

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, ADULT & CHILDREN'S SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	14 th FEBRUARY 2014	AGENDA ITEM:	3
TITLE:	BETTER CARE FUND SUBMISSION		
LEAD COUNCILLOR:	COUNCILLOR HOSKINS / COUNCILLOR EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	HEALTH / ADULT SOCIAL CARE	WARDS:	BOROUGH WIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Better Care Fund (BCF), previously called the Integration Transformation Fund, provides for local funding for health and care services in ways which take forward the integration agenda. Funding will be made available from NHS England in 2014-15 and then as local pooled budgets in 2015-16.
- 1.2 The BCF provides an opportunity to improve the lives of some of the most vulnerable people in Reading who use health and social care services. The Fund is intended to be used to help those people by providing them with better services and better quality of life. Through the BCF, services will be redesigned and developed so that more people receive the right care in the right place at the right time.
- 1.3 In order to draw down the funding available through the BCF allocation, Local Authorities and Clinical Commissioning Groups (CCGs) must submit agreed two-year plans for use of the BCF, which plans have also been approved by the appropriate Health and Wellbeing Board. A duly approved 'first cut' must be submitted by 14 February 2014 to NHS England and the Local Government Association (LGA). A revised version must then be submitted by 4 April 2014.

1.4 Reading's first BCF submission is attached to this report in two parts. See:

Better Care Fund planning template - Reading - February 14 - Part 1
Better Care Fund planning template - Reading - February 14 - Part 2

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board:

- (a) notes progress to date in developing an agreed BCF submission for Reading; and
- (b) approves the annexed planning templates for submission to NHS England and the LGA.

3. BACKGROUND

3.1 The Better Care Fund is intended to be used locally so as to manage pressures, and to improve the long term sustainability of an integrated health and social care service. It has been established on the premise that there will be a significant expansion of care in community settings, taking forward both the integration and the prevention agendas. The BCF plan is for health and social care services to work more closely together, working in partnership through a single pooled budget to achieve a better customer journey, better outcomes and better value for money.

3.2 Nationally, the BCF provides for £3.8 billion worth of funding in 2015/16 to be spent on integrated improved services in health and social care. Through the BCF, minimum sums will be specified to be included in pooled budgets for each locality. CCGs and local authorities may choose to pool more of their resources.

3.3 The 2013 Spending Round established six national conditions for access to the BCF.

1. Plans must be jointly agreed - signed off by the Health and Wellbeing Board and its constituent Councils and CCGs and following engagement with providers likely to be affected by the use of the BCF.
2. Protection for social care services is defined and agreed within the plan.
3. Plans will provide for 7 day services to support discharge and prevent unnecessary admission at weekends.
4. Plans provide for safe and secure data sharing to support seamless care, moving towards use of people's NHS number as the primary identifier across health and social care services.
5. Plans ensure a joint approach to assessments and care planning with an accountable professional co-ordinating care.
6. There is local agreement on how BCF plans will impact on the acute sector.

3.4.1 There is a payment-for-performance element to the Fund. Funding in April 2015 is dependent on making progress against the following performance measures:

- Decrease in Delayed Transfers of Care
- Decrease in Avoidable Emergency Admissions

Funding in October 2015 is dependent on making continued progress against these performance measures plus a further four measures, so in total:

- Decrease in Delayed Transfers of Care
- Decrease in Avoidable Emergency Admissions
- Reduction in Permanent Admissions to Residential and Nursing Care
- Increase in the Effectiveness of Re-ablement (measured as the proportion of older people still at home 91 days after discharge from hospital into re-ablement)
- Improved patient and service user experience (against a national metric which is still in development)
- One agreed local indicator. In Reading's submission, the proposed local measure is a decrease in the number of people who remain in hospital after being assessed 'Fit to Go'

3.5 If a local area achieves 70% or more of the levels of ambition set out in each of the indicators in its plan, it will be allowed to use a held-back portion of the performance pool to fund its agreed contingency plan, as necessary. 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.

4. READING'S BETTER CARE FUND VISION

4.1 Partners across health and social care have worked collaboratively to develop a local vision for the BCF.

Our vision is of Reading residents being empowered and supported to live well for longer at home.

Health and social care professionals will work alongside one another and with family carers as expert partners in care, to:

- **Provide the right care by the right people at the right time and in the right place** with more people supported within their homes and community, and the development of 7-day working across health and social care
- **Keep the individual at the centre of a co-ordinated health and care system** with a single point of contact
- **Develop and earn trust**, from patients/service users and across organisational boundaries
- **Keep improving health and care systems with the people who use them** increasingly involved in the design, delivery and evaluation of services

- **Protect community (including family) connections** for those with care and support needs, in recognition of the positive impacts these have on emotional and physical wellbeing;
- **Proactively address the risk of hospital or care home admission**, putting in place preventative services to mitigate those risks; and
- **Make the experience of care a more positive one**, in which the individual retains as much choice and control as possible.

5. BCF SCHEMES FOR DELIVERY IN READING

5.1 Five schemes have been identified in Reading's draft BCF submission

A Hospital at Home Service - targeted at those patients that require initial intensive 24-hour support and treatment but can be managed at home and then discharged after a few days into traditional community care provision.

Supporting residential and nursing care homes - through introducing a GP enhanced community service, providing additional training to care home staff and additional community pharmacist resource.

Health and Adult Social Care Services systems interoperability - to address delayed transfers and discharges as well as supporting better informed decisions at all stages and improving the patient/service user experience.

Time to Think Beds - focusing on patients with complex care needs who, at the point of discharge from hospital, are likely to have a need for nursing care.

