Better Care Fund: review of progress 2015 – 2017

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1.0 Background and purpose

The purpose of this paper is to provide an overview of the approach to the Better Care Fund taken in Cambridgeshire in its first two years.

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 2017, Cambridgeshire will be required to submit a new, jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019). The Health and Wellbeing Board is required to agree the Better Care Fund plan for Cambridgeshire.

Cambridgeshire is approaching the end of its second financial year of the Better Care Fund; the local approach to the BCF has been regularly discussed by the Board in respect to both planning and delivery of activity. At various times it has been noted by the Board that the national approach to the BCF did not always apply well to Cambridgeshire. This was particularly because funding within the BCF was already committed to a range of initiatives; and because the performance indicators required to be included within the BCF included activity that was outside the scope of the BCF itself. In response Cambridgeshire has taken a pragmatic approach to the Better Care Fund, aiming to use it to support better alignment of local delivery, whilst recognising that in terms of whole system change its impact would be limited.

1.1 Cambridgeshire's BCF vision:

The vision for Cambridgeshire's Better Care Fund plan has remained the same over its first two years:

Over the next five years in Cambridgeshire we want to move to a system in which health and social care help people to help themselves, and the majority of people's needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer term support available to those that need it.

This shift is ambitious. It means moving money away from acute health services, typically provided in hospital, and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises: something which experience suggests has never happened before. However, this is required if services are to be sustainable in the medium and long term.

This desire to shift activity across the system has informed the budget-setting, performance management and transformation activity contained within the BCF. The vision is system-wide and has remained relevant; similar aims are expressed through the NHS Sustainability and Transformation Plan and the Council's Transforming Lives approach to social care.

2.0 How the Better Care Fund is spent in Cambridgeshire

Nearly all of the funding included within the BCF budget was already being used in Cambridgeshire and Peterborough to support local health and social care services. Local areas were required to move specific budgets into the Better Care Fund, including:

- Funding that was already providing community health services
- 'Section 256' funding that was already transferred from the NHS to social care to support social care services which benefitted the health system
- Funding for delivery of new social care duties under the Care Act 2014
- Funding received by the NHS for funding local re-ablement provision
- Capital funding used by District Councils for provision of Disabled Facilities Grant
- The Adult Social Care Capital Grant used for capital requirements in Adult Social Care.

This has limited Cambridgeshire's ability to use BCF funding more flexibly and has limited the proportion of the budget that could be freed up in the short term to support transformation.

2.1 Cambridgeshire BCF Financial approach 2015-16

In developing the approach to BCF for its first year, Cambridgeshire County Council and Cambridgeshire and Peterborough CCG jointly considered the distribution of the minimum NHS contribution towards the Better Care Fund. Overall, the approach recognised the responsibilities associated with the Care Act and new initiatives through the BCF balanced against the fact that the BCF involved no additional funding. There was also a need to maintain service delivery and contractual commitments in both health and social care.

This cautious and pragmatic approach meant that in broad terms the money in the BCF remained in the same area of the system as it was previously. In the first year of BCF most funding remained in existing budgets, and the small amount of repurposed spending was focused on areas that would begin to develop a transformation in services. The expectation was that in future years there would be more funding available to support different services as our work began to have an impact.

In the first year of the BCF, our major areas of spending were on community health services – including £18.1 million on the CCG's Older People and Adult Community Services (OPACS) contract; £14.5 million on mainstream social care service budgets, mainly sourced from existing 'section 256' funding that supported social care services which delivered benefits to the health service. £1.9 million was spent on Disabled Facilities Grants awarded by District Councils to make changes to people's homes to support them to live independently. £0.9 million was reserved for transformation projects that were intended to help to shift demand across the system as described in the BCF vision. See appendix A for further detail.

This approach made it difficult to monitor the impact of the BCF as a whole. As a result, in 2016/17 it was agreed that there should be greater transparency over the budget lines in the BCF pool. Budget contributions were broken down into significantly more detail, with an expectation that this approach would assist all partner organisations in better assessing the impact of the BCF. As the BCF does not contain any new investment, a significant proportion of the fund has always supported existing services. In 2016/17 we attempted to bring service budgets into the BCF where a clear benefit can be realised through aligning service budgets in health and social care. The hope was that this would drive further joint commissioning and

support an expansion of integrated working in future years. These BCF activity areas are described in Appendix A.

