proposals in this paper would result in a more explicit approach to promoting the health of older people. The Older People Strategy, the CEPB programme and Cambridgeshire's BCF plan have all been developed with

significant input from the Health and Wellbeing Board; the aims of each of these initiatives strongly align with the Health and Wellbeing Strategy's goal to 'support older people to be independent, safe and well'.

7.6 Localism and Local Member Involvement

7.6.2 The expectation is that these proposals would be implemented in a way that is responsive to local need and circumstances. Given the focus on people receiving more support from their communities, there will be a strong local Member role in each Division, particularly in encouraging and supporting communities to do more for their residents.

Source Documents	Location
None	.