

Committee(s):	Date(s):
Health and Wellbeing Board	31 st January 2014
Subject: Better Care Fund	Public
Report of: Assistant Director People	For Decision

Summary

The Government has announced an Integration Transformation Fund, known as the Better Care Fund, which will give £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users. This fund pulls together some existing monies from various grants and gives a small additional pot to develop a more seamless approach between Health and Adult Social Care.

Funding must be used to support adult social care services in each local authority, which also has a health benefit and it will be a condition of the funding to demonstrate how it will make a positive difference to social care services.

Another condition of the funding is that the local authority agrees with its local health partners how it is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

A plan proforma must be drafted between the local authority and the CCGs that will be party to the plan. A draft plan must be submitted by the Health and Wellbeing Board to the Local Government Association (LGA) and NHS England by the 15th February 2014 with a final submission at the beginning of April.

A consultation event was held with Healthwatch on the 12th December on the areas where we think we need to concentrate in delivering services in the future. The plans that will be drawn up will directly reflect the views of our service users, partners and providers taken from the consultation event.

The four key areas are:

- Care in the right place at the right time
 - Looking at 24/7 care, reablement and other local services
- Joined up care
 - Looking at how we work better with partners to make a seamless service for our users
- Quality of life
 - Looking at how we can make things better for people who live in the City
- Caring for Carers

- Looking at how we can support the carers to continue in their caring roles

The City of London will receive an initial allocation of funding to support the transformation in 2014/15 of £41k, with £819k to be allocated in 2015/16. The £819k comprises £775k of BCF funding, £17k Disabled Facilities Grant funding and £27k Social Care Capital Grant funding. Most of this money comes from existing allocations that we would receive for Social Care, however at this point in time we are awaiting clarity from the Government.

A plan for how the Better Care Fund will be used must be signed off by the Board in April 2014, for implementation in April 2015.

This report sets out progress in creating that plan.

Recommendation(s)

Members are asked to:

- Note the report
- Note the timescales for delivering the plans
- Consider whether there are any further aspects that the Health and Wellbeing Board would want to be included in the plan for Better Care
- Comment and make suggestions about the priorities
- Agree to a consultation workshop for members of the Health and Wellbeing Board on the Better Care Fund in early March

Main Report

Background

1. The Better Care Fund announced by the Government in June 2013 will be £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users. During 2014/15 an additional £200m will be transferred from the NHS to social care, in addition to the £900m transfer already planned.
2. The fund will be created using £1.9bn NHS funding and £1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system, composed of:
 - £130m Carer's Breaks funding
 - £300m CCG reablement funding
 - £354m capital funding (including c. £220m of Disabled Facilities Grant)
 - £1.1bn existing transfer from health to social care

3. The City of London will receive an initial allocation of funding to support the transformation in 2014/15 of £41k, with £819k to be allocated in 2015/16. The £819k comprises £775k of BCF funding, £17k Disabled Facilities Grant funding and £27k Social Care Capital Grant funding. Most of this money comes from existing allocations that we would receive for Social Care; however at this point in time we are awaiting clarity from the Government.
4. In a letter sent to CCG Clinical Leads, Health and Wellbeing Board Chairs, Chief Executives and Directors of Adult Social Services dated 17th October 2013, the following advice was given:
5. “When allocations are made and announced later this year, they will be two-year allocations for 2014/15 and 2015/16 to enable planning.
6. “In 2014/15 the existing £900m s.256 transfer to local authorities for social care to benefit health, and the additional £200m will be distributed using the same formula as at present.
7. “The Health and Wellbeing Board will receive a notification of its share of the pooled fund for 2014/15 and 2015/16 based on the aggregate of these allocation mechanisms to be determined by ministers. The allocation letter will also specify the amount that is included in the pay-for-performance element, and is therefore contingent in part on planning and performance in 2014/15 and in part on achieving specified goals in 2015/16.” At present we are still awaiting guidance on the pay-for-performance element, specifically whether this is included in the allocation or in addition to it.
8. Each Health and Wellbeing Board will sign off the plan for its constituent local authorities and CCG(s). Whilst the specific priorities and performance goals are a matter to be determined locally, the government has specified that the information be presented in a similar format to enable the aggregation of information; to achieve a clear idea of the ambitions; to provide assurance that the national conditions have been achieved; and to understand the performance goals and payment regimes that have been agreed in each area.
9. A plan proforma must be drafted between the local authority and the CCGs that will be party to the plan. A draft plan must be submitted by the Health and Wellbeing Board to the LGA and NHS England by the 15th February 2014 with a final submission at the beginning of April to coincide with the planning cycle