Our approach to BCF budgets has ensured that we continue to maintain existing statutory community health and social care services. Without this support community capacity would be diminished and outcomes would worsen, with more people ending up in more expensive or longer term health and social care services.

2.1 Review of progress, 2015 - 2017

Broadly speaking, BCF budgets were spent as planned, with budgets in mainstream services balanced at year end. However, at the end of the first year there was an underspend in the transformation budget of £764,000. Many of the transformation projects were closely integrated with work being undertaken by the UnitingCare Partnership (see below); thus much of the transformation work was subject to review following the OPACS contract termination and subsequent contract review. These underspends were carried forward within transformation project budgets for 2016/17, significantly increasing the amount of money available for investment in transformation.

An underspend persisted in 2016/17 due to a slower than intended pace of delivery across some transformation projects (see below). However, at the end of Quarter 3 a series of investments were agreed that would impact on under-performing BCF metrics – see section 4.6 below. Therefore that uncommitted funding has now been allocated, and the BCF is delivering a balanced budget at the end of 2016/17.

The approach taken to financial allocations in the BCF has minimised financial risks to partners, whilst also continuing to protect existing social care and health services. This decision to limit risk to existing services has meant that lower amounts for transformation were released than in some health and wellbeing board areas, but was felt to be the most appropriate approach for the local area.

3.0 Cambridgeshire BCF Investments

The following transformation work has been supported by the Better Care Fund over the past two years:

3.1 Neighbourhood Teams

In 2015/16, the most significant investment in transformation through the BCF was in the CCG's Older Peoples and Adults Community Services (OPACS) contract, awarded to UnitingCare Partnership. The five year contract was ended early on 3 December 2015, with the contract no longer financially viable. The immediate focus following cessation of the contract was on securing a safe transition of all service contracts to the CCG; and service continuity for patients and assurance for staff. Although the contract with UnitingCare ended prematurely, the procurement process led to the creation of an innovative Outcomes Framework, a detailed service re-design process, comparison of alternative service options, extensive stakeholder engagement and public consultation and ultimately delivery of the first phase of the preferred service solution. Among the most significant achievements of OPACS under UnitingCare were:

- TUPE transfer of over 1300 staff into CPFT
- Set up of 16 neighbourhood teams
- Set up of Joint Emergency Team (JET)
- Set up of Onecall as single point of access

In 2016/17, despite the ending of the contract, Neighbourhood Teams in Cambridgeshire have continued to develop with Better Care Fund investment. As well as support for ongoing community health services across Cambridgeshire, four 'Trailblazer' pilot sites were supported that 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, and development of an approach to case management for vulnerable people across the County. The Trailblazer model:

- Brings together all MDT partners
- Identifies and ranks patients through a risk stratification tool to target the frailest people whilst also tackling those that are likely to become dependent of the services at a future date.
- Uses a consistent approach across all neighbourhoods and primary care (14 NTs, 105 practices, 2 local authorities and 2 overarching voluntary sector organisations)
- Makes the best use of the voluntary sector as a critical and expandable resource
- Integrates the key elements of an effective care and support system for frail people – i.e. primary care, case finding, case management, intermediate care, JET/urgent response services, reablement, specialist pathway teams

Lessons from the Trailblazer teams are now being rolled out to other neighbourhood teams across Cambridgeshire and Peterborough. Further work is being undertaken to develop patient pathways and training plans for the consistent use of the Rockwood Frailty Tool across the system. Further investment in development of the case management model is necessary and this is being part funded through the NHS Sustainability and Transformation Plan (STP)

As a result of these services, people at risk of emergency admission to hospital are being better supported through better coordination of the care that they receive. Professionals involved in the process have reported that it has seen better relationships built between staff from different organisations; provided them with better information about individuals so that

they can provide better support; and led to better referrals between organisations. It is believed that this approach delivers significantly better outcomes for patients, and ensures that they are better involved in decision making on interventions. Formal evaluation of the Trailblazers is underway.

