

Data Submission Period:

Q4 2014/15

**National Conditions**

The Spending Round established six national conditions for access to the Fund.  
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.  
Further details on the conditions are specified below.  
If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	Some changes to services are being made at present, however a larger project has been established to scope further 7 day working and out of hours working more generally. Workshops have taken place with representatives from all parts of the system. There are also links with the work of the System Resilience groups and on the Eight High Impact Changes which are also sighted on the seven day working.
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	The NHS number is present for the vast majority of social care service users, but is not yet the primary identifier on our social care system.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	No - In Progress	This is being scoped as part of our Data Sharing work.
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	This is being developed within each organisation and considered together as part of our Data Sharing work.
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	Some joint assessments and care planning are now taking place. Funding is not yet used for integrated packages of care. The number of joint assessments and care plans will increase with the expansion of care planning through Integrated Neighbourhood Teams during this financial year, led by Cambridgeshire's Lead Provider, UnitingCare.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	This was agreed during development of our BCF submission and continues to be discussed through our partnership board.

**National conditions - Guidance**

The Spending Round established six national conditions for access to the Fund:

**1) Plans to be jointly agreed**

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

**2) Protection for social care services (not spending)**

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf)

**3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends**

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

**4) Better data sharing between health and social care, based on the NHS number**

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

**5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional**

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

**6) Agreement on the consequential impact of changes in the acute sector**

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Cambridgeshire

Data Submission Period:

Q4 2014/15

Narrative

remaining characters

28,479

**Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.**

Non-elective admissions

The original BCF activity submissions were based on 2014/15 planned activity levels with a 1% reduction. These have now been updated and are based on 2014/15 actual outturn. This has been validated by the CCG Business Intelligence Team. The 1% reduction has now been applied to these figures and will form the basis of the monitoring of the BCF performance element.

Older People and Adult Community Services Contract

Up until March 2015 there was a significant amount of work preparing the contract and with Monitor in order to ensure everything was in place for the new service provider (UnitingCare) to commence the Older People and Adult Community Services (OPACS) contract. Service delivery under OPACS commenced on 1 April 2015. This contract forms a major part of our BCF plan+B20s. This is an outcomes based contract and two of its aims are to reduce non-elective hospital admissions and length of stay for people aged 65 years and over and for adults with long term conditions. The focus will increasingly be on care provision closer to home rather than the traditional reliance on secondary care. To achieve this there will be significant joint working across the health system, local authorities and the voluntary sector. A further update on progress in the first quarter will be provided during next quarter's submission.

There is continued good alignment between Peterborough and Cambridgeshire BCF plans to ensure alignment across the CCG area, and joint work has commenced to develop our BCF projects. These are:

- Data sharing: to 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.
- 7-day working: to expand 7 day and out of hours working to ensure a safe, effective and caring response is available 24 hours a day, seven days a week, to prevent avoidable admissions and promote discharge from hospital
- Information, communication and advice – to develop and deliver high quality sources of information and advice based on individuals' needs as opposed to organisational boundaries. This will include an agreed principle of 'no wrong front door', building on good work already underway in Peterborough and Cambridgeshire
- Person centred system - to enhance and improve person centred care across the entire system, ensuring that care and support is planned and co-ordinated by Integrated Care Teams; establishing a process for joint assessments with an accountable lead professional; and that an integrated approach to identifying risk is established across different sectors.
- Ageing Healthily and Prevention - to develop community based preventative services to support and enable older people in particular to enjoy long and healthy lives and feel safe within their communities. This work is to be led by Public Health in Cambridgeshire and Peterborough.

Initiation workshops have been held for all projects and were jointly hosted between the CCG, Peterborough City Council and Cambridgeshire County Council. Workshop attendees included representation from existing and potential delivery partners, including the voluntary sector and, where appropriate, patient and carer groups.

From January - March the Section 75 Agreement was developed, approved and signed off by April.

Governance and organisational structures were reviewed and amended, as appropriate, to ensure BCF activity and expenditure is effectively managed and resourced.

In the first quarter of 15/16, work is being undertaken to ensure there are strong links between the BCF projects and the work of the System

Resilience Groups (SRGs) and the outcomes of the 'Breaking the Cycle' weeks held in each acute provider area, in order to ensure triangulation of joint working across the system.