SCRUTINY COMMISION FOR RURAL COMMUNITIES	Agenda Item No. 5
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Report of the Executive Director of Adult Social Care, Health and Wellbeing

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BETTER CARE FUND

1. PURPOSE

1.1 The purpose of this report is to provide the Commission with information on the development of proposals for use of the Better Care Fund in Peterborough.

2. RECOMMENDATIONS

2.1 The Commission is asked to note the contents of the report and make any comments or observations.

3. BACKGROUND

3.1 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 and services 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".

3.2 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)	Total (£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 re-ablement. 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 Re-ablement funding
- Capital funding
- Existing transfer from health to adult social care

The present S256 agreements 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.)

3.3 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. It is with this timescale in mind that the Health and Wellbeing Board is asked to give consideration to plans which remain at such an early stage of development, and to delegate authority for further development of the plans in advance of its next meeting.

3.4 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).

3.5 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.

This significant sum or outcome focused funding represents a significant incentive for health and social care to work jointly (and including with other partners) to meet the requirements of this national initiative.

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

VISION FOR HEALTH AND SOCIAL CARE SERVICES

3.6.1

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, and*
- *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 as 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 and delivery 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 of the City*

The BCF offers a unique opportunity to re-think how a significant amount of public money could be more efficiently and 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, for as long as is 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.

3.6.2 *INTEGRATION AIMS AND OBJECTIVES*

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 the future; Social Workers having greater identification with a community and working with other agencies to identify those at risk and interventions available , 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 or operating as 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.

4. KEY ISSUES

4.1 The following table outlines some of the schemes that are under consideration for the Better Care Fund in Peterborough. This list has been developed taking into account the national conditions, achieving nationally agreed metrics during the period of the fund, and with reference to both existing local initiatives and evidence of impact, as well a review of evidence recently undertaken by the public health colleagues. Further details relating to some of these criteria or characteristics can be found in Appendix 1, below.

Scheme	Brief details
Enhanced re-ablement service	Building on the provision successfully provided by the City Council under present pooled funding arrangements, with the proposed impact being reduced admissions, reduced length of stay and reduced (or at least delayed) demand for long term care. Including closer alignment of community therapies to develop a structured and intensively supported discharge service (in particular for conditions such as stroke for which there is an evidence base as to the positive impact of e.g. Early Supported Discharge). In addition to include a focused and preventative approach to (repeat) fallers, including close work with other initiatives including medication review, etc.
Enhanced carers services	Building on the future aspiration of the Carers' Strategy, to join up monies from the Council and the CCG to improve outcomes for carers; including roll-out and implementation of Carers' Prescription Service, support in a crisis, carers breaks, and better advice and upstream support for carers and communities.
Closer alignment of present S256 funding with existing health and care gaps	Increased investment in frontline care services targeted in areas of greatest need which are presently under-provided by the health and care sector, including (for instance): through enhanced Multi-Disciplinary Teams (MDT) working with adults as well as older adults (e.g. to reduce admissions for patients with concurrent learning disability and epilepsy);

	increased social care input to all MDT working; 7-day working through MDT (or similar) teams, including The Firm (or equivalent); improved psychiatric liaison services or mental health presence in MDTs.
Admission avoidance and intermediate care	Building on existing intermediate care and admission avoidance schemes (including The Firm or equivalent), to further reduce the number of avoidable admissions, and emergency bed days. To increase patient flow through intermediate care sector to ensure access to "step-up" as well as re-ablement beds.
Increased funding for home adaptations (and assessment leading to these, including enhanced OT service).	To improve waiting times and capacity by working in partnership with housing providers, to provide timely and preventative adaptations, as well as to enhance re-ablement services following admission etc. To consider how the existing ICES contract might be aligned or more closely integrated with this work.
Increased investment in "upstream" preventative services.	Building on existing 3rd Sector provision, to pro-actively develop community navigator schemes that improve access to advice and information (including for carers, and wider communities); and to promote social and community capital with a particular aim to combat isolation, and the social causes of ill health. To develop a universally accessible and joined up first point of contact, with a view to avoiding escalation of demand (including admission to care or acute settings). To promote empowerment and self-management, building on the philosophy of self-directed support, whether through development of personal health budgets, or associated planning mechanisms for those with long-term conditions. To more closely align community resources that exist for different client groups; this could result in efficiencies and greater community cohesion and support.
Enhanced dementia support services	To develop great community resource, building on the development of the Dementia Resource Centre, with a particular view to early diagnosis, and "upstream" interventions (e.g. psycho-educational, and including support to carers and wider communities) which may maintain independence and reduce (or delay) admission to long-term care settings.
End of Life	Enhanced home care support at end of life through specialist third sector provision, with the aim of improved experience for patients and their families at the end of life as well as reduced unplanned care costs.
Care Sector Review Team	To develop enhanced services (alongside incoming Lead Integrator for Older Peoples Community

