

TELFORD & WREKIN COUNCIL

CABINET – 30 JANUARY 2014

BETTER CARE FUND HEALTH & SOCIAL CARE INTEGRATION

REPORT OF INTERIM DIRECTOR OF HEALTH, WELLBEING & CARE

LEAD CABINET MEMBER - CLLR ARNOLD ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 This report sets out the requirements placed upon the Council and CCG to move towards the integration of health and social care services, with particular reference to the requirements to have a Better Care Fund (BCF) agreed and in place by April 2015.
- 1.2 This report also sets out the proposed integration vision, principles and funding that need to be developed and agreed, to allow relevant budgets to be freed up during 2014/15 for inclusion in the Better Care Fund and an initial planning template has to be submitted by 14 February 2014, signed off by the Council, CCG and Health and Wellbeing Board.

2. RECOMMENDATIONS

- 2.1 **Cabinet note requirements to put in place a Better Care Fund.**
- 2.2 **Cabinet delegate responsibility to Director of Adult Social Services in conjunction with Cabinet Member for Adult Social Care to submit the BCF plan on behalf of the Council, subject to the required assurances being received from the CCG**
- 2.3 **Following assurances from the Director of Adult Social Services, in conjunction with Cabinet Member for Adult Social Care, the Health and Wellbeing Board consider a further detailed report on the BCF plan at their Extraordinary meeting on 12th February in order to endorse the plan prior its submission to NHS England.**

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	<i>Vulnerable Children & Adults Health and Wellbeing</i>
	Will the proposals impact on specific groups of people?	

	Yes	Will impact on people who are ill or disabled, who need support and on their family carers.
TARGET COMPLETION/DELIVERY DATE	From April 2014	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Government have identified £3.8bn nationally in 2015/16 for the Better Care Fund (BCF). This includes the continuation of the £200m of additional national funding in 2014/15 to assist local authorities in the implementation of the BCF. The Council's share of this is £645k.</p> <p>In 2015/16 the BCF will be created from £1.9bn NHS funding and £1.9bn based on existing funding in 2014/15. The Government have stated that nationally £135m of the BCF is available to resource the implications of the Care Bill, additional Carer's assessments and the Adult Safeguarding Board. This will need to be reflected in the Plan but will potentially require a reallocation of funding to allow the Council to meet these requirements.</p> <p>In 2015/16 the Telford & Wrekin Better Care Fund minimum allocation by Government is £11.690m of which £10.410m is revenue. The Fund also includes capital funding - Disabled Facilities Grant (£849K) and the Social Care Capital Grant (£431k). The draft plan includes an additional contribution of £584k to the fund.</p> <p>The financial template to be completed not only requires the costs of the individual schemes to be identified but also indicates an expectation of financial benefits arising.</p> <p>£1bn of the £3.8bn will be performance related - linked to achieving outcomes. Further clarification of the implications of failing to satisfy performance requirements is needed before any financial implications can be fully assessed. This funding will be retained by the Department of Health and released in staged payments according to our performance as measured against the BCF plan. The Telford & Wrekin performance related funding will be approximately £2m.</p> <p>As the pooled budget consists of funding already committed and does not include any new funding the requirements of the fund may well exceed the</p>

		<p>existing budget arrangements. The full financial implications of the BCF will need to be fully assessed as work towards implementation progresses.</p> <p>The Council is undertaking a significant transformation program in Adult Social Care which the BCF plan will complement. The Council, however, must also consider their own budget strategy and the need for significant savings delivery in this service area when considering the content and implementation of this plan.</p> <p>The Council are in separate ongoing discussions with the CCG in relation to an additional contribution by them towards the extra costs falling on the Council in relation to the current CHC situation in Telford & Wrekin and the increasing drive to reduce hospital care within the NHS. Both of these issues passport increased activity and costs to the Council.</p>
LEGAL ISSUES	Yes	<p>The NHS England planning guidance (attached at Appendix 2) sets out the recommended process and format for developing a plan for the Better Care Fund. If the guidance is not followed at any point there needs to be a justifiable reason for doing so as this may jeopardise the award of funding (as outlined in the guidance).</p> <p>There will be standards for the plan which are national requirements. However, there will also be the Council's and CCG's own requirements which should be in place to ensure good governance, effective contract management and the protection of sensitive data. Further, if the plan results in any possible changes to existing service provision to people, consideration needs to be given as to whether further equalities impact and consultation work needs to be undertaken.</p> <p>The new integration provisions will bring significant changes to the commissioning of some Council and Clinical Commissioning Group (CCG) services. As the plan moves from being a strategic to a more operational process, officers will identify specific areas where changes to existing commissioning processes will be needed to incorporate the integration required.</p> <p>If the changes effect the Council's and CCG's commissioning plans it may require separate reports</p>

