

HEALTH AND WELLBEING BOARD

11 FEBRUARY 2014

Title:	Better Care Fund Draft Plan
Report of the Integrated Care Sub-Group	
Open Report	For Decision
Wards Affected: ALL	Key Decision: YES
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Summary: The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June 2013 as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better care and support to enable the achievement of health and social care outcomes. Further Guidance was received in December 2013 including the allocations from current CCG and local authority funding to be included locally. The Health and Wellbeing Board (H&WBB) is required to agree and sign off a draft two year Plan proposed by the CCG and Council to be submitted to NHS England 14 February 2014. A final Plan, signed off by the H&WBB, is to be submitted by 4 April 2014. This report provides an overview with the required templates as appendices, which make up the Draft Plan for submission on 14 February 2014.	
Recommendation(s) i. Members of the Health and Well Being Board consider and agree the Better Care Fund Draft Plan contained in the Appendices of this Report, allowing Barking & Dagenham to meet the national deadline for submission on 14 th February 2014.	
Reason(s) It is a requirement of the transfer of money from health to the local authority that the Draft Plan be signed off by the Health and Wellbeing Board.	

1. Introduction

- 1.1. The Better Care Fund (BCF), previously referred to as the Integration Transformation Fund, provides an opportunity to transform local commissioning and services so that people are provided with improved integrated care and support to achieve their health and social care outcomes. The Fund is intended to support the scale and pace of integration between health and social care. It is a mechanism of promoting joint planning for the sustainability of local health and care economies against a background of significant savings targets right across the system
- 1.2. In addition to the overarching integration agenda, a number of national conditions and measures are attached to the Fund, designed to move resources across the system towards prevention and short term care interventions and away from high cost packages in acute or care home settings.
- 1.3. The Fund aims to provide local residents with the right care, in the right place, at the right time. The implication is that over time, care will increasingly be provided in community settings closer to home, and acute admissions will reduce where hospital care is not needed.
- 1.4. A proportion of the funding must be used to support adult social care services in each local authority, which also has a health benefit. A condition of the transfer is that the local authority agrees with local health partners how the funding is best used within social care and the outcomes expected from the investment. The Joint Strategic Needs Assessment and existing commissioning plans for both health and social care must be taken into account in how the funding is used.
- 1.5. The fund is made up of a number of existing funding streams to Clinical Commissioning Groups and Local Authorities, as well as recurrent capital allocations.
- 1.6. The Spending Round 2013 identified that, in addition to a planned £900m transfer nationally from the NHS to support adult social care, a further £200m would be transferred from the NHS in 2014/15 to assist localities in preparing for the BCF to comprise £1.1bn in total for 2014/15.
- 1.7. For 2015/16, the £3.8 BCF is made up of:
 - £1.9bn of NHS funding
 - £1.9bn based on existing funding in 2014/15 comprising £130m Carers Break Funding, £300m CCG Reablement Funding, £354m capital funding(including £220m Disabled Facilities Grant), £1.1bn existing transfer from health to social care.
- 1.8. The 2015/16 BCF is to be delivered through a Pooled Fund Agreement with a governance structure. The legislation for this is still to be agreed. The relevant amounts for Barking and Dagenham are cited in the financial implications section below. The only new money is the share of the £200m transfer in 2014/15 to prepare for the pooled budget arrangements in 2014/15, which for Barking and Dagenham is

£761K. The remainder of the fund is made up of existing expenditure for commissioned health and social care services. There is the option for local discretion to increase the Fund over the minimum allocation.

- 1.9 The Draft and Final Plans need to be submitted in prescribed template form and these are contained in the Appendices. These include the overall plan which for example, describes how the national conditions will be met, a financial summary, contingency plans, outcomes and metrics, list of schemes. There has been a delay in the availability of baseline metrics from NHSE which means that some of the outcomes metrics are yet to be fully developed for the final version of the plan. All of the metrics, targets and trajectories for improvement will require validation prior to the final submission.
- 1.10 The Draft Plan is to be signed off and submitted to NHS England by 14th February 2014 and the Final Plan is to be submitted by 4th April 2014. Both Plans need to be signed off by the Health and Wellbeing Board.
- 1.11 The development of the Draft BCF has been overseen by the Integrated Care Subgroup of the H&WBB.

