

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
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Report from Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group

Contact Officer(s) – Sarah Prentice
Contact Details – 01223 725304

UPDATE FROM CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP

1. PURPOSE

1.1 To update the Committee on Cambridgeshire and Peterborough Clinical Commissioning Group’s (CCG) work.

2. RECOMMENDATIONS

2.1 That the Scrutiny Commission for Health Issues notes the report.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 Links to Health and Wellbeing Strategy 2013.

4. BACKGROUND

4.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is required to keep Scrutiny committees across its area informed about its work. This paper updates Scrutiny on our current key issues and our plans going forward.

5. KEY ISSUES

5.1 The current key issues for Cambridgeshire and Peterborough CCG are as follows:

- Our financial position
- Commissioning intentions 2014/15
- Better Care Fund 111 service
- Older People’s Programme

Our financial position

Cambridgeshire and Peterborough CCG is currently in a challenging financial position. At month eight we are reporting a year to date deficit of £5,102,000. Based on this, the forecast deficit made in early December was £8.1m - a £0.5m improvement since month seven.

The CCG had disputed some elements of the specialist rebasing exercise; the result has been a £2.5m return of resource to the CCG, £1.9m less than anticipated at month seven. The impact of this £1.9m reduction in resource has been offset by the impact of £1.3m of financial recovery plan actions and other spending reductions.

We are working to deliver a recovery plan at CCG and Local Commissioning Group (LCG) level and we have support from an external Turnaround Team. It is anticipated that when the impact of our Financial Recovery Plan is factored in at month nine we should be able to reduce the forecast end of year deficit to around £5.0m.

Commissioning intentions 2014/15

We have written to all our provider organisations to outline our commissioning intentions for the coming financial year.

As well as the strategic priorities set nationally and our obligations to fulfil the requirements of the NHS Constitution and the Government's Mandate to NHS England, we will continue to focus on our existing three strategic clinical priorities:

- Improving care for the frail and elderly.
- Improving care for those at the end of their lives.
- Decreasing inequalities in health across our CCG, focussing on reducing the inequality in premature death from coronary heart disease.

Our strategic focus in 2014/15 will also be on the development of Children and Young People's services.

Better Care Fund (Previously known as the Integration Transformation Fund)

The June 2013 Spending Round announced a further £3.8bn of pooled budgets between Health and Social Care, starting in April 2015, and building on existing integration funding; in preparation for this significant increase, an additional £200m of integration funding will also be made available for 2014/15.

The fund, originally called the *Integration and Transformation Fund*, but now known as the *Better Care Fund* is not “new monies”, but represents a change to the way that some NHS budget is allocated with the explicit intention of integrating health and social care systems at a local level. It is described in guidance published in December 2013 as a “financial incentive for Councils and local NHS organisations to jointly plan and delivery services, so that integrated care can become the norm by 2018”.

Cambridgeshire and Peterborough CCG, NHS England's Area Team and Local Authorities are required to produce a two year plan by March 2014, covering 2014/15 and 2015/16, for the use of the Better Care Fund which will be accessible in 2015/16. The Better Care Fund is a pooled budget worth £3.8billion to be used for health and social care services to work more closely together.

This NHS investment will be used to deliver a shared vision for joined-up services and will result in services being commissioned that deliver real health and social benefits for local people. Each of our LCGs will develop its own integrated service plan to link into the CCG-wide plan for March 2014.

The DH Guidance, released late in December 2013 (and attached as an appendix to this paper) identified allocations for Peterborough as follows (noting the inclusion of two other funding streams into the total in 2015-16):

Year	Disabilities Facilities Grant (£000)	Social Care Capital Grant (£000)	CCG Transfer (£000)	<u>Total</u> (£000)
2014-15	-	-	-	661
2015-16	811	442	10,390	11,643

The £661k allocated for transfer in 2014-15 is in addition to the existing Section 256 monies of £2,840,646 in 2013-14, providing a total transfer of £3.5m, but is believed to build on Section 256 monies of £455k for the purposes of reablement. Overall therefore, the above funding allocations for 2015-16 (and subject to confirmation for 2014-15) should therefore be seen as including the following existing allocations:

- Carers Break funding
- CCG Reablement funding
- Capital funding
- Existing transfer from health to adult social care

The present S256 agreement with Peterborough City Council includes the following priorities, and it is assumed that these will be included in, and indeed may well provide the foundation for future arrangements:

