

CAMBRIDGESHIRE BETTER CARE FUND PLANNING 2017 - 19

To: Health and Wellbeing Board

Meeting Date: 19 January 2017

**From: Charlotte Black, Service Director: Older People's Services and Mental Health, Cambridgeshire County Council
Cath Mitchell, Acting Director of Primary Care and Integration, Cambridgeshire and Peterborough CCG**

Recommendations: The Health and Wellbeing Board is asked to:

1. Comment on and agree the proposals set out at 4.2 to inform the development of the Better Care Fund Plan for 2017-19; and
2. Agree to receive a more detailed performance update alongside a draft Better Care Fund plan at its meeting in March 2017.

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1. PURPOSE

1.1 The purpose of this paper is to:

- Provide a brief overview of progress in delivery of the Cambridgeshire Better Care Fund (BCF) Plan in 2016/17; and
- Seek guidance on Cambridgeshire's approach to the Better Care Fund, including further joint work with Peterborough City Council, to inform development of the BCF plan for 2017 – 19.

2 BACKGROUND

2.1 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).

2.2 The Health and Wellbeing Board is required to agree the Better Care Fund plan for Cambridgeshire. Guidance and timescales for the BCF have not yet been published; a verbal update will be provided at the meeting.

3. BCF ACTIVITY AND PERFORMANCE 2016/17

3.1 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. These BCF activity areas are described in Appendix A. 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 re-ablement 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

3.2 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.
- **Joint Approach to Wellbeing:** Health and Local Authority commissioners are considering joint approaches to commissioning a system-wide approach to community resilience building & wellbeing services to improve outcomes and maximise use of existing investments. As part of this it has been agreed to establish a single wellbeing network across Peterborough and Cambridgeshire, which will offer individuals who are vulnerable - or are in the early stages of needing help - to access appropriate support from across the voluntary and community sector. In addition, approaches to developing social prescribing models are also being explored.
- **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.

3.3 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 Q1 to 1,531 in Q2. 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.

3.4 To mitigate this in the final quarter of the year, the County Council and CCG have together reviewed use of the transformation funding within the BCF. Uncommitted funding within the budget is to be 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.

- 3.5 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 (see paragraph 4.2 below).
- 3.6 By the date of the next Health and Wellbeing Board meeting in March, provisional year end data will be available, along with early evaluation of the measures outlined above. It is proposed that a more detailed report on performance, including the specific impact of BCF initiatives, be presented to the next Health and Wellbeing Board to inform discussion of the draft BCF Plan for 2017-19.

4 PLANNING FOR BCF 2017 – 19

- 4.1 At the time of writing, BCF guidance and funding allocations for 2017/18 and beyond have not yet been published. They are expected in January 2017 (delayed from 18 November); if they have been received by the date of the meeting, a verbal update will be provided. From information released to date, the following changes are expected:
- The policy framework and guidance will be wider in scope than purely BCF and will incorporate the wider integration agenda.
 - The plan will cover a period of two years - 2017/18 and 2018/19.
 - An uplift in funding is expected 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 (Peterborough) and 2018/19 (Cambridgeshire)
 - The national conditions will be reduced to three: plans must be jointly agreed; a real terms increase in social care funding will be required; and a requirement to invest in NHS-commissioned out of hospital services. However, areas will likely still be required to discuss their approach to meeting previous national conditions.
- 4.2 Since the agreement of 2016/17 BCF plans, the local system has collectively signed up to a Sustainability and Transformation Plan (STP), and new governance arrangements have been established covering health and social care services across the Cambridgeshire and Peterborough CCG area. Over the same period there has been a significant increase in joint working between local public sector organisations in Cambridgeshire and Peterborough through the development of proposals for local devolution. These developments offer an opportunity to review the local approach to

Better Care Fund plans to reduce the risk of duplication and improve the chance of success. The following proposals are presented for discussion by the Health and Wellbeing Board:

- **Greater alignment of BCF activity with the STP and local authority transformation plans.** In its first two years, the BCF has maintained a separate project structure for many of its transformation projects. Given the fact that many BCF performance targets are dependent on activity across the STP Delivery Boards, further alignment is necessary. It is proposed that the BCF should shift to commissioning activity either from the HCE/ 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. The BCF plan would describe activity to be commissioned, and responsibility for implementation would be passed to the most appropriate group. It would include specific targets in relation to performance indicators for BCF-commissioned activity as well as clarity on the primary governance.
- **Greater alignment of Cambridgeshire and Peterborough BCF Plans.** BCF transformation activity has always been aligned to some extent between Cambridgeshire and Peterborough. As most health and social care service transformation activity is now system wide, it is proposed that there should be further alignment of the two plans, with a single set of activity and common budget categories across the two areas. Separate BCF budgets would still be maintained in line with statutory requirements, and each Health and Wellbeing Board would still be responsible for agreeing plans.
- **A single commissioning Board for Cambridgeshire and Peterborough.** At present there are two separate boards in Cambridgeshire and Peterborough overseeing BCF activity – the Cambridgeshire BCF Delivery Board and Greater Peterborough Area Executive Partnership Commissioning Board. To support more effective joint commissioning it is proposed that these are replaced by a single board across Cambridgeshire and Peterborough. This would support a more joined up approach to planning and allow a more coordinated approach between the two areas and enable streamlined reporting into the two Health and Wellbeing Boards.

4.3 Whilst the submission dates for the next BCF Plan have not yet been published, it is anticipated that the Health and Wellbeing Board will have the opportunity to discuss the draft BCF Plan at its meeting in March, before a final submission to NHS England.

5 RECOMMENDATIONS

5.1 The Health and Wellbeing Board is asked:

- To comment on and agree the proposals set out at 4.2 to inform the development of the Better Care Fund Plan for 2017-19; and
- To agree to receive a more detailed performance update alongside a draft Better Care Fund plan at its meeting in March 2017.

5 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

5.1 The BCF is relevant to priorities 2, 3, 4 and 6 of the Health and Wellbeing Strategy:

- Priority 2: Support older people to be independent, safe and well.

- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 6: Work together effectively.

Source Documents	Location
Cambridgeshire BCF Plan 2016/17	Available online: https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/24/Committee/12/Default.aspx

APPENDIX A – LIST OF CAMBRIDGESHIRE BCF SPENDING CATEGORIES

Scheme Name	2016/17 Amount	Description
Promoting Independence	£9,343,206	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; Handy person scheme; Home Improvement Agency; Assistive Technology and provision of the Disabled Facilities Grant.
Reablement services - Intermediate Care and Reablement	£12,832,000	Short term interventions in both health and social care which support people to retain or regain their independence
Neighbourhood Teams	£17,049,000	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.
Carer Support	£1,850,000	Advice, information and direct support for carers
VCS Commissioning	£2,952,408	A variety of contracts held with the voluntary sector that support our goals
Discharge Planning and DTOCS	£1,900,000	Services that promote effective and timely discharge from hospitals back into the community
Transformation projects	£1,702,000	Investment in transformation projects to support BCF objectives
Funding for Risk Share	£836,000	Risk share funding
TOTAL BCF VALUE	£48,464,614	