2 National Conditions

- 2.1 The Spending Round established six national conditions for access to the Fund;
 - Plans to be jointly agreed by the constituent councils and CCG groups and signed off by the H&WBB. Local providers should be engaged in the process, so that the deployment of funds includes recognition of the service change consequences. Locally, the H&WBB Integrated Care Subgroup includes provider representatives. Local provider forums will be consulted on the use of the BCF.
 - Local areas must include an explanation of how local adult social care services will be protected within the plans
 - 7 day services in health and social care to prevent unnecessary admission at weekends and support patients being discharged should be agreed
 - Improved data sharing between health and social care, based on the NHS number as a primary identifier to achieve better seamless and safe care
 - Ensuring a joint approach to assessments and care planning and where funding is used for integrated packages of care, that there is an accountable professional
 - Agreement on the consequential impact of changes in the acute sector. Plans should not have a negative impact on the level and quality of mental health services

3 Outcomes and metrics

3.1 Local areas are expected to have a level of ambition for improvement against each of the national indicators to be included and a locally determined indicator.

3.2 Of the £3.8bn, £1bn will be linked to performance.

3.3 The national metrics underpinning the Fund are :

- Reducing admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Reducing avoidable emergency admissions
- A Patient /service user experience indicator
- An additional local metrics selected from the NHS, Adult Social Care and Public Health Frameworks.

The BCF Guidance provides a choice of nine metrics from which to choose a local metric. An evaluation exercise was undertaken to help decide which indicator will measure an improvement area relevant to Barking and Dagenham. On the basis of this, it is proposed that the metric measuring a reduction of injuries due to falls in people aged 65 and over, is prioritised. The number of admissions to hospital as a result of falls is increasing and an audit at BHR revealed that 25% of admissions to hospital are as a result of falls of those over 75 yrs. Work is in train under the auspices of the integrated care coalition to develop a joint falls strategy due to be completed in April 2014. The BCF will provide the mechanism to support and enable implementation of the strategy once agreed by partners.

3.4 For the patient / service user experience metric, a local measure can be used or the use of a national metric currently being developed may be put forward. An evaluation was carried out and it is recommended that the measure 'Proportion of people feeling supported to manage their (long term) condition', be used. It is thought to be strategically relevant because of the joint investment in this area and Long Term Condition management relating to a number of the schemes of the BCF. There is significant commitment locally to the six clusters supporting older people and those with complex needs to live independently in their own homes with support from the multi-disciplinary team where necessary. The indicator covers a range of different services, has remained the same for a number of years, so should be a stable indicator to measure.

3.5 As certain payments (£1bn nationally and approximately £3.7m locally) will be linked to performance it is important that contingencies exist where objectives are not met. Contingency Plans are being developed but it is hoped that the schemes will be robust enough to mitigate some risks. If the expected impact on the acute trust is not delivered, and acute hospital activity does not reduce as planned, this will have an

impact on CCG resources which will need to be considered alongside other pressures across the health and social care system. Demographic pressures will also need to be taken into consideration.

- 3.6 The Guidance states that for 2015/16 performance-related funding will not be withdrawn/reallocated if the level of ambition is not reached. However, if an area fails to deliver 70% of the levels of ambition set out in the plan, it may be required to produce a recovery plan.

