

BETTER CARE FUND 2017 - 19

<i>To:</i>	Adults Committee		
<i>Meeting Date:</i>	9 March 2017		
<i>From:</i>	Charlotte Black Service Director: Older People's Services and Mental Health		
<i>Electoral division(s):</i>	<i>all</i>		
<i>Forward Plan ref:</i>	N/A	<i>Key decision:</i>	No
<i>Purpose:</i>	To invite Adults Committee's comments and views on the approach to Better Care Fund Planning for 2017-19		
<i>Recommendation:</i>	Adults Committee is recommended to: a) Note the update contained within the report b) Comment on the verbal update on the BCF Plan to be provided at the meeting, and agree how Adults Committee would like to be further engaged in the planning process for 2017/19		

Officer contact:

Name:	Geoff Hinkins
Post:	Transformation Manager
Email:	geoff.hinkins@cambridgeshire.gov.uk
Tel:	01223 699679

1.0 BACKGROUND

- 1.1 The Better Care Fund (BCF) creates a pooled budget in each Health and Wellbeing Board area, intended to assist health and social care services work more closely together. In 2016/17, Cambridgeshire's BCF budget is £48,464k. This was formed through a reorganisation of existing funding used to provide health, social care and housing services across the county. In April 2017, Cambridgeshire will be required to submit a new, jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019).
- 1.2 The Cambridgeshire Health and Wellbeing Board is responsible for signing off Cambridgeshire's BCF Plan, although plans must be 'jointly agreed' by the Local Authority and Cambridgeshire and Peterborough Clinical Commissioning Group. The final plan for 2017-19 will be taken for approval to the Cambridgeshire Health and Wellbeing Board on 30 March 2017.

2.0 BCF ACTIVITY AND PERFORMANCE 2016/17

- 2.1 Cambridgeshire's 2016/17 BCF Plan was approved by NHS England in August 2016. The majority of the fund is used to provide existing services, which have been aligned to support joint planning and monitoring of activity and outcomes. Alongside existing service spending, £1,702k was made available to support a range of transformation projects which would support us in delivering against the BCF key performance indicators, which are:
- A reduction in non elective admissions to acute hospital
 - A reduction in admissions to long-term residential and nursing care homes
 - An increase in the effectiveness of reablement services
 - A reduction in Delayed Transfers of Care (DTC) from hospital
 - A reduction in the proportion of adults receiving long-term social care
 - Maintained patient satisfaction with local NHS services
- 2.2 BCF funded activity has significantly progressed a number of initiatives across the local system in 2016/17, including:
- **Neighbourhood Teams:** Four 'Trailblazer' pilot sites have been refining the multi-disciplinary team (MDT) proactive case management model. These sites have seen joint work in MDTs across health, social care and the voluntary sector; lessons are now being rolled out to other neighbourhood teams. Further work is being undertaken to develop patient pathways and training plans for the consistent use of the Rockwood Frailty Tool across the system.
 - **Data Sharing:** This project is supporting the development of an approach to 'pseudonymisation' of patient data to support the case finding process; a proof of concept technical solution has been developed; the first data has been transferred. Once complete this work will support easier matching of records between health and social care to identify vulnerable people, with appropriate information safeguards in place.
 - **Falls prevention:** A joint falls pathway has been developed and work to implement the pathway is ongoing. A pilot project has been operating since July in St Ives; learning from the evaluation will be rolled out across Peterborough and Cambridgeshire.
 - **Care Home Support Team:** Support workers have been recruited to work with care homes in order to reduce inappropriate referrals to hospital. Regular professional breakfast meetings have been booked in each locality – Cambridge, Peterborough &

Huntingdonshire.

- **Intermediate Care Teams:** Integrated Care Workers continue to be recruited across the system to provide care for people with health needs, in order to support earlier discharge from, or prevent unnecessarily prolonged stays in hospital as well as supporting early discharge from community hospital rehabilitation units.
- **Protection of social care:** The BCF has continued to provide vital support to social care services including reablement, domiciliary care and residential and nursing care. BCF funding has also supported the development of Cambridgeshire County Council's Adult Early Help Service.
- **Disabled Facilities Grant (DFG) review:** a review of the countywide approach to DFG, in order to provide a better service and release savings by providing support earlier and encouraging people to consider whether the accommodation they are living in will be suitable for them longer term.

2.3 Despite this activity, performance in many of the metrics contained within the BCF continues to be worse than target. The most recent performance update was submitted to NHS England at the end of Quarter 2. Performance on non elective admissions was 5.7% worse than planned; DTOC performance was also worse than planned. Against the target of 1,203 bed days per 100,000 population, the target has not been achieved with an increase from 1,494 bed day delays per 100,000 population in Quarter 1 to 1,531 in Quarter 2. This trend has continued during Quarter 3 and it is expected that activity will remain worse than plan during the final quarter of the year. Whilst at the end of Quarter 2 the social care indicators were on track, significant pressure during Quarter 3 has increased the risk associated with social care indicators.

2.4 To mitigate this in the final quarter of the year, the County Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) have together reviewed use of the transformation funding within the BCF. Uncommitted funding within the budget is being used to support initiatives that will have an impact on these performance metrics within Quarter 4, with a particular focus on improving performance on Delayed Transfers of Care and reducing non elective admissions to hospital. Investments have been agreed in reablement capacity; voluntary sector involvement in case management; bed-based intermediate care provision; and initiatives to increase capacity in the domiciliary care and residential care sectors. These investments should help to mitigate against the increased demand currently being experienced across the local system.

2.5 However, it is important to note that success in these indicators is reliant on a significantly wider range of factors than activity contained within the BCF Plan. Even with the additional activity described above, it is likely that overall performance will continue to be worse than target. Whilst BCF funded activity will have successfully had an impact on preventing non elective admissions and reducing DTOCs, this has not been sufficient to mitigate all underlying demand and increased pressures across the system. This highlights the challenge of maintaining the BCF as a separate programme of activity in delivering reductions in these indicators. In considering principles for future BCF planning, officers propose that BCF activity surrounding these areas should be more closely integrated into wider health system transformation accordingly.

3.0 BETTER CARE FUND PLAN 2017-19

3.1 It was intended to bring a draft BCF Plan to this meeting of the Adults Committee. However at the time of writing, the BCF Guidance and funding allocations, originally intended for publication in November 2016, were not yet published. However, some detail has been released from the draft guidance:

- The plan will cover a period of two years - 2017/18 and 2018/19.

- An uplift in funding will be included in the CCG minimum contribution. A new 'improved' BCF settlement will also see additional funding allocated to local authorities directly from central government, from 2017/18 in some areas and from 2018/19 in Cambridgeshire.
- The national conditions have been reduced to three: plans must be jointly agreed; a real terms increase in social care funding is required; and there is a requirement to invest in NHS-commissioned out of hospital services. However, areas are required to discuss their approach to meeting previous national conditions.

3.2 Since agreement of 2016/17 BCF plans, the local system has collectively signed up to a Sustainability and Transformation Plan (STP), with new governance arrangements for health and social care services across Cambridgeshire and Peterborough. This, combined with closer working between local public sector organisations, offers an opportunity to review the local approach to BCF. At its meeting on 19 January, Cambridgeshire Health and Wellbeing Board agreed:

- **Greater alignment of BCF activity with the STP and local authority transformation plans.** Given the fact that many BCF performance targets are dependent on activity across the STP Delivery Boards, further alignment is necessary. The BCF will shift to commissioning activity either from the STP or local authority transformation programmes as appropriate, to reduce duplication and ensure that all partners can be engaged with the correct pieces of work.
- **Greater alignment of Cambridgeshire and Peterborough BCF Plans.** BCF transformation activity has always been aligned between Cambridgeshire and Peterborough; but as most health and social care service transformation activity is now system wide, further alignment is agreed, with a single set of investments across the two BCF Plans. Separate BCF budgets will be maintained in line with statutory requirements.
- **A single commissioning Board for Cambridgeshire and Peterborough.** Previously, Cambridgeshire and Peterborough had two separate boards overseeing BCF activity. To support more effective joint commissioning, it has been agreed that these will be replaced by a single board across Cambridgeshire and Peterborough.

3.3 A verbal update will be provided at the meeting on progress in developing the plan, if the guidance has been released. Adults Committee may wish to have further opportunities to comment on and influence the scope and direction of the 2017-19 plan; Adults Committee are invited to comment on how they would wish to be involved.

4.0 ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

4.1.1 There are no significant implications for this priority.

4.2 Helping people live healthy and independent lives

4.2.1 The overall approach described in Cambridgeshire's BCF Plan is to promote a shift in how support is provided – towards support that is focused on promoting people's independence and keeping them well. This mirrors the Council's own Transforming Lives approach to social work. The transformation activity described in our BCF Plan will make a strong contribution to this priority.

4.3 Supporting and protecting vulnerable people

4.3.1 BCF budgets encompass a range of social care services and support that are designed

to support and protect vulnerable people. Promoting more joined up care for residents across social care and health also presents opportunities to better support residents receiving care from a variety of different services.

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

5.1.1 The BCF encompasses a small but significant and gradually increasing proportion of adult social care budgets. Decisions on allocation and use of these resources remains with the County Council; however resources will be best used across the health and care system if planning is carried out jointly across health and social care. Similarly, the BCF enables the County Council greater insight into linked CCG spending. Work is currently underway to agree how to align BCF work with the NHS Sustainability and Transformation Plan and associated governance. Business cases have also been developed to underpin the areas where BCF investment has been identified which set out the opportunities and expectations about delivery of savings and transformation in line with CCC's approach.

5.2 Statutory, Legal and Risk

5.2.1 The BCF includes budgets that meet the Council's statutory duties relating to the provision of social care services; the Council retains responsibility for the provision of those services and for ensuring that it meets its statutory duties. A pooled budget for the BCF is created under a partnership agreement; this has been designed in such a way as to minimise risk to both parties. The partnership agreement has been developed in consultation with local authority lawyers and finance services.

5.3 Equality and Diversity

5.3.1 There are no significant implications within this category.

5.4 Engagement and Communications

5.4.1 There are no significant implications within this category.

5.5 Localism and Local Member Involvement

5.5.1 There are no significant implications within this category.

5.6 Public Health

5.6.1 The BCF aims to ensure better coordination of services across the health and adult social care system with a focus on prevention, health promotion and empowerment and understanding the needs of local populations, keeping people well and healthy and in the community as long as possible.

5.6.2 The BCF will seek to reduce health inequalities evident across Cambridgeshire and Peterborough by using a proportionate universalism approach. Resources will be invested across the area with a scale and intensity proportionate to the level of disadvantage, where possible.

5.6.3 The BCF will impact on key health and wellbeing needs identified in a range of Cambridgeshire JSNAs, including the Primary Prevention of Ill Health in Older People JSNA 2014 and Prevention of ill health in Older People (2013).

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: T Kelly
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Lynne Owen
Are there any Equality and Diversity implications?	Yes Name of Officer: CFA Service Director
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	Yes Name of Officer: CFA Service Director
Have any Public Health implications been cleared by Public Health	Yes Name of Officer Tess Campbell

SOURCE DOCUMENTS

Source Documents	Location
2017-19 BCF Guidance	Not yet published