Priority A – Interim beds / Acute hospital / City Care Centre

Total spend £1,349k

(Including: Interim beds – Independent Sector; Enablement and transitional Support; Community equipment; Telecare development and spend; Transfer of care team)

Priority B – Patients and carers, voluntary sector, prevention, community

Total £575k

(Including: Preventative services – voluntary sector; ISP respite services; Universal Advise and Signposting service)

Priority C – MDT working, Single Assessment, Care plans

Total £665k

(Including: Assessment and reviews – increased capacity OP, PD and LD; Mental Health assessments)

Priority D&E – Carer support, assessments and safeguarding

Total £251k

(Including: Carers support Services ; Adult Safeguarding)

Re-ablement – intensive time-limited support following a fall or illness

Total: £455k (under separate S256 agreement).

(Directly provided re-ablement service to prevent deterioration, delay dependency, and support recovery.)

Local councils and health services are expected to submit plans to Government explaining how they will use this fund to improve local services, and the CCG are actively working with Peterborough City Council, and Cambridgeshire County Council (and other Local Authority and wider partners), to develop a shared vision and principles for the use of the Fund, as well as a set of schemes for its use.

Planning timescales for development of proposals are exceptionally tight, with draft plans for use of the Fund to be submitted by 14th February 2014, for formal agreement by NHS England by 4th April 2014.

In Peterborough, the further development of plans for the Better Care Fund is being led by the *Integration and Transformation Fund Group* (so called based on the previous name of the fund, and presumably subject to update at its next meeting following the recent change). The group includes representatives from Peterborough City Council, and the CCG (including Jana Burton, Executive Director of Adult Social Care, Health and Wellbeing, Peterborough City Council, and Cath Mitchell, Local Chief Officer, Borderline and Peterborough LCG, for Cambridgeshire and Peterborough CCG).

Plans for the scheme must fulfil four conditions:

- They must be jointly agreed, and signed off by local Health and Wellbeing Boards, local Councils, and local CCGs.
- They should identify how adult social care services will be protected by the plans
- They should facilitate 7-day services in health and social care to support patients to be discharged and avoid unnecessary admissions at weekends
- They should use the NHS number to develop better data sharing between health

and social care

Of the total funding, the Spending Round indicated that £1bn of the funding would be linked to achieving outcomes; it has now been confirmed that half of this (£500m) will be released in April 2015, as follows:

£250m on the basis of four national conditions:

- Protection of adult care services
- Provision of 7-day access to support discharge
- Agreement of the consequential impact on the acute sector
- Ensuring that there is a lead professional for integrated packages of care

£250m on the basis of progress against locally agreed metrics during 2014/15, to include:

- Delayed transfers of care
- Avoidable emergency admissions

The final £500m will be released in October 2015 on the basis of further progress against all of the national and local metrics.

The work in Cambridgeshire and Peterborough to date has developed the following Vision, Aims, and Objectives:

Our vision is to bring together all of the public agencies that provide health and social care support, especially for older people so that we can:

- co-ordinate services such as health, social care and housing
- maximise individuals' access to information, advice and support in their communities
- help them to live as independently as possible in the most appropriate setting

To be successful, this transformation will require the contribution of a range of health and social care providers as well the greater involvement of the community and voluntary sectors.

The Better Care Fund (BCF) offers an important opportunity to transform the health and social care system in Cambridgeshire and Peterborough to:

- meet the needs of a rapidly ageing population better, and by doing so
- ease the pressure on the system more generally
- enable the health and social care system to provide better services to the whole population across the county

The BCF offers a unique opportunity to re-think how a significant amount of public money could be more effectively spent.

Fundamentally, we agree that BCF will be used for genuine transformation of the health and social care system in Cambridgeshire and Peterborough; through creating greater synergy and hence efficiencies in the provision of social care and health services these can better be protected from pressures brought about by increasing demand and reducing budgets.

The scale of the transformation opportunity is significant. It is much more than just reducing admissions to hospital. Rather, it is about changing the whole system so that services are focused on supporting people wherever possible with person-centred and professionally-led primary / community / social care guided by the goal of living as independently as possible.

This approach aligns with the principles set out by Government, NHS England and Local Government Association; it is also well-supported by evidence that clinical and service integration delivers better outcomes for people, particularly if groups of patients or service users are clearly identified and services for them are joined up around their needs.

The model adopted in Cambridgeshire and Peterborough will have the following characteristics:

- *A united approach to advice and information on community and public sector services.* This will include developing robust and reliable sources of advice and support for older people before they become frail or need to access the statutory system; and providing

universal information and advice about services from all partner agencies, which should be quick to access, clear, friendly and personalised.