4 Use of the BCF funding to support the implementation of the Care Bill

- 4.1 The Care Bill was announced in the Queens Speech May 3013 and is currently at Committee stage in the House of Commons. The Bill contains provisions covering adult social care reform, care standards, including the Government's response to the Francis Inquiry, health education and research. It is expected that it will be enacted during 2014.
- 4.2 The June Spending Round announced £335m in 2015/16 so that councils can prepare for the reforms to the system of social care funding. It includes Capital investment (£50m), including IT systems, which sits in the BCF. This money will contribute to the extra costs resulting from the Care Bill but there will be extra pressures which will need to be mitigated.
- 4.3 The Department of Health has identified £130m of other costs for 2015/16 relating to issues such as: putting carers on a par with users for assessment; implementing statutory Safeguarding Adults Board and setting national eligibility. The Department's position is that the Spending Round allocated funding to cover these costs as part of the BCF.
- 4.4 The implementation of the Care Bill in Barking and Dagenham is being overseen by a Council Programme Board and sponsored by the Corporate Director of Adult and Community Services. The BCF Plan thus provides an interface with the implementation of the Care Bill and new responsibilities.

5 Priorities

- 5.1 In November 2013 the H&WBB considered priorities put forward by commissioners;
- Delivery of the Integrated Care Strategy.
 - Integrated Health and Social Care working through delivery of the Joint Assessment and Discharge Service supporting 7 day working and improved arrangements for admission avoidance and discharge.
 - Exploring opportunities to utilise joint commissioning roles, notably in Learning Disability and Mental Health.
 - Supporting a joint and strengthened commissioning role with provider services.
 - Improvements in primary care improving access to support and interventions in people's own homes with less reliance upon acute services.

- Improvements in prevention, keeping people well and healthy for longer and protecting support for carers.
- Improving End of Life Care which enables greater numbers of people to be effectively cared for at home or in the place of their choice.
- Protecting Social Care Spending and services.
- Ensuring Integrated Service delivery to those families with the most complex needs.

5.2 The Integrated Care Subgroup has further considered priorities and also the Guidance for the BCF and is proposing additional priorities to reflect these ;

- Agreeing a joint Carers Strategy to give greater emphasis to the role family carers play to benefit them and those they support
- Early diagnosis for people living with Dementia and supporting their independence and carers
- Improving the sharing of information between health and social care using the NHS number as a patient identifier to facilitate more seamless, integrated and safe care and support
- Strengthening the outcomes and co-ordination of rehabilitation and reablement, and facilitating self management of conditions by service users/patients, through the various integrated services, to improve independence
- Supporting independence and recovery of people with mental health problems

6. Mandatory Implications

6.1. Joint Strategic Needs Assessment

Integration is one of the themes of the JSNA 2013 and this paper is well aligned to address and support the strategic recommendations of the Joint Strategic Needs Assessment. It should be noted, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA.

The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and this paper identifies which areas can be addressed in more integrated way to shape future sustainable strategies for the borough.

Social care and health Integration is a recommendation of all seven key chapters of the JSNA but in particular for:

- [Supported living for older people and people with physical disabilities](#)
- [Dementia](#)
- [Adult Social Care](#)
- [Learning Disabilities](#)
- [Mental health- Accommodation for People with Mental Illness](#)

- f) [End of Life Care](#)

6.2. Health & Wellbeing Strategy

The Better Care Fund reinforces the aims of the Health and Wellbeing Strategy and provides an excellent opportunity for alignment between the ambitious integration plans and the Strategy which are both as much about keeping people well and independent as about ensuring they receive the services they need if they become unwell. Our focus is on people's wants and needs rather than the organisations and structures that deliver care. We aim to prevent ill health and support people to stay well rather than only intervening in a crisis.

6.3. Integration

Integrated commissioning and provision is at the heart of the BCF. The Integrated Care Coalition (ICC) with the relevant CCGs and local authorities for Barking & Dagenham, Redbridge and Havering came together to agree the strategic commissioning case for integration and commissioning work accordingly. Barking and Dagenham have a strong history of integrated work and the Fund provides opportunity to strengthen this. Alongside this work, the Integrated Care Coalition is leading the work on the required 5 year Strategic Plan. This will set out our shared vision for fully integrated commissioning by year 5 of the Plan.