3.2 Intermediate Care Workers

In 2016/17, £650k of BCF resource has been used in Cambridgeshire to invest in a new service, to ensure that neighbourhood teams are complemented by a resilient, integrated intermediate care tier offering home-based services and intensive rehabilitation services (therapy). The aim is that there will be co-ordination, co-location, and co-operation between re-ablement, rehabilitation, neighbourhood teams, primary care, housing and the voluntary sector to make best use of the total resources available. To achieve this, the service has invested in new 'Integrated Care Workers (ICWs); intermediate care therapists; and nurses. Collectively these roles support both admission avoidance and hospital discharges, with a focus on supporting patients with ongoing health care needs. The initial phase of deploying ICWs is to support patients being discharged home from hospital with intermediate health care needs. As the ICW capacity increases, it is anticipated that ICWs will support referrals from GPs and the Joint Emergency Team to ensure admissions are avoided by supporting patients in their own homes.

BCF funding has been committed for two years to allow for full evaluation of their impact and benefits. Evaluation of the impact of the new posts is underway. A business case will be presented for STP funding to expand this type of provision across the whole system, based on the evidence from the ICWs and other local initiatives.

3.3 Data Sharing

A multi-agency data sharing project was established in 2015, with the following aims:

1. To enable decision makers within health and wellbeing pathways to be well informed.
2. To complement and facilitate delivery the preventative / admission avoidance agenda including, but not limited to, the risk stratification process, the person-centred system and the joint assessment process.
3. To improve people's experience of and confidence in the health and wellbeing system; patients will not have to 'tell their story' to a number of agencies involved in delivery of services to them; the relevant information will be accessible to all agencies across the system as required
4. To improve strategic commissioning, planning and delivery.

In the first year, the project focused on expanding a data sharing solution being developed by UnitingCare into social care; development of this system ceased with the ending of the contract. Therefore the focus of the work shifted in 2016/17 to support the development of Neighbourhood Teams, via enabling data sharing in the 'trailblazer' sites; ensuring that professionals can access each others' systems as appropriate; promoting early sharing of information about people whose needs are increasing; and developing an approach to information governance that supports the above priorities.

During 2016/17, the project has provided advice and guidance to the Trailblazers; and has brought together Information Governance leads to reach agreement across agencies on how data can be shared appropriately. It also supported development of a 'proof of concept' system that allowed sharing of data between organisations to support the case management process. There have been challenges in bringing this work into 'business as usual', as work inn this area relies on reaching complex and detailed agreements between a number of partners.

From 2017-18 it has been resolved to incorporate this work into the 'Digital' workstream of the Sustainability and Transformation Plan, recognising the need for system-wide ownership of these issues.

3.4 Information and Communication

The Information and Communication project has focused on development of a 'local information platform' (LIP). During this year the project has had three key outputs:

1) A piece of research, analysing customers of older people's services provided by Cambridgeshire County Council and Peterborough City Council, to understand their communication and information needs and preferences. This research has been completed and examples of personas are attached.
2) A set of data standards that allow the collation of data from multiple databases into one place. This is complete and the data standards are attached.
3) A system that demonstrates an automatic way of passing data from local authority and voluntary sector databases about services to a central point, and then on to the NHS 111 service to be used with customers (the Local Information Platform).

The goal is that information given to the public can be consistent, wherever people seek advice – and that it only needs to be updated once, so that *'if a customer calls NHS 111, the practitioner on the other end of the phone searches the local NHS directory of services, and finds information about local authority or voluntary sector services that is of good enough quality to ensure that customer can get the support they need; and is consistent with what that customer would find if they looked online themselves.'* At the time of writing the research and data standards are complete, and work is nearing completion which will make the Local Information Platform available for use.

3.5 Healthy Ageing and Prevention

The Healthy Ageing and Prevention Project has been exploring how best to 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 people with long-term conditions and older people and engagement with the community. Areas of focus will include falls prevention, older people's mental health, social isolation and loneliness, and continence.