- *Investment in community capacity to enable people to meet their needs with support in their local community.*
This could include extension of the community navigator system; and work to consider people's social capital alongside their other assets and support people to be engaged with their families and in their communities. Further development and investment in community capacity building will prevent some people from entering a crisis, accessing specialist services and potentially reducing long term care costs; and importantly helping people to stay where they want to be – at home.
- *Coordinated and intelligence-led early identification and early intervention.*
This might include professionals being proactive in identifying need rather than waiting for it to be presented as a formal referral; ensuring that the workforce are able to feed back as much intelligence as possible as to the needs of the service users they are supporting and how service delivery and deployment of available resources can be improved; further improving information sharing between the range of organisations in contact with older people about individuals at risk of requiring more support in future; Social Workers having greater identification with a community and working with other agencies to identify those at risk and commissioning interventions, preferably through the voluntary and community sector for needs that might be below the thresholds for statutory assessment; and giving professional freedom to deliver a flexible response to need to avoid escalation of cost (e.g. through use of direct payments, or community development interventions).
- *An improved approach to crisis management and recovery.*
This might include a process for rapid escalation and action when a crisis occurs in the life of an older person; this is likely to involve a coordinated response from all agencies working in multi-disciplinary teams to provide intensive support in the short term and encompassing services such as respite care. Support should focus on ensuring that when the crisis is over older people and their carers remain as independent as possible and avoid short term crises triggering a deterioration which leads to long term health or social care need.

111 Service

The 111 service will be available to people in Peterborough over the next few months.

We started a gradual roll-out of the service in November to avoid a surge of calls to the new service and to ensure patient safety and an out of hours emergency number will be available until the service is fully launched.

Older People's Programme

Cambridgeshire and Peterborough CCG issued its 'Invitation to Submit Outline Solutions on 8th October. Five bidders have put forward their outline submissions detailing how they would deliver better healthcare for older people in the area. The five bidders are as follows:

- Accord Health (Interserve with Provide, formerly Central Essex Community Services, and North Essex Partnership Foundation Trust as Mental Health Lead)
- Care for Life (Care UK with Lincolnshire Community Health Services NHS Trust and Norfolk Community Health & Care NHS Trust)
- Optum (formerly United Health UK) with Cambridgeshire Community Services NHS Trust
- Uniting Care Partnership (Cambridgeshire and Peterborough NHS Foundation Trust with Cambridge University Hospitals NHS Foundation Trust)
- Virgin Care Ltd.

The bidders, who were asked to show how they intend to deliver better outcomes for patients, submitted bids outlining their proposals on 6th January 2014.

This is the first of two stages on the CCG's Older People's Programme procurement of

integrated older people's services and adult community services.

The outline solutions will now be evaluated by a team including healthcare professionals, such as local GPs, and patient representatives.

Following the evaluation, bidders will be shortlisted to take part in the second stage of the procurement, which will be used to develop proposals in more detail.

A revised Outcomes Framework that takes into account the views of a range of stakeholders including patient panels will be produced for this next stage.

Now the outline proposals have been received, the CCG will develop our approach to the next stages of engagement and consultation, which will be discussed at the next meeting of the Governing Body on 4th February 2014.

The CCG has now reached an appropriate point in the procurement process where it can publish more information including some of the documents relating to the procurement process; the information should be available on our website later this month.

In addition to the dialogue with bidders that took place in the period to 6th January 2014 on services, outcomes and more specialist areas, there has been dialogue with Local Authority and Housing representatives, and a voluntary / third sector 'market place' event.

As a CCG we have held a series of events across Cambridgeshire and Peterborough CCG to explain and answer questions about the process we are going through and to find out people's views on what they think of services.

This included a series of integrated care events held in March 2013 which involved patients and their carers.

We also set up a stall in the markets of some of our towns to talk to people who we would not normally hear from.

Representatives from the Programme Board and the Engagement Team have attended meetings of more than 120 established groups and this process will continue throughout the duration of the programme.

In addition the CCG has a patient representative group; the Older People's Programme board has dedicated patient representation as well as Healthwatch representation; and there is patient engagement in each local Older People's team.

The nature of the outcomes and dialogue approach to procurement means that service solutions will be the product of the process. Once there are concrete service proposals we will then consult with the public on them.

8. NEXT STEPS

- 8.1 Cambridgeshire and Peterborough CCG will continue to keep the Scrutiny committee updated as our work progresses.