There is an agreed vision for integration confirmed at the Integrated Care Coalition in November 2012. This includes supporting and caring for people in their own homes or closer to home, shifting activity from acute to community services and particularly to locality settings. It places individuals at the centre of delivery, driving improvements to the quality of experience and outcomes. Examples of local integrated services and approaches include;

- Integrated multi-disciplinary teams across six clusters in Barking & Dagenham are well established aiming to achieve co-ordination of care across the health and social care economy with a focus on prevention and promotion of self management.
- Work is currently taking place, establishing the Joint Assessment & Discharge team based at Barking, Havering, Redbridge University Hospital Trust and working with North East London Foundation Trust and London Borough of Barking and Dagenham, and the CCG, from 1st April 2014. The aim is to ensure timely co-ordinated discharge from hospital and admission avoidance of unnecessary admission to hospital. Seven day working is part of this service.
- The promotion of physical activity through sports and leisure services using public health to improve health and well being

Further integrated approaches will develop as part of the BCF Plan which will be overseen by the Integrated Care Subgroup of the H&WBB. Integration of funds and commissioning for people with learning disabilities is the subject of a separate piece of work between the Local Authority and the CCG.

6.4. Financial Implications

- 6.4.1. Implications completed by: Roger Hampson, Group Manager (Finance) Adults and Community Services, Barking and Dagenham
- 6.4.2. The Better Care Fund (BCF) is expected to lead to the transformation of health and social care services for people in the community; this is to be achieved through the integration of services between health and social care using pooled budget arrangements. These pooled budget arrangements are expected to be in place from April 2015, and further guidance is to be issued. There will be significant financial implications for both the local authority and the CCG; and both organisations face significant financial challenges over the next three to five financial years. Cabinet will be asked to consider the Medium Term Financial Strategy for 2014/15 to 2018/19 at its meeting on 18 February 2014. The CCG's Governing Body will be reviewing financial plans on 25 March 2014.
- 6.4.3. 2014/15 will be the last year in which the local authority will receive a transfer from NHS resources direct from NHS England. From 2015/16, the resources will be included in resources allocated to the CCG and will be part of their minimum contribution to the local BCF pool.
- 6.4.4. The Social Care Grant in 2014/15 for Barking and Dagenham. will be £4.185m, including £761k dependent on the local authority and the CCG jointly agreeing and signing off a 2 year plan for the Better Care Fund for 2014/15 and 2015/16 (final Plan to be submitted by 4 April 2014).
- 6.4.5. The grant in 2013/14 was used to support a number of local services, including £450k for learning disability services. The Better Care Fund is not intended to cover services for people with learning difficulties as a separate national initiative has already been undertaken (the Winterbourne View concordat). It is therefore appropriate to realign the use of the Social Care Grant to cover those services to be included in the Better Care Fund; learning disability and other services that had been funded by the grant in 2013/14 will instead be funded from the base budget. The proposed allocation of the grant in 2014/15 is as follows:

	£000
Social Care Integrated Teams	1,475
Care Budgets for older people and people with a physical disability	573
Joint Assessment and Discharge Service	532
Workforce development – training	25
7 day working	100
Crisis Intervention Service	700

Care Budgets for people with mental health issues	500
LBBB Contribution to Development Officer for Joint Commissioning	40
Strengthening User and Carer Voice	50
Statutory costs of Safeguarding Adults	100
End of Life Services	90
Total	4,185

- 6.4.6. As stated above, from 2015/16 the Adult Social Care Grant will be included in the CCG revenue allocation of £13.055m and this amount is the CCG's minimum contribution to be made to the local BCF pool. The minimum contribution the local authority has to make to the BCF local pool is the total of capital grants for Disabled Facilities Grants and Adult Social Care Grants allocated by central government:

	£000
CCG revenue allocation	13,055
Disabled facility grant	672
Adult social care capital grant	508
Total	14,235

