

BETTER CARE FUND UPDATE

To: Health and Wellbeing Board

Date: 30 April 2015

From: Adrian Loades, Executive Director: Children Families and Adults,
Cambridgeshire County Council
Andy Vowles, Chief Strategy Officer, Cambridgeshire and Peterborough Clinical
Commissioning Group

1.0 PURPOSE

- 1.1 To provide an update on the approval of Cambridgeshire's Better Care Fund (BCF) plan, and update on the formal partnership and monitoring arrangements for the BCF
- 1.2 To provide an update on the Cambridgeshire Executive Partnership Board (CEPB) projects
- 1.3 To discuss the creation of the 'Ideas Bank' for pilot proposals that will have an impact on the BCF outcomes.

2.0 BETTER CARE FUND (BCF) APPROVAL AND PARTNERSHIP ARRANGEMENTS

- 2.1 As previously reported, Cambridgeshire's Better Care Fund (BCF) has created a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together in the county. The BCF was announced in June 2013 and established in April 2015. The £37.7 million budget is not new money; it is a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) and the County Council to provide health and social care services in the county. In order to receive approval for the BCF, Cambridgeshire had to show how it would meet a number of statutory conditions, including the protection of social care services; a reduction in non-elective admissions to hospital; greater seven day working across health and social care services to support discharge; and support for information sharing between social care and health to improve coordination of people's care.
- 2.2 On 6 February 2015, NHS England wrote to the Chair of the Health and Wellbeing Board to inform partners that Cambridgeshire's Better Care Fund plan, submitted to Government on 9 January, had been approved. The letter noted that 'it is clear that your team and partners have worked very hard over the last few months, making valuable changes to your plan in order to improve people's care... your plan is strong and robust and we have every confidence that you will be able to deliver against it.' Approval of the plan follows intensive work by colleagues from across a range of organisations in the local health and wellbeing system.

- 2.3 In order to ensure adequate joint governance of the budgets to be included in the BCF, the BCF allocation will be placed into a pooled fund under section 75 of the NHS Act 2006, which makes arrangements for the sharing of funding between health organisations and local authorities. A section 75 has been agreed and signed by representatives of both the County Council and Clinical Commissioning Group; this is attached for information at Appendix A. Development of the section 75 has been informed by the CCG's internal auditors to ensure appropriate governance and accountability.
- 2.4 The table detailing how the BCF budget will be used in Cambridgeshire is set out at page 21. As the Better Care Fund is not new money, many of the budgets incorporated into the BCF were already committed to other initiatives, including the CCG's Older People and Adult Community Services (OPACS) contract; the existing section 256 transfer of funding from NHS England to Cambridgeshire County Council and the requirement to meet the new statutory requirements set out in the Care Act. As a result, the funding for the projects described above is limited. However, the initiatives will support the health and wellbeing system in continuing to meet people's health and social care needs whilst the Cambridgeshire Executive Partnership Board (CEPB) programme continues to be designed and implementation begins. This reflects a cautious and balanced approach to finance in the local system agreed between the County Council and CCG. The intention is that as initiatives already underway support a shift in resource from intensive, long-term or emergency support towards more preventative approaches, this will release more resource to increase the speed of transformation in the medium term. However, it must be noted that this shift will be exceptionally challenging and has not been seen before.
- 2.5 At its meeting in January, the Health and Wellbeing Board agreed that the CEPB should serve as a forum for monitoring the use of the Better Care Fund, including the Section 75 agreement, reporting to the Board regularly on progress and escalating any concerns. The CEPB was established by the Health and Wellbeing Board in 2014 to provide whole system leadership and coordinated multi-agency oversight of service transformation for older people and vulnerable adults in Cambridgeshire. The board has representation from organisations across the local health and wellbeing system, including from the County Council, District Councils, CCG, Local Commissioning Groups, community and acute health providers, Healthwatch Cambridgeshire, and the voluntary sector. CEPB has served as the primary partnership board for officer discussions across our organisations on the Better Care Fund.
- 2.6 Alongside this additional role for the CEPB, discussions are ongoing between partners across the system about governance arrangements and partnership boards across both Cambridgeshire and Peterborough, through a series of 'system transformation' workshops. This follows agreement at the Health and Wellbeing Board in December to align work programmes between Cambridgeshire and Peterborough where possible. An updated Terms of Reference document will be brought to a future Health and Wellbeing Board meeting.

3.0 UPDATE ON THE CEPB PROJECTS

- 3.1 As part of the BCF Planning Process, a set of five projects were developed, to be taken forward as part of the work funded by the BCF. These project areas were aligned between Cambridgeshire and Peterborough. The five projects are:

Project 1: Data Sharing

The Data Sharing Project will 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. It is a critical element of the overall transformation programme in Cambridgeshire because the delivery of all other schemes will rely at least in part on effective and secure data sharing mechanisms being in place, particularly the Person-Centred Care project and the UnitingCare delivery model and solution.

Project 2: 7 Day Working

The 7 Day Working project aims to expand 7 day working to ensure discharge planning is undertaken according to patient need, not organisational availability. When patients are in hospital, intensive case management needs to occur in order to expedite appropriate discharge. This requires the whole team, with good leadership, to be proactive in each of the assessment and treatment steps required, undertaking parallel rather than sequential action where required. There is evidence of this occurring elsewhere - e.g. Warwickshire where the NHS, Social Services and hospital work closely together with positive outcomes. Our approach will include expansion of a range of services involved in the hospital discharge process. These include health, social care and the residential and nursing home sector. This will directly contribute to admission avoidance and align with a significant number of the OPACS outcomes.

Project 3: Person Centred System

The Person Centred System Project aims to enhance and improve person centred care across the entire system. This is will be achieved by ensuring that care and support is planned and co-ordinated by multi-disciplinary teams of professionals (Integrated Care Teams) that identify individuals who may be at risk of becoming frail or requiring high cost services in the future. In addition, the Integrated Neighbourhood Teams will identify gaps in service and facilitate the delivery of flexible, co-ordinated and creative long term support for those at high risk of needing hospital admission or long term intensive interventions to enable them to remain within their communities wherever possible. Each of these vulnerable or 'high risk' people will have a lead professional to coordinate care and support from the range of different organisations.

Project 4: Information and Communication

The Information and Communication Project will develop and deliver high quality sources of information and advice based on individuals' needs as opposed to organisational boundaries. Part of this work will include the establishment of the principle of an integrated system wide 'front door' for people that require information and advice about any part of the system irrespective of their presenting need(s). There is recognition that support and

information will invariably be accessed via a broad range of routes. Therefore part of this work may involve embedding a principle of 'no wrong front door' and focusing efforts on supporting people to navigate the system in a way that best suits them, including self-service opportunities. This work will require all of our organisations, and residents to think differently about how they pass on or receive information.

Project 5: Ageing Healthily and Prevention

This project will focus on the development of community based preventive services to support and enable older people, in particular to enjoy long and healthy lives and feel safe within their communities. It aims to promote independence and prevent people from requiring long-term health and social care and will lead to the delivery of improved outcomes. A key deliverable of this project will be an identified set of triggers of vulnerability which can be used to generate a planned response across the system. This will include formal medical triggers and will be complemented by softer data that could indicate potential escalation of need such as requests for blue badges or concerns identified by housing providers. There is a substantial amount of business intelligence data and information available across the system. The integration programme will offer partners an opportunity to align this information to inform future business planning and strategic commissioning and enable more effective targeting of resources.

The project will seek to build community resilience and deliver on an ongoing basis a series of planned, evidence based public health programmes to support falls prevention, promote physical activity and promote mental health, physical and emotional wellbeing. Public sector activities will be co-ordinated to reduce the risk of social isolation for vulnerable people and the provision of accessible services within communities. This will support people to retain or regain the skills and confidence to remain living in their communities for as long as possible and maintain their independence, thus reducing demand on primary and secondary care and social care services. The project will also be responsible for ensuring clear and effective links are established with economic growth and development programmes to ensure that factors that have a positive impact on healthy ageing and prevention of acute need are built into long-term plans for new communities.

- 3.2 These projects are currently undergoing detailed scoping and design work by representatives of CEPB Member organisations, led by the Integration and Transformation Team. This has taken place through a series of project team meetings held between February and May 2015; implementation of the projects is expected to begin following the May meeting of CEPB.

4.0 IDEAS BANK

- 4.1 During the initial planning stage of the BCF, proposals were invited from a wide range of organisations across the health and social care system, including from the public, private and voluntary sectors. The proposals and ideas received were wide-ranging in their scope and ambition and came from a diverse range of providers, including voluntary and statutory bodies of all sizes. The sheer volume and quality demonstrated tremendous positive commitment in Cambridgeshire to the transformation of the health and social

care system and importantly, the proposals helped to establish a sense of the most important areas for change and have significantly shaped the BCF vision and plans.

4.2 However, as changes were made to the BCF at a national level, the use of the funding became increasingly restricted to the provision of statutory services and work to deliver the requirements of the BCF; and it became clear that it would not be possible to fund the wide range of proposals received on a large scale as the BCF became more focused on medium-term transformation of services. To address this, it was agreed to create an ideas bank that can be called upon to identify projects that may have a real impact on our priority outcomes, or to safely test ideas on a small scale, where their impact is uncertain. Following testing, projects that demonstrate a clear benefit in outcomes and finances could then be rolled out wider across the system to benefit more people through mainstream funding.

4.3 Officers are working on a process to support the Ideas Bank, with a view to inviting organisations to review and update their previous proposals, or submit new proposals, in the second quarter of 2015/16 (from July onwards). Funding will remain limited and thought will need to be given to how the funding can be used to have the biggest impact. Indications suggest that overall funding available for Ideas Bank projects will be in the range of £75-125k but the exact level of funding will not be determined until the scoping work on the five projects has been concluded. Proposals will need to link closely to the five CEPB projects; it is anticipated that project teams will commission from the Ideas Bank.

5.0 RECOMMENDATIONS

The Cambridgeshire Health and Wellbeing Board is invited to:

- Note the update on the Better Care Fund approval;
- Note the Section 75 agreement for the BCF; and
- Comment on development of the CEPB projects

Source Documents	Location
None	