

**BETTER CARE FUND 2016/17**

*To:* **Adults Committee**

*Meeting Date:* **15 September 2016**

*From:* **Adrian Loades**  
**Executive Director: Children, Families and Adults Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**      *Key decision:* **No**

*Purpose:* **To provide an update on progress against the Better Care Fund (BCF) Plan for 2016/17**

*Recommendation:* **The Committee is asked to note the update on the BCF.**

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## 1.0 BACKGROUND

- 1.1 The Better Care Fund (BCF) creates a joint budget intended to help health and social care services work more closely together; establishing a BCF is compulsory for each Health and Wellbeing Board area. The first year of operation for the BCF was 2015/16 and in Cambridgeshire the BCF totalled £37.7 million. The BCF was formed through a reorganisation of existing funding already used to provide health, social care and housing services across the county. No new funding was provided to create the BCF.

## 2.0 MAIN ISSUES

- 2.1 Cambridgeshire's Better Care Fund Plan for 2016/17 was submitted on 4 May 2016. The plan has a wider scope than the 2015/16 plan, and both the Council and Clinical Commissioning Group (CCG) have included additional spending in the overall BCF budget to bring the total up to £48,464k:

	<b>CCG (k)</b>	<b>County Council (k)</b>	<b>Other (k)</b>	<b>TOTAL (k)</b>
Revenue	£41,310	£1,352	£764	<b>£43,426</b>
Capital		£5,038		<b>£5,038</b>
<b>TOTAL</b>	<b>£41,310</b>	<b>£6,390</b>	<b>£764</b>	<b>£48,464</b>

'Other' line relates to project funding carried forward from 2015/16. Figures have been rounded.

- 2.2 On 22 August, the Council received confirmation from NHS England that our Better Care Fund Plan has been 'assured'. This means that the plan has approval from national Government. The Council and CCG are now finalising the partnership agreement to allow the pooled budget to be established. The delay in approval of Cambridgeshire's plan followed discussions at a national level about the proportion of BCF funding that was allocated to social care in each local area's BCF budget.

- 2.3 As the BCF does not contain any new investment, a significant proportion of the fund will continue to support existing services. However, this year we have attempted to bring service budgets into the BCF where a clear benefit could be realised through aligning service budgets in health and social care. This is intended to support joint planning and monitoring of activity and outcomes in key areas across the health and care system. The BCF activity areas are described in Appendix A, together with the amount allocated. Alongside existing service spending, we are also investing in key transformation projects to support the shift that we want to see away from long-term and acute care towards care that is increasingly personalised and provided to people in their homes and communities.

- 2.4 Some of the key transformation projects include:

### 2.4.1 Intermediate Care Teams (non-bed based provision)

The BCF will make an investment in the intermediate tier of £650k to recruit new Integrated Care Workers (ICW). The aim is that there will be co-ordination, co-location, and co-operation between re-ablement, rehabilitation, neighbourhood teams, the Joint Emergency Team (JET), primary care, housing and the voluntary sector to make best use of the total

resources available. This funding provides for the recruitment of the integrated care workers, who will work alongside intermediate care and reablement teams, providing personal care and supporting people with daily living activities whilst liaising with therapists and clinicians. Some ICWs are now in post in the Greater Cambridge area; discussions are ongoing about the most effective deployment of this resource across the Cambridgeshire area and how to phase the full roll-out of this work. This will form part of a wider piece of work to develop and agree an integrated pathway for the intermediate tier.

#### 2.4.2 Developing Social Prescribing

Funding of £100k will be made available to support the development of a service model for social prescribing. Social prescribing aims to increase the capacity of GPs, community health and Local Authorities by linking patients in primary care with sources of social, therapeutic and practical support in the voluntary and community sector. A Business Case has been commissioned with a pilot to commence in the Autumn.

#### 2.4.3 Healthy Ageing and Prevention

The Healthy Ageing and Prevention Project will establish and implement preventative approaches that prevent or delay the need for more intensive health (specifically admissions and re-admissions to hospital) and social care services, or proactively promote the independence of older people and engagement with the community. Four workstreams have been established, focusing on falls prevention; support for dementia; continence; and approaches to 'wellbeing' with the voluntary sector. Within the programme, £42.5k of BCF funding is being used to support a pilot project in St Ives, to ensure implementation of NICE guidelines for falls and improve joined up working between different community teams. The pilot includes approaches to case identification; multifactorial falls risk assessment; and linking people to appropriate falls prevention provision in the community. Lessons from the pilot will be used to establish approaches that it is intended will reduce the number of falls in the community across Cambridgeshire following evaluation.