- 6.4.7. Approximately £3.7m will be dependent upon performance against a number of ambitious national and local measures as described elsewhere in this report (50% to be paid in April 2015 and 50% in October 2015). As indicated for 2015/16, performance related funding will not be withdrawn if the level of ambition is not reached; however, if an area fails to deliver 70% of the levels of ambition set out in its plan, it may be required to produce a recovery plan.
- 6.4.8. The delivery of integrated health and social care services at greater scale is expected to deliver improvements against national and local outcomes and release NHS savings. If planned improvements are not achieved, some of the BCF funding may be used to alleviate the pressure on other services and a contingency plan will need to be developed to address this risk.
- 6.4.9. The CCG revenue allocation is deemed by the Department of Health to include funding for some of the costs arising from the Care Bill, currently making progress through the House of Commons (eg putting carers on a par with users for assessment, implementing statutory Safeguarding Adults Boards, and setting national eligibility). The national allocation is £130m but the Department of Health

is not proposing to allocate sums to individual areas; however, an indicative allocation for Barking and Dagenham would be £500k based on the national allocation formulae of 0.38% to both the local authority and the CCG. Further work is to be undertaken to calculate these additional costs locally, and to identify how it is to be funded from within the BCF funding envelope. We are seeking further advice on this from the Department of Health, as both the CCG and the local authority wish to resolve this before the final BCF Plan is submitted in early April.

- 6.4.10. Proposals for the use of the adult social care capital grant will be presented at a later date, including any capital costs arising from implementation of the Care Bill, eg any necessary amendments to client record information systems.
- 6.4.11. The local authority will also receive a “new burdens” specific revenue grant in 2015/16 of £1.084 m to cover costs arising from reforms to the system of social care funding for early assessments and reviews, deferred payment, capacity building including recruitment and training of staff, and an information campaign. The total grant for Barking and Dagenham will be allocated out at a later date.
- 6.4.12. Legislation is needed to set up pooled budgets from 2015/16, and local authorities and CCGs are free to extend the scope of their pooled budget to support better integration in line with their Joint Health and Wellbeing Strategy. In Barking and Dagenham, only the local authority wishes to pool more than the minimum although this has some risk (reduced flexibility to divert resources in-year to support overspending elsewhere, eg in the acute sector). The use of pooled budgets beyond 2015/16 may be tied to longer term budget plans, and both the local authority and the CCG will need to retain some flexibility to respond to the overall financial context in which we operate. The proposed additional contributions by the local authority to the pool in 2015/16 have generally been limited to 30% or less of existing social care budgets, which is broadly equivalent to the expected costs of new placements to be made in the year.
- 6.4.13. The proposed Better Care Fund in 2014/15 is £13.182m made up the following financial streams:

	£000
Social Care Grant	4,185
Public Health Grant	1,191
Local authority base budgets	5,100
Local authority capital grants	1,091
CCG – reablement	1,120
CCG - carers	495
Total	13,182

- 6.4.14. The Better Care Fund in 2015/16 is agreed as £21,610,000. Further discussions are taking place between the Council and the CCG, on the potential costs of implementation of the Care Bill, for those aspects deemed by the Department of Health to be included in national resources for the Better Care Fund, and agreement on how these are to be funded. Further work is also required to model the impact on acute care and develop contingency arrangements before the final submission in April
- 6.4.15. Further proposals on the operation of the pooled budget in 2015/16 will be prepared when the further guidance has been published.
- 6.4.16. One of the national conditions is protection for social care services (not spending). Local areas must include in the BCF plan an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally.
- 6.4.17. Joint Finance and Performance Monitoring arrangements will be put in place from 2014/15, overseen by the Integrated Care Subgroup of the H&WBB.

6.5. Legal Implications

There are no specific legal implications that arise from this report at this stage.

(Implications completed by: Chris Pickering, Principal Solicitor)

6.6. Non-Mandatory Implications

6.7. Staffing Implications

The integration agenda and schemes will result in new ways of working for staff who will be consulted accordingly. This will be supported by training and workforce development initiatives for which some extra funding has been included in the BCF Draft Plan. Further integration could lead to further restructures affecting staff. There is currently a staff consultation taking place on the implementation of the Joint Assessment and Discharge Service.

6.8. List of appendices:

- Appendix 1: Better Care Planning Template Parts 1 & 2