	Services, and with reference to the Primary Care Strategy, in partnership with Primary Care) to review the health and care needs of citizens in the care sector, to review quality of care, and to support discharge (back to more independent living), increased independence (for those who require longer term care).
Focussed medications review	Coupled with the above (working in, but not exclusively in, the care sector) to prioritise timely medication review, and with a view to avoid falling.
Telecare and telehealth	To invest in areas for which assistive technologies are proven (e.g. for people with chronic heart-failure, COPD / asthma) with a view to maintaining independence, and reducing unnecessary hospital admissions.

5. CONSULTATION

5.1 In addition to the on-going work of the PCC Integration and Transformation Group, the CCG is actively engaging with both Cambridgeshire County Council, and Northamptonshire County Council, to ensure effective alignment (where possible) and disaggregation (where necessary) of its BCF plans.

5.2 PATIENT, SERVICE USER AND PUBLIC ENGAGEMENT

We have endeavoured to engage with stakeholders as widely as possible given the tight timescales for development of the early drafts of the agreement, and to ensure that the views obtained through dialogue and feedback from our stakeholders are played appropriately into the final version of this plan. We envisage that engagement will continue as an on-going activity throughout the duration of the BCF plan so that we can assure ourselves that the initiatives we implement reflect, as far as possible, the opportunities identified as a result of engagement.

The scope of engagement in Cambridgeshire and in Peterborough has been comprehensive including:

- Health and Well-being Boards in Cambridgeshire and in Peterborough
- Cambridgeshire Public Sector Board
- Local Authority Cabinet and Scrutiny members
- CCG Executive and Governing Body
- Older People Programme Board
- Local Clinical Commissioning Groups
- Chief Executives of all hospitals (acute sector)
- Several Housing Providers (excluding City/District Councils' housing services)
- Independent Sector Providers (Provider Forum and Strategic Provider group)
- Voluntary Sector Groups

Our approach throughout has been to:

- secure buy-in to the use of the fund through the active **engagement** of all key and relevant stakeholders

- ensure there is **engagement** on draft proposals prior to discussions at the Health and Wellbeing Boards prior to submission to government
- be **proportionate** given the time and resource constraints - so where ever possible using existing meetings/forums and communication channels e.g. website consultation pages to facilitate the process; and
- ensure there will be **further opportunities** to shape and influence use of BCF once plans have been accepted by government i.e. at the more detailed planning stage

We have adopted three phases of work:

Phase 1: Stakeholder engagement

- Development of the Vision and Principles document and associated strategies with stakeholders, in particular Health and Social Care providers, public sector bodies, Healthwatch and the community and voluntary sectors. The aim is to seek 'buy-in' to the overall proposition; to clarify issues (e.g. funding, scope) and to manage expectations

Phase 2: User, Patient and Wider Public Engagement

- Formal publication of the Vision and Principles document seeking views from patients and service users across the health and social care system

Phase 3: Further involvement of stakeholders (providers, patients and users) to help shape final proposals and service design (February to March 2014)

- The 'shape' of stakeholder involvement will reflect the nature of the schemes included in the approved plan.

6. NEXT STEPS

6.1 The future outcome for the BCF will be improved service integration, community cohesion and capacity, and to develop better outcomes for the citizens of Peterborough in terms of health and social care service delivery; it should also improve the medium-term affordability of services in the stretched local health and social care economy. The Health and Wellbeing Board will wish to take a strategic oversight of these plans (once developed, and through their implementation), including through regular qualitative and quantitative reports to this Board.

In the shorter term, the hoped for outcome of this paper will be to delegate (and indeed authorise) the next step in the planning process, to ensure that local plans can be developed within the required time envelope to allow the full allocation of local funding to be pooled. It is recommended that an update on this process be brought back to the next Board meeting for formal ratification, and to request any recommendations for review and refresh of the plans as their detail is developed during 2014/15. Prior to this it was proposed that the first draft be taken to the February meeting of the Joint Commissioning Forum for approval prior to submission on 14th February Draft BCF Action Plan attached at Appendix I The revised draft will be presented to the March meeting of that group, prior to being sent to the Health and Wellbeing Board for virtual sign-off prior to submission of the final draft to NHS England on 4th April.

7. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

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- The BCF guidance, released on 20/12/13.
- Terms of Reference for the ITF Board.

8. APPENDICES

8.1 Appendix 1 - Draft BCF Action Plan

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