During 2016/17, £42.5k of BCF funding was committed to support a pilot project in St Ives. The aim of the pilot was to implement, test and refine the local falls prevention framework and community pathway to improve the identification, multifactorial assessment, uptake and compliance of evidence based interventions in people aged 65+ who report a fall or are at risk of falling, to reduce falls and fall-related injuries in the area. A Falls Prevention Nurse based in the St Ives Neighbourhood team was funded to implement, integrate and co-ordinate the implementation of evidence based falls prevention interventions across organisations in the community. The pathway has been implemented and early evaluation suggests it provides a timely and effective process for identifying those at risk; triaging and allocating patients to the most appropriate service available locally. Falls prevention training has also been rolled out across the area, with 167 staff being trained by February 2017. Work has also been underway to improve the uptake of strength and balance training to prevent further falls in the community.

Funding was also made available under Healthy Ageing and Prevention for Social Prescribing. As of March 2017 this work is under active development but has not progressed to the pilot stage. A business case is currently under development via the STP. Social

Prescribing approaches in other areas have demonstrated significant returns on investment for primary care, 'social value' and reductions in non-elective admissions.

3.6 Care Home Educators

During 2016/17 the BCF has funded the recruitment of Care Home Educators, who provide clinical review, support, and training to care home staff. The educators provide a link between care homes and other health services to embed alternative pathways to prevent avoidable admissions, and, between the acute trust and care homes, to improve discharge pathways. The role supports medication reviews, improved care quality to reduce incidences of pressure sores, deep vein thrombosis (DVT), urinary tract infection (UTI), and falls. 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.

Evaluation information is not yet available for the Care Home Educators project.

3.7 Disabled Facilities Grant (DFG) review

Through the BCF-funded DFG Review, a multi-agency partnership approach has been taken between the five district councils, the County Council and the CCG to review the performance of the three home improvement agencies (HIAs), consider the need for earlier intervention, and scrutinise both capital and revenue funding in light of the uplift in the DFG Capital Allocation. Outcomes include a phased redirection of revenue funding into early help and housing options advice; support for the HIAs to introduce a fast tracking system for smaller grants to improve efficiency, and the adoption of a Joint Adaptations Agreement across all partners committing to more flexible spend of the DFG Allocation in order to meet Better Care Fund outcomes.

The district Council partners have committed to developing a Joint Grants Policy over the coming year in order to deliver a consistent approach to adaptations for residents across the County. However, taking a holistic approach to residents' circumstances and having a conversation about the suitability of their housing at an early stage is also a key element. The partners are working with the Elderly Accommodation Council to develop a bespoke Cambridgeshire Housing Options for Older People tool and are also considering services that can provide support for people to move.

The results of this review should provide significantly better outcomes for people in need of housing support in Cambridgeshire.

3.8 Other transformation areas

Some areas of investment intended through the BCF in 2016/17 did not progress to plan. These include:

- **Workforce development:** funding was earmarked to support the development of a joint approach to workforce development across health and social care; however this was not progressed. It remains a priority for the NHS Sustainability and Transformation Plan and will be taken forward in 2017/18.
- **Frequent attenders:** funding was earmarked to support a review of support people who were frequent users of health services, particularly frequent attenders at emergency departments. This work was progressed outside the BCF during the course of the year.

Both of these areas, along with many of the projects outlined above, are inter-related with work being established under the NHS Sustainability and Transformation Plan programme, which has operated to separate governance and delivery arrangements to the BCF. It is

recognised that this has created the potential for a lack of joined up delivery across transformation initiatives. One of the lessons learned for future planning is the need to better align activity with the NHS's Sustainability and Transformation Plan (see section 5.2 below).

3.9 Quarter 4 investments

Due to slow establishment of some projects during the course of the year, underspends remained in BCF budgets at the end of December. Partners reviewed the budgets and agreed to divert uncommitted funding contained within the BCF to immediate investments in capacity that would have an impact on performance, away from longer-term development projects – see section 4.6.

4.0 Cambridgeshire BCF Overall Performance

Performance metrics included within the BCF are largely set at a national level and relate to national policy goals for health and social care. The national metrics in Cambridgeshire's Plan 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 (DTOC) from hospital

In addition, each area is asked to choose a local metric, and to choose their own measure of patient experience. In Cambridgeshire, these measures are:

- A reduction in the proportion of adults receiving long-term social care
- Maintained patient satisfaction with local NHS services.

