Agenda Item No: 8

BETTER CARE FUND

To:	**Adults Committee**
Meeting Date:	**8 July 2014**
From:	**Adrian Loades, Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	***Key decision:*** **No**
Purpose:	**To update the Committee on thedevelopment of a plan for the Better Care Fund in Cambridgeshire**
Recommendation:	**To note the report and provide comments**

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1 BACKGROUND

1.1 The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to support transformation in integrated health and social care. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas. The pooled budget is expected to be in place from April 2015. In Cambridgeshire, the amount allocated to the fund is £37.7m. This is not new money granted by Government, but rather a re-organisation of existing funding that is currently used to provide health and social care services in the county. However, collectively, the ambition of Health and Wellbeing Board partners and the voluntary sector is to achieve a fundamental shift in emphasis in the system, with a view to taking action which will prevent or reduce the need for costly specialist services and find effective ways to reduce reliance on statutory support. Thisimplies significant changes for services supporting the health and wellbeing of Cambridgeshire residents.

1.2 Health and Wellbeing Boards were required to submit plans for the BCF by 4 April 2014. The plan covering the Cambridgeshire County Council (CCC) area was considered by the Health and Wellbeing Board at their meeting on 3 April and signed off for submission. At that meeting, the Health and Wellbeing Board expressed their thanks to all partners who contributed to the development of the BCF plan.

1.3 Recent media reports stated that BCF was to be delayed following a review of plans by the Cabinet Office. The Department of Health issued a response stating that the delay was an expected result of the quality assurance of plans that were submitted early in order to allow such assurance to take place.

1.4 The quality assurance process (by Local Government Association, NHS area teams and NHS England) categorised Cambridgeshire's plan as 'Further discussions required with regions / Area Teams' because the Cambridgeshire area was identified as one of the 11 financially challenged health economies in February 2014 by NHS England. These discussions are currently underway, and it is expected that the Cambridgeshire plan will require further assurance in July or August.

1.5 The development of the BCF submission has been led by a group of senior officers from CCC, the Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG)and a nominated District Council Chief Executive. In addition to discussions taking place at Health and Wellbeing Board on 13 February 2014 and 3 April 2014, the vision and overall principles were discussed by Cabinet on 17 December 2013, and the 'first cut' submission and engagement with stakeholders was discussed by Cabinet on 4 March 2014.

2 THE APPROACH SO FAR

2.1 The strategic challenges are set out in the 'Vision, ambition, scope for integrated health and social care services in Cambridgeshire' paper (full references are available in the 'Source Documents' section at the end of this paper). The paper sets out the intention to develop preventative services that support people to live independently, and highlights four key aspects of

strategy that all local authority, health bodies and providers are signed up to – improving and integrating advice and information, introducing flexible models of support at an early stage, developing crisis services that focus on quickly regaining independence, and expanding support in communities so people don't need long-term support from statutory services. CCC and CPCCG particularly are already engaged in work to introduce changes such as these into the health and social care system – for example, the expansion of reablement in 2012, introduction of Community Navigators and the current work to transform social work ('Transforming Lives').

2.2 The approach so far has been to use BCF as a catalyst for working together on existing health and social care service development work, and to support work to go further where necessary. Mindful that this is not new money, CCC and CPCCG are trying to co-ordinate the development of our plan so that it builds on the improvement and development work that is already going on, without destabilising any other parts of the system whilst we do so. Therefore, to achieve its maximum effect, BCF should primarily be regarded as a medium term transformation programmeabout transforming *c*.£1bn that is spent on the health and social care system each year (especially within acute and long-term care services), not just about how the £37.7m that is actually in the fund is spent.

2.3 The BCF is an important opportunity to accelerate and extend work to integrate services. With that in mind, a consultation across Cambridgeshire was opened in the autumn and winter of 2013, starting a conversation about what the ambitions should be and requesting ideas and proposals for change. A summary of the proposals was presented to the Health and Wellbeing Board on 13 February 2014. These proposals were organised into four groups which formed the basis for budget planning in the BCF submissions.

2.4 There are also two other drivers of the specification of the BCF plan; existing projects (identified as part of a mapping exercise undertaken in March), requirements arising as a result of the Care Act, and 'national conditions' which are requirements of the BCF itself. The national conditions are as follows:

- *Plans must be jointly agreed by the County Council and the CCG and signed off by the Health and Wellbeing Board*.