		<p>elsewhere such as Cabinet and CCG Governance Board. For example, changes to existing delegated powers may need to be made to undertake the new joint commissioning. There is reference to the potential legislative changes proposed in the Care Bill which, if implemented, will need to be complied with as part of this process. This will be monitored by officers.</p> <p>On 10 January 2014, the Department of Health published Factsheet 19 on the Care Bill. The factsheet explains how the Bill will facilitate the creation of the Better Care Fund, by providing a mechanism that will allow the sharing of NHS funding with local authorities to be made mandatory</p> <p>CCGs will make use of their powers under Section 75(2) of the National Health Service Act 2006 to set up pooled budgets with local authorities under written agreement. Money invested in a pooled budget can only be spent with the agreement of both parties on activities that benefit both health and social care.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	<p>The timeframe for submitting a draft plan by 14th February 2014 is challenging, and will require a rapid joint effort by the Council and CCG.</p> <p>The existing information governance data sharing challenges in the NHS, caused by the introduction of the Health and Social Care Act 2012, may delay implementation of data sharing to support the integration of health and social care.</p>
IMPACT ON SPECIFIC WARDS	No	

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

- 4.1 As previously communicated, the Health and Social Care Act, 2012 set out expectations around greater integration of health and social care services to provide more effective pathways and better outcomes and value for patients/service users. The spending review at the end of June 2013 set out the requirement to set up an Integration Transformation Fund, renamed the Better Care Fund (BCF) by April 2015, with at least a minimum value of CCG and Council monies included in the ITF. The national value of this funding in 2015/16 is £3.8bn and it includes the continuation of the national 2014/15 NHS transfer to local authorities. The spending review

announced an increase to this transfer in 2014/15 by £200m to help local authorities prepare for the implementation of the BCF and make early progress on priorities.

4.2 On 17th October, NHS England and the Local Government Association jointly released a letter titled “Next Steps on implementing the ITF”. There is an expectation that Health and Wellbeing Boards will oversee the development of a shared plan for the totality of health and social care activity within their area and that over time the level of total funding the CCG and LA will commit into the BCF will increase. The letter suggests that a fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk. A further letter and guidance together with a final template was received on 20th December 2013. See Appendix 1, 2, 3 and 4.

4.3 The Council is required to put their share of £11.690m, identified as the minimum amount to be included, in the BCF. This money is not new money but there is an expectation the Council and CCG will agree to use the money to take forward a new shared approach to health and social care. The table below summarises the elements of the Spending Round Announcement on the Fund:

The June 2013 spending round set out the following:	
2014/15	2015/16
A further £200m transfer from the NHS to adult social care, in addition to the £900m transfer already planned	£3.8bn to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the fund will be created from:	
£1.9bn of NHS funding(some new funding included for new LA responsibilities in relation to Community Care)	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise:	
<ul style="list-style-type: none"> • £130m Carers’ Break funding • £300m CCG reablement funding • £354m capital funding (including £220m Disabled Facilities Grant) • £1.1bn existing transfer from health to adult social care(includes £200m transfer from the NHS to Social Care) 	

4.4 The fund will be allocated to local areas where it will be put into a pooled budget under joint governance between the CCG and Council, with a condition that they must have a jointly agreed plan which meets certain requirements set nationally. There are 6 national conditions:

- Plans to be jointly agreed.
- Protection for social care services (not spending).
- 7 day services in health and social care to support patient discharge from hospital and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care based on the NHS number.
- Joint approach to assessments and care planning, funding used for integrated packages and a named accountable professional in all cases.
- Agreement on the consequential impact of changes in the acute sector.

There is the potential to add to the Fund and officers are in discussion with the CCG to understand if the CCG are willing to enhance their contribution to this fund in order to protect social care services. It needs to be recognised that the resources that the CCG are to invest in out of hospital care (circa £5.4m in 2015/16) will have implications on the acute care sector.

