
Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 03 March 2014
Subject: Better Care Fund (Formerly Integration Transformation Fund)
Report of: Cllr Mrs Carole Hegley, Executive Member for Social Care and Health and Housing

Summary: This report outlines the steps being taken to develop Central Bedfordshire Better Care Fund Plan. It sets out details of the Better Care Fund and allocations for Central Bedfordshire. It describes the national conditions which must be met for disbursement of the fund and the performance metrics used to measure impact and outcomes of the plan.

Advising Officer: Julie Ogley, Director of Social Care, Health and Housing
Contact Officer: Patricia Coker , Head of Partnerships and Performance, Social Care, Health and Housing
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS
Council Priorities: <ul style="list-style-type: none">• Promote health and wellbeing and protecting the vulnerable.
Financial: <p>2. The development of the BCF plan has financial implications for both the Council and the Clinical Commissioning Group for the following reasons:</p> <ul style="list-style-type: none">• Financial and demographic pressures facing councils and the NHS and the requirement to protect services• The combined pooled budget of Adult Social Care and the CCG will require a robust governance framework to manage the pooled funds• Elements of the Care Bill for implementing new and health and social care responsibilities are aligned to the Better Care Fund• The reduction of NHS Acute allocations to support the implementation of the Better Care Fund Plan could impact on Acute Providers if the agreed outcome measures are not delivered.
Legal: <p>3. Legal implications will be considered as part of delivery of the Better Care Fund Plan.</p>

Risk Management:

4. Risk issues will be identified within the Better Care Plan.

Staffing (including Trades Unions):

5. Not Applicable.

Equalities/Human Rights:

6. The Better Care Fund is focussed on improving the health and social care outcomes for older people. The Better Care Plan will be based on the Joint Strategic Needs Assessment and will reflect the priorities set out in the Joint Health and Wellbeing Strategy, commissioning plans and strategies, which have been or will be subject to the appropriate equalities impact assessments and take account of the protective characteristics of the Equality Act 2010

Public Health

7. The Better Care Fund Plan will focus on improving health and social care outcomes for older people, with an emphasis on promoting health and wellbeing through prevention and early intervention.

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. Not applicable.

RECOMMENDATION(S):**The Committee is asked to:-**

1. **Receive a presentation on the Better Care Fund Plan**
2. **To consider and comment on the requirements for the Better Care Fund**
3. **To consider and comment on the emerging Better Care Fund Plan and the wider implications for the health and social care economy in Central Bedfordshire and for the Council as a whole.**

Introduction

1. The Better Care Fund (BCF - previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round, to ensure transformation in integrated health and social care.

2. The Fund provides for £3.8 billion worth of funding in 2015/16 to be spent on health and care to drive closer integration and improve outcomes for patients and service users and carers. It is intended to provide a better experience of care to patients and service users and by so doing reduce the pressure on residential care and acute hospitals.

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	
<p>£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise:</p> <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. 	
<p>Note: £1bn of the £3.8bn is to be linked to achieving outcomes; the Planning Guidance summarises the basis on which the performance related elements will operate.</p>	
Central Bedfordshire Allocations	
<p>For 2014/15 the revenue allocation of the national pot of £1.1bn for Central Bedfordshire will be £3.821m, an increase of £0.722m over the NHS Transfer funding for 2013/14.</p>	
<p>The national allocation of £3.8bn for 2015/16 will lead to an apportionment of £15.290m to Central Bedfordshire taking account of the other funding streams set out above. The amount includes £1.19m for Disabled Facility Grants and Social Care capital grants with £14.1m transferring from the Bedfordshire Clinical Commissioning Group.</p>	

3. Local plans need to be jointly agreed between the local authority and CCGs and signed off by Health and Wellbeing Boards. To assist Health and Wellbeing Boards a template has been developed and will be used for agreeing and publishing the Better Care Fund Plan. It sets out the key information and metrics that the Health and Wellbeing Boards will need for assurance that plans address the conditions of the BCF.

4. The BCF provides an opportunity to transform local services so that people are provided with better integrated care and support and is seen as an important enabler to take the integration agenda forward at scale and pace. It supports the aim of providing people with the “right care, in the right place, at the right time”, including through a significant expansion of care in Community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing to develop integrated care and on understanding the patient/service user experience.

Requirements of the Funding – National Conditions

5. In 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under Section 75 joint governance arrangements between CCGs and councils. A condition of accessing the money in the Fund is that CCGs and councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.
6. Each statutory Health and Wellbeing Board will sign off the plan for its constituent Councils and CCGs. The Fund plan must be developed as a fully integral part of a CCG’s wider strategic and operational plan, but the Better Care Fund elements must be capable of being extracted to be seen as a stand-alone plan.
7. Six national conditions for access to the Fund have been set:
 1. Plans to be jointly agreed.
 2. Protection for social care services (not spending) – explanation of how local services will be protected.
 3. 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.
 4. Better data sharing between health and social care, based on the NHS number.
 5. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.
 6. Agreement on the consequential impact of changes on the acute sector.
8. The Spending Review also agreed that £1bn of the total £3.8bn available nationally would be linked to achieving outcomes. These outcome measures are:
 1. Delayed transfers of care;
 2. Emergency admissions;
 3. Effectiveness of re-ablement;
 4. Admissions to residential and nursing care;
 5. Patient and service user experience (a new national measure is being developed)
9. In addition to the five national metrics, local areas should choose one additional indicator that will contribute to the payment-for performance element of the fund. This could be from the Outcomes Framework for the NHS, Adult Social Care or Public Health. The proposed chosen local measure is ‘Injuries due to falls in people aged 65 and over’.

The Local Context

10. There are important challenges for delivering a Better Care Fund programme in the context of a rapidly growing and ageing population, in a predominantly rural area across the catchment areas of seven acute hospitals – none of which is within the Central Bedfordshire Council area. By 2021, the population is set to increase to 282,000, with a projected increase of almost 53% in the over 65s.
11. There are four existing and well-defined population centres based around the towns of Dunstable/Houghton Regis, Leighton Buzzard/Linslade, Ampthill/Flitwick, and Biggleswade/Sandy. These population centres form the basis of well established localities (Chiltern Vale, Leighton Buzzard, West Mid Beds and Ivel Valley) that are to be the focus of developments in health and social care. The Council's older people and disabilities services are coterminous with these localities and we have already established integrated health and social care locality arrangements in the Chiltern Vale area and plan to expand this approach across the rest of Central Bedfordshire, with a particular focus on improving outcomes for older people.
12. A number of strategic initiatives which will influence our Better Care Fund Plan are already underway:
 - Work with health partners to re-engineer key medical and primary care to triage services, which aligns with key projects, for example in Biggleswade and Dunstable.
 - The Demonstrator Project in the south of Central Bedfordshire for frail elderly people, with comprehensive geriatric assessment on arrival in hospital to reduce admissions and length of stay in hospital, supported by community based intermediate and reablement services.
 - Re-commissioning of community and mental health services over the next 12 months, which presents real opportunity to redesign community health services in line with the vision for more integrated locality based care, working closely with the hospital to break down traditional barriers to focus on community based services.
 - The Review of Health Services in Bedfordshire and Milton Keynes will help to inform the plan.

Conclusion and Next Steps

- 13.. Work has started to develop a deliverable Better Care Fund Plan for Central Bedfordshire. The plan will be evidence based and informed by current strategies such as the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and Commissioning Intentions documents.
14. Detailed discussions will take place about where the efficiencies will come in the system and what targets/measures need to be owned across the health and social care sector.
15. Further engagement with key providers, service users and carers will take place between February and April.

16. A Peer Assurance Process that has been developed along with some regional funding to assist Councils and CCGs.
17. An initial submission of the Better Care Fund plan for Central Bedfordshire will be submitted on 14 February 2014. A final draft will be submitted to NHS England on 4 April 2014.

Background Papers: (open to public inspection)

Appendix A - Better Care Fund, Technical Guidance (attached)

Location of papers: Priory House, Chicksands