- *Plans must protect social care services*. People with eligible needs must still be supported in line with the Council's statutory duties. This does not mean that services will remain the same – for example preventative work or short term intensive support such as reablement may reduce people's support needs

- *Plans must show how 7 day services will be introduced in health and social care to support discharge from hospital and unnecessary admissions to hospital*.

- *Plans must show how better information sharing between the NHS and the County Council will be introduced, including using people's NHS number as their primary identifier*.

- *Plans must set out an approach to joint care assessment and planning and show the proportion of the population who will receive such support.*

2.5 The diagram shown in Appendix 1, from the 4 April BCF Plan submission, identifies the key areas of focus in the transformation of health and social care services in Cambridgeshire. Part of the proposal to the Health and Wellbeing Board was to form a 'Cambridgeshire Executive Partnership Board' (CEPB) to oversee the delivery of change in these areas using a programme management approach. This would create a forum where stakeholders (including the voluntary sector) can ensure that the most important transformation projects in the county are aligned with each other.

3 CURRENT WORK AND NEXT STEPS

3.1 Work is currently progressing on developing an 'operating model', which sets out in practical terms how different elements of the health and social care system will relate to one anotherand the interface with services provided by the voluntary sector, District Councils and housing providers. This will bring together our ambitions across the system, and form the basis for discussion and negotiation with the new provider appointed by CPCCG in September to deliver older people's and community health services. The beginnings of a model have been developed by officers and discussed with the Health and Wellbeing Board at their development day on 11 June 2014, and will also be the subject of discussion at the Health and Wellbeing Board meeting on 10 July 2014. Following that discussion, it will be opened up to more general consultation with stakeholders. It is shown at Appendix 2.Detailed agreement about the operating model and how it will work will be reliant upon collaboration with the new provider of older people's health services appointed by the CCG in September this year. Key elements of the operating model will include:

- An aligned set of outcomes
- An agreement about how the first point of contact will work regardless of when and where it happens
- A shared 'front door' access point for people to get health and social care services (which could also include the voluntary sector)
- A shared risk stratification tool that will be used by all professional and providers working with an older person
- A clear set of recognised triggers that organisations will respond to that are a strong indicator that vulnerability has increased, so that an intelligent early response can be made by multi-disciplinary services so people are prevented from getting worse and needing more help later
- An expectation of multi-disciplinary working for health, social care and housing services, linked to a GP practice if needed
- A shared assessment process supporting that multi-disciplinary working

3.2 The operating model will provide the basis for understanding what changes need to be made to the system to achieve the ambitions set out in the BCF plan submission. This will then guide the further development of individual proposals submitted by stakeholders in the consultation described in 2.3. Commissioners in each key project area will start formal discussions with providers about changes to health and social care services in the first three years of BCF in the autumn of 2014. A communication to all stakeholders explaining this timetable has been issued.

3.3 All of the resources that will make up the BCF are currently funding existing housing, health and social care services.The funding for the BCF is drawn primarily from NHS budgets, although it is made up of some ring-fenced resources (such as Disabled Facilities Grant) and some resources that are already transferred to the local authority. The resources that form the existing transfer are currently allocated in CCC budgets for the provision of adult social care services. See paragraph 5.1 below for implications for CCC resources.CPCCG is working on a financial strategy that identifies the money to be used for BCF.

3.4 Possible representatives for the Cambridgeshire Executive Partnership Board (CEPB), an executive-level multi-agency group to oversee the practical implementation of the transformation and integration work, are now being identified. A meeting of the CEPB (as a 'shadow' board) is planned to take place before autumn 2014. Recruitment of a team to support the development of the BCF plan and wider integration work more generally is also underway. This team will initially be two officers reporting to the Head of Strategy and Partnerships in Childrens, Families and Adults Services, but the intention is to form a joint team with CPCCG and other partners as soon as possible, using funding from the BCF.