4.5 Elements of the BCF will be performance related amounting to £1 billion of the national £3.8 billion total. Half of the £1bn will be released in April 2015. £250m of this will depend on progress against four of the six national conditions and the other £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015 and will relate to further progress against the national and locally determined metrics.

4.6 The CCG, Council and Health and Wellbeing Board will have to return the first cut of the completed Better Care Plan template by **14 February 2014**. The revised version of the BCF plan should be submitted to NHS England, as an integral part of the CCG's Strategic and Operational plans by **4 April 2014**. A detailed draft report has been developed with the CCG.

4.7 A task and finish group has been set up with nominated officers from both the CCG and Council to complete the planning template to meet the deadline set. Discussions continue between Officers of the CCG and Council to develop this plan for the integration of health and social care locally.

4.8 **Proposed Local Vision**

To empower people in Telford & Wrekin to take control of their own health; to support them in caring roles, and to keep everyone as healthy and as independent for as long as possible'.

To achieve this we will work in partnership with our communities to commission and deliver high quality integrated health and care services. The service model must address the growing demand of an ageing population and people living with long term conditions.

The focus for the Better Care Fund is to transform public services for adults needing high levels of health or social care support, particularly frail older people.

Our Better Care Fund will be focused on two key themes:-

- 1 Building Community Capacity (Prevention). To develop community capacity where individuals' abilities to self-manage long term conditions, and the enormous potential of communities to provide voluntary care and support are seen as valuable assets. We will strengthen the role of the voluntary sector, community networks, self help groups, and individuals in both 'patient' and 'caring' roles.
- 2 Enhanced community services as an alternative to hospital provision (Integration) To deliver a viable alternative to in-patient hospital care for people who can be cared for closer to home. We will build on our existing integrated community health and social care Enablement/Rehabilitation model by transferring capacity from the acute sector so that we offer a viable alternative community service rather than hospital bed based care.

The BCF will also be used to support adult social care services locally by helping the Council to protect Adult Social Services and make a “positive difference to social care services and outcomes for service users” linked to a “health benefit”, which otherwise would not be possible “in the absence of the funding transfer”.

4.9 Local Proposed Objectives for the BCF

It is proposed that we base our BCF plan on the existing joint and integrated work currently in place between the Council and CCG with the following objectives within each theme

Theme 1: Building Community Capacity –prevention, self-help.self-care, support to carers and building community capital

1. To review current spend by both organisations on voluntary sector services to help improve understanding of how to improve the effectiveness of the sector
2. To support improvements in the infrastructure of the voluntary sector
3. To collaborate on commissioning a range of support services that can be delivered by voluntary and community organisations.
4. To work through a robust engagement process with self help organisations to clarify how best to strengthen them, and how to improve signposting for people to the help and support on offer
5. To expand engagement with communities to understand how best to extend volunteering, neighbour support schemes and generate community capital.

Theme 2: Enhanced community services – maximising independence through integration of out of hospital services

1. To review how existing services funded by the resources being pooled in the BCF can improve to enhance quality, value for money, and outcomes.

2. To complete modelling to confirm how many people can be supported in Out of Hospital care, what staff are required and what the costs will be.
3. To establish an enhanced and expanded integrated and multi-disciplinary 'Out of Hospital Service' which will provide a comprehensive continuum of services from admissions avoidance to end of life care.
4. To bid for an element of the transformation monies in the CCG allocation for 14/15 to 'Invest to save' in staff to allow a longer term transfer of acute staff to the community in line with modelling completed by the CCG
5. To establish processes for referrals/access/assessment and support by the enhanced integrated service including the establishment of a Single Referral Point.

4.10 **Future scope of integration**

Whilst the Better Care Fund task and finish group are focusing on developing a plan that builds upon the integrated work currently in place particularly around adults – it recognises that the approach to commissioning and delivery being developed could be extended further in the future to encompass children and young people.

5. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

n/a

6. **PREVIOUS MINUTES**

None.

7. **BACKGROUND PAPERS**

- 7.1 Letter inviting expression of interest for Health and Social Care Integration Pioneers - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198746/2013-05-13_Pioneers_Expression_of_Interest_FINAL.pdf
- 7.2 Cabinet Report 12th December 2013 Health and Social Care Integration

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