Targets for all of these measures was the subject of significant discussion at Health and Wellbeing Board before the agreement of the first BCF Plan. In particular it was noted that the mandatory targets covered a wider range of activity than the scope of BCF activity; limiting the ability of the BCF plan to impact the metrics. For example, the non-elective admissions metric relates to patients of all ages, whereas the BCF excludes any services for people under the age of 18.

4.1 Non-elective admissions (NEAs)

To be completed – however performance is expected to be worse than target

4.2 Delayed transfers of care

To be completed – however performance is expected to be worse than target

4.3 Re-ablement services

The re-ablement indicator measures the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. We measure it because it shows whether reablement is effectively diverting people away from long-term social care and supporting people to live independently; a key aim of the service.

2015/2016	**Numerator**	**Denominator**	**Performance**
Target	525	606	86.6%
Actual	392	546	71.8%
Difference	-133	-60	-17.0%

2016/2017	**Numerator**	**Denominator**	**Performance**
Target	Undefined	Undefined	82.1%
Actual	Not yet available	Not yet available	N/A

In accordance with national guidelines, this indicator is collected only for a 3 month period required by statutory returns. Therefore data is not currently available for the 2016/2017 period. However, initial independence rates from people leaving reablement so far this year

suggest a potential improvement on 2015/2016 figures, which were significantly below target.

In 2015/2016, 55% of reablement packages terminated with the service user managing independently. This has increased slightly and for 2016/2017 to date, the figure stands at 57%. However, the volume of reablement being delivered has been decreasing over the same period, due to a lack of capacity in the domiciliary care market requiring reablement teams to fill that deficit.

4.4 Social Care Long-Term Support

This indicator measures the proportion of adults (aged 18+) receiving long-term social care (per 100,000 of population). We measure it because it shows us how effective we are at shifting demand away from long term care towards more preventative measures.

2015/2016	**People in long-term support**	**Population**	**Rate per 100,000**
Target	8,865	514,204	1,724.0
Actual	8,588	514,204	1,670.2
Difference	-277	N/A	-3%

2016/2017	**People in long-term support**	**Population**[1]	**Rate per 100,000**
Target	8,227	514,187	1,600.0
Actual (Up to Q3)	7,644	514,187	1,486.6

The number of people being supported with long-term social care services has been falling over the past 2 years, and the Q3 situation for 2016/2017 suggest that Cambridgeshire is likely to perform better than target for the year. The investment in short-term and preventative services funded through the BCF such as the County Council's new Adult Early Help service will be one of the factors contributing to the decline in numbers.

4.5 Maintained patient satisfaction

To be completed – performance is anticipated to be on target.

4.6 Performance summary

Whilst performance against some indicators has been positive, performance against non-elective admissions and delayed transfers of care have notably continued to worsen. This is in the context of significant increased activity across the system; and in particular increased attendances of 85 plus year olds at hospital.

To mitigate this in the final quarter of the year, the County Council and CCG 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.

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.

5.0 General commentary and lessons learned

5.1 National comparisons

In February 2017, the National Audit Office (NAO) published a summary of progress in health and social care integration[1], which allows for some limited national comparisons of progress in delivery of Better Care Fund aims. Most notably, achievement against performance indicators in Cambridgeshire matches the national picture. National results have seen a reduction in permanent admissions of older people to residential/nursing homes; and an increase in proportion of older people at home 91 days after discharge from hospital. However, delayed transfers of care and non-elective admissions have continued to increase significantly between 2014 and 2016. It was found that financial directors in the majority of areas did not believe it was possible to deliver on both financial and performance targets assigned to their local areas.

The report notes that progress in integration has been slow in many areas, particularly due to financial constraints and continuing short term financial pressures. It highlighted that if expected savings are not achieved during 2016/17, this is likely to reduce the overall funding available for integration in 2017 onwards.