3.5 The development of a BCF plan is a complex project, because there are many dependencies and inter-relationships with other work to improve and transform health and social care. These include:

- Transforming Lives, the new approach to social work for adults and older people
- CPCCG Older People's and Community Services procurement (due to complete in September 2014), and the development of a new integrated operational model
- The development of a joint strategy for older people's services
- The review of carers' services
- The implications of the Care Act
- The statutory conditions attached to BCF
- Existing projects, such as Discharge to Assess for the Cambridge health system
- CPCCG's 2- and 5-year financial plans, required to be submitted and signed off by NHS England
- The development of BCF in Peterborough, where CPCCG is also responsible for health services

3.6 The strategy and work planned under BCF must be aligned with other strategic plans. For example, plans for acute services in Cambridgeshire are currently based on growth in activity, whereas BCF strategy is for a reduction in acute activity to fund preventative, integrated work that helps people to live independently at home. The divergence of these (and other) strategies creates tension in the health and social care system as different parts could be pulling in different directions. The role of the Health and Wellbeing Board is therefore crucial, to ensure that agencies' strategy and plans are well aligned with each other.

4 ALIGNMENT WITH CORPORATE PRIORITIES

4.1 *Developing the local economy for the benefit of all*

There are no significant implications for this priority.

4.2 *Helping people live independent and healthy lives*

The work described in the paper, to develop the BCF plan and improve the health and social care system more generally, is the practical expression of the Council's strategy to support people to live independent and healthy lives for as long as possible.

4.3 *Supporting and protecting vulnerable people*

The work to transform the health and social care system discussed in this paper is intended to result in improved support for vulnerable people to live safely and independently for as long as possible. This will be achieved by more integrated working between agencies, care and support that offers service users and patients choice and control, and a service model that facilitates support from their own community.

5 SIGNIFICANT IMPLICATIONS

5.1 *Resource Implications*

In line with the National Health Service Act 2006, under a 'Section 256 Agreement', health monies are transferred annually to local authorities to support adult social care.

CCC budgets for 2014-15 therefore anticipate the transfer of £10.7m from NHS England to fund social care activity. The transfer includes a £1.9m 'integration payment' which is part of BCF. CCC budgets for 2014-15 also anticipate the transfer of £1.3m of capital funding from health services, labelled as the 'Community capacity grant'.

In 2015-16 and onwards, these transfers will be part of the BCF pooled budget, which CCC budget planning must take account of. Paragraph 2.4 above sets out the national condition that BCF plans must protect social care services – any changes to budgets as a result of BCF plans therefore must not reduce social services (although they may be provided differently).

5.2 *Statutory, Risk and Legal Implications*

The key risk for BCF planning is that the negative impact on demand-led services as a result of disinvestment is not balanced by a positive impact from the preventative or transformed services that receive investment. This could result in the destabilisation of the whole health and social care system if resources are shifted to social and / or community services but demand remains high for acute services and social / community services do not reduce that demand. The pace of the creation of the pooled budget that is set by statutory requirements exacerbates this risk.

However, timidity in implementing BCF and associated transformation activity risks reducing the possible impact of change, increasing the likelihood of budget and demand pressures created as a result of growing demand that has not been mitigated by successful transformation of the system. The Council is working with CPCCG to strike an appropriate balance and take appropriate risks in recognition of such negative consequences of inaction.

5.3 *Equality and Diversity Implications*

There are no significant implications in this category.

5.4 *Engagement and Consultation Implications*

A stakeholder and public consultation on the vision for transformation within the BCF, and on proposals for better services, has already taken place and was reported to Cabinet on 4 March 2014 (see references in source documents below). Further consultation with stakeholders, as part of the development of a BCF plan to agree an operating model for the health and social care system, will take place in late summer / autumn of 2014.

5.5 *Public Health Implications*

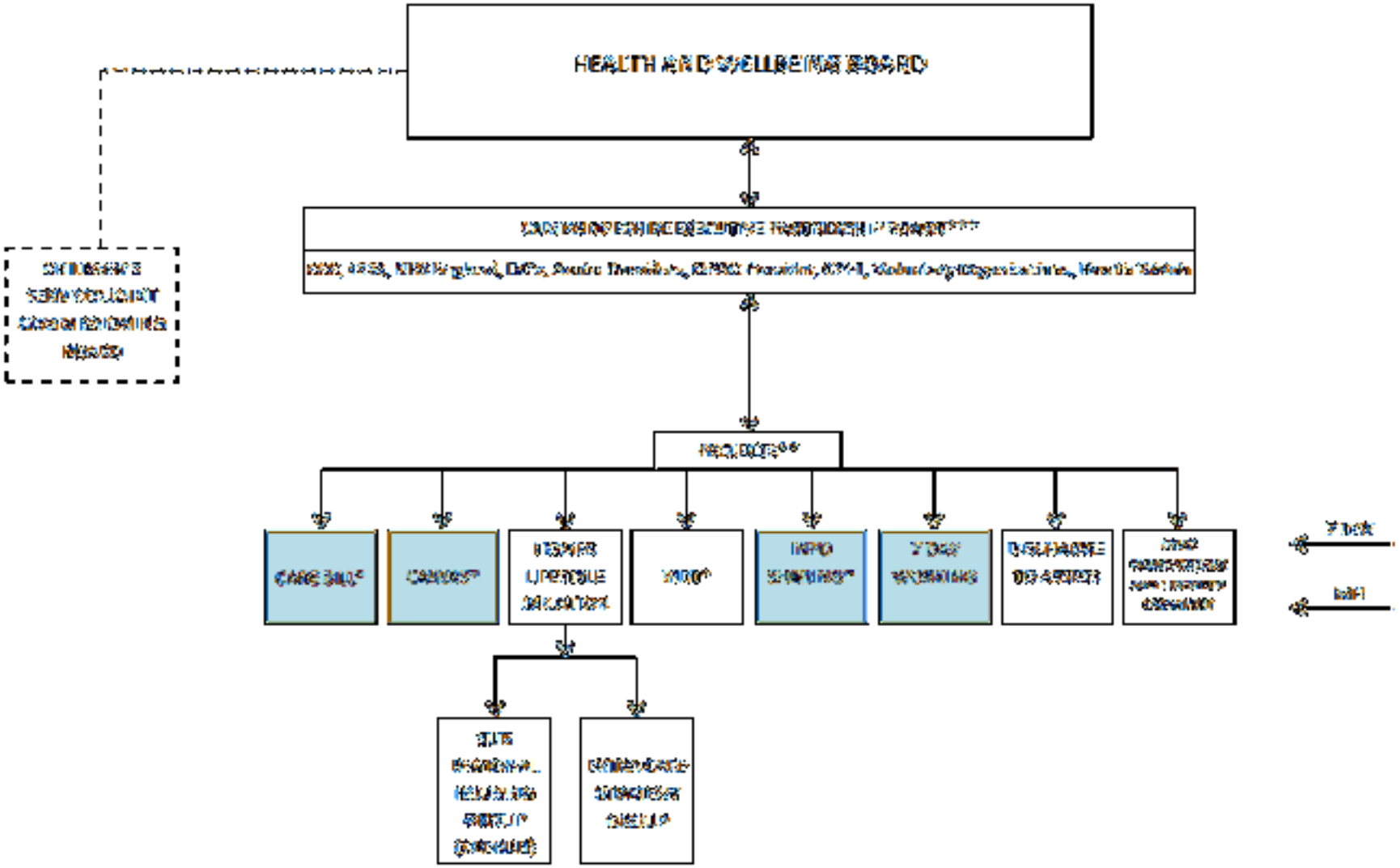
The activity that is expected to be undertaken as a result of the BCF plan is expected to improve the health of people living in Cambridgeshire so more people than currently can live independently of long-term intensive or acute health and social care services for as long as possible.

5.6 *Localism and Local Member Involvement*

The strategy and vision for BCF, approved by the Health and Wellbeing Board, is of a wide range of local community services available to help people to live independently. Work undertaken as part of BCF is expected to support this strategy.

Source Documents	Location
Vision, ambition, scope for integrated health and social care services in Cambridgeshire ***Better Care Fund proposals*** Both from Health and Wellbeing Board 13 February 2014, available from http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=9021 ***Item 3, Appendix 2 (BCF submission)*** From Health and Wellbeing Board 3 April 2014, available from http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=9566 ***Report to Cabinet 17 December 2013*** http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=7746 ***Report to Cabinet 4 March 2014*** http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=9407 ***CCC Business Plan 2014-15*** http://www.cambridgeshire.gov.uk/info/20043/finance_and_budget/90/business_plan_2014_to_2015	
Cambridgeshire BCF evaluation, April 2014	Room C0006 Castle Court Cambridge
Letter from NHS England to CCGs, reference 01685, 4 June 2014	Room C0006 Castle Court Cambridge
Communication to stakeholders re: BCF, June 2014	Room C0006 Castle Court Cambridge

Appendix 1 – Proposed governance structure (extract from 4 April submission)



Appendix 2 – draft operating model for health and social care system in Cambridgeshire