7-day Integrated Health & Social Care Neighbourhood Teams - linked to an integrated health and social care hub, with strong connexions across a range of neighbourhood services including preventive support provided by voluntary and community groups, and supported by GP extended working.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 Reading health and social care providers and commissioners have already set out an intention to streamline and integrate services for the benefit of patients and the public. This BCF submission is an extension of the plans articulated in the 'Berkshire West 10' application to become an integration pioneer. The BCF submission also draws on and develops the strategic priorities set out in Reading's Health and Wellbeing Strategy (2013) and RBC's Prevention Framework (2011). It supports the vision outlined in the Berkshire West Strategic plan 2014-2019 and in the Reading CCGs Operating Plans 2014-2016 to 'keep people well and out of hospital in partnership'.

7. COMMUNITY INVOLVEMENT

- 7.1 The BCF submission has drawn on Reading patient, service user and public feedback gathered recently across a range of health and social care involvement channels, particularly the RBC-led 'Let's Talk Health' programme, the Home Carer User Interview Project (a joint RBC and Healthwatch initiative), the NHS Call to Action event and the 2013 Dementia and Elderly Care Conference. This feedback indicates a strong appetite for better integrated health and social care and also illustrates that maintaining independence and having choice and control over how they receive care is very important to the people of Reading.
- 7.2 The submission sets out a shared commitment to ensure future service development involves and is centred on the individuals receiving care. The details of how this will operate will be part of the implementation plans for the various schemes identified.

8. LEGAL IMPLICATIONS

- 8.1 In 2015-16 the BCF will be put into pooled budgets under Section 75¹ joint governance arrangements between Clinical Commissioning Groups and Councils. A condition of accessing the money in the BCF is that CCGs and Councils must jointly agree plans for how the money will be spent and these plans must meet certain requirements as described above.

9. EQUALITY IMPACTS

- 9.1 All public sector bodies are under a legal duty to comply with the public sector equality duties set out in the Equality Act 2010. In order to comply with these duties, the relevant organisations must seek to prevent discrimination and protect and promote the interests of 'protected' groups.
- 9.2 As the proposed BCF schemes are developed, equality analyses will be carried out to inform that development and will be presented so that decision makers can give conscious and open minded consideration to the impact of the equality duty when reaching any future decisions in relation to the integration of health and social care locally.

¹ NHS Act 2006

10. FINANCIAL IMPLICATIONS

Revenue Implications

- 10.1 Nationally, the BCF comprises £1.1bn in 2014-15 and will increase to £3.8 bn in 2015-16. For Reading the overall pool available to fund the various service options will be £9.024m in 2015-16.
- 10.2 In 2014-15 the transfer of funding to adult social care 'to benefit health' will continue be distributed using the social care relative needs formula (RNF). The formula for distribution of the full BCF in 2015-16 will be based on the CCG formula and then mapped to local authorities. Some elements (the current social care transfer, adult social care capital funding, and Disabled Facilities Grants) will be allocated in the same way as in 2014-15.
- 10.3 It is for local areas to decide how to spend their allocations on health and social care services through their joint plan. However, half of the 2015-16 BCF 'pot' will come from NHS funding and the other half will be made up from Carers Break Funding, CCG re-ablement funding, capital funding to include Disabled Facilities Grant allocations, and previously announced transfers of funding from health to adult social care. Local plans for the BCF should therefore set out the level of resource which will applied to maintaining services funded through these channels previously, particularly the amounts dedicated to carer-specific support and intended to ensure a continued focus on re-ablement. A key element of the funding is that it will need to be realised from existing commitments across the health and social care economy

Capital Implications

- 10.4 The majority of the funding will be revenue, but the fund does include the Social Care Capital Grant and the Disabled Facilities Grant. It is expected that health partners will also contribute some capital to fund specific programmes such as ICT integration and other appropriate schemes.

Value for Money

- 10.5 The options that are being identified within the Better Care Fund are being reviewed to ensure they deliver both improved patient/client outcomes but also doing this efficiently within the resources available.

Risks

- 10.6 The Better Care Fund is a catalyst to help local health and Government to make substantial changes to the way health and care is delivered. However, with any change of this complexity there are significant risks that all the new schemes will be delivered successfully. This is a major issue for the partners as part of the funding is reliant on the improved performance being delivered. Failure to deliver this change will result in the funding not being provided which could then lead to significant financial issues for all partners. Part of the further work that is required before the April submission will be to consider how this risk is managed and what contingency plans will be required.
- 10.7 Although not ring-fenced, identified proportions of the BCF are intended to be used to help Councils to prepare for new obligations under the Care Bill, e.g. new entitlements for carers, stronger provision of information, advice and advocacy and moving towards the capped cost system. At this stage it is difficult to estimate exactly what the financial implications of the Care Bill will be for Reading. Within the National guidance for the BCF there was an assumption that £135m Nationally could be allocated to cover some of these costs. For the purpose of the first BCF submission, Reading has used this guidance and has applied the relevant portion to the local BCF financial plan. However, Officers anticipate that this will not cover the true cost of the change and there is a risk for the Council that it will not receive the necessary funding to cover the costs of this change.
- 10.8 The governance and resourcing implications of the changes being proposed are significant. Further work is required to determine which organisation will in 2015/16 hold the pooled budgets and what the governance arrangements (including risk share arrangements) will be. In addition, this work will require a large amount of resource from staff across the various organisations at a time when all of the organisations' staff are under significant work load pressures. It will be important for the successful delivery of the BCF that these issues are examined and solutions identified as the work to deliver the BCF is implemented during 2014/15.