Nationally, the NAO found that the BCF process has created significant bureaucracy around integration; and that barriers remain in place through legislation and accountability frameworks that discourage greater integration. Despite these findings, 76% of local areas agreed that implementation of a pooled budget had led to more joined up health and social care provision; and 91% felt that the BCF had improved joint working.

The report concludes that the BCF has significant potential to join up health and social care services, but that better national guidance is needed on standards of integration and associated indicators to measure the effectiveness of local integration.

5.2 Other issues and lessons learned

In addition to the summary above, there are two further challenges that have been faced in developing a Better Care Fund plan in Cambridgeshire – a lack of alignment of planning timescales; and a lack of alignment of boundaries:

Lack of alignment: timescales

Planning for the first year of BCF took place over an extended period of over 12 months; however during that time the guidance, financial allocations and requirements changed significantly. In the following years, time available for BCF planning has been considerably compressed. For 2016/17, the guidance was published in February 2016; the plan for the 2016/17 financial year was not then approved until late August. At the time of writing in March 2017, guidance for the financial year beginning 1 April 2017 has not yet been published. This has led to organisations agreeing their budgets before financial allocations have been published, based on assumptions about funding to be included in the BCF. This creates a barrier to effective alignment and planning of the pooled budget. The compressed timescales also significantly impedes engagement with partners on the content of the BCF plan.

Lack of alignment: boundaries

[1] https://www.nao.org.uk/report/health-and-social-care-integration/

Whilst the BCF covers the Cambridgeshire Health and Wellbeing Board area, different organisations represented on the Board cover different areas. The CCG area covers local authority areas of Cambridgeshire and Peterborough, alongside small elements of Hertfordshire and Northamptonshire. The STP footprint covers Cambridgeshire and Peterborough; whilst many NHS providers cover a wider area again, serving patients from parts of Norfolk, Lincolnshire, Essex, Hertfordshire and Bedfordshire. Whilst there has been some linking of BCF plans across Cambridgeshire and Peterborough, slight differences in approach have led to delays at times and created the potential for confusion. It also creates the need for multiple reports to be generated covering different geographical areas. This disconnect is emphasised now that the NHS STP has been established as the main vehicle for NHS Transformation in the area. It is proposed that greater alignment is needed to ensure that partners can work together effectively on their approach to transformation.

5.3 Lessons learned for 2017 – 19

The following recommendations have been made for BCF planning in 2017 – 19 and agreed by the Health and Wellbeing Board in January 2017:

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. From 2017, 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. The BCF plan will describe activity to be commissioned, and responsibility for implementation would be passed to the most appropriate group. It will 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 in Cambridgeshire and Peterborough, it has been agreed that there should be further alignment of the two plans, with a single set of activity and common budget categories across the two areas wherever possible. Separate BCF budgets will still be maintained in line with statutory requirements, and each Health and Wellbeing Board will still be responsible for agreeing plans.

A single commissioning Board for Cambridgeshire and Peterborough. Previously there were 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 these are being replaced by a single board across Cambridgeshire and Peterborough. This will 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.

In addition, partners recognise the need to improve the approach to measuring whole system outcomes achieved by services and transformation funded through the BCF; to build the case for continued investment where appropriate.

APPENDIX A – LIST OF CAMBRIDGESHIRE BCF SPENDING CATEGORIES, 2015/16 – 2016/17

2015/16 BCF Budget areas

Spending area	2015/16 (£000)
1. Older people and adult community services procurement	15,808
Joint Transformation Funding	938
Care Act implementation	1,367
Protecting social care services	2,500
Perfomance fund	836
Carers	350
Reablement & Intermediate Care	2,000
Former Section 256	10,652
Social Care Capital Grant	1,294
Disabled Facilities Grant	1,924

2016/17 BCF Budget Areas

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; Handyperson 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 (see below)	£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**	

2016/17 Transformation project breakdown

Item	**Budget**
Intermediate Care Teams	£650,000
Care Home Educators	£115,300
Social Prescribing	£100,000
Falls Pilot	£45,000
OP Accommodation Review Programme	£50,000
Data Sharing	£200,000
Frequent Attenders	£70,000
Workforce Development	£100,000
Transformation Projects Fund	£71,700
Transformation Team	£300,000
Total	**£1,702,000**