#### 2.4.4 Data Sharing

Data Sharing has long been highlighted as a challenge in providing integrated care. The focus of this work in 2016/17 is to support the joint priorities for delivery contained within the BCF Plan. In particular, we will focus on enabling data sharing in 'trailblazer' neighbourhood teams, who are trialling new ways of working across the county - ensuring that professionals can access each other's systems as appropriate. This includes promoting early sharing of information about people whose needs are increasing; and developing an approach to information governance that supports the above priorities. £200k of BCF investment has been agreed to support development of the project in 2016/17.

#### 2.4.5 Older People's Accommodation Review

Our Older People's Accommodation Programme brings together partners from across the system to co-ordinate health, housing and social care agencies so our work supports older people's access to accommodation that

they want to live in, enabling them to remain independent within their community wherever possible. The programme will be supported in order to make use of specialist technical expertise during 2016/17 to inform planning for future accommodation needs. £50k of BCF investment is available to support this work during 2016/17. In particular, this is supporting a review of the countywide approach to Disabled Facilities Grant (DFG) – aiming 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.

#### **2.4.6 Seven Day Services**

Seven day services remains a requirement for the BCF and action plans have been developed for both the Addenbrooke's and Hinchingsbrooke catchment areas. There is no explicit budget within the BCF for seven day services; it is anticipated that each organisation will meet its own costs. These action plans had been developed and monitored by 'System Resilience Groups' (SRGs) (groups responsible for planning and delivery of local services in each hospital catchment area). However, a recent national review of SRGs has led to a change of focus; officers are in discussions about the appropriate forum for taking this forward.

#### **2.4.7 Care Home Educators**

The BCF has provided resource to recruit Care Home Educators. The roles support medication reviews, improved care quality to reduce incidences of pressure sores, deep vein thrombosis (DVT), urinary tract infection (UTI), and falls. Care homes have a significant part to play in reducing UTIs and ensuring good catheter care for patients at risk of UTIs. The care home educators will support a system wide approach to reduce the number of hospital admissions relating to urinary tract infection (UTI) or blocked catheters from care homes. Investment of £113.5k has been agreed from the BCF transformation fund to support this work.

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

#### **3.2 Helping people live healthy and independent lives**

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.

#### **3.3 Supporting and protecting vulnerable people**

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.

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

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.

### **4.2 Statutory, Risk and Legal Implications**

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.

### **4.3 Equality and Diversity Implications**

There are no significant implications within this category

### **4.4 Engagement and Consultation Implications**

There are no significant implications within this category.

### **4.5 Localism and Local Member Involvement**

There are no significant implications within this category.

### **4.6 Public Health Implications**

Better coordination of services across the health and adult social care system with 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.

## **SOURCE DOCUMENTS**

<b>Source Documents</b>	<b>Location</b>
<i>Cambridgeshire Better Care Fund Plan</i>	2 <sup>nd</sup> Floor Octagon, Shire Hall

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Cleared by Tom Kelly
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	Cleared by Suzy Edge
<b>Are there any Equality and Diversity implications?</b>	Cleared by Charlotte Black
<b>Have any engagement and communication implications been cleared by Communications?</b>	Cleared by Simon Cobby
<b>Are there any Localism and Local Member involvement issues?</b>	Cleared by Charlotte Black
<b>Have any Public Health implications been cleared by Public Health</b>	Cleared by Angelique Mavrodaris

BCF BUDGET SERVICE AREAS

SERVICE AREA	AMOUNT*
Promoting independence: A wide range of services that provide support to people to enable them to remain living independently in their own homes. Services include the Integrated Community Equipment Service; Handyperson scheme; Home Improvement Agency; Assistive Technology and provision of the Disabled Facilities Grant	£9,343k
Intermediate Care and Re-ablement (bed and non-bed based): Short term interventions in both health and social care which support people to retain or regain their independence	£12,832k
Neighbourhood Teams: Neighbourhood teams are integrated community-based physical and mental health care teams for over 65-year olds and adults requiring community services. They work closely with GPs, primary care, social care and the third and independent sector to provide joined-up responsive, expert care and treatment	£17,049k
Carers support: Advice, information and direct support for carers	£1,850k
Voluntary sector joint commissioning: A variety of contracts held with the voluntary sector that support our goals	£2,902k
Discharge Planning and Delayed Transfers Of Care (DTOCs): Services that promote effective and timely discharge from hospitals back into the community	£1,900k
Transformation team: Investment in transformation capacity to support the transformation projects contained within the BCF plan	£300k
Transformation projects: Investment in a range of transformation projects that will support our goals	£1,402k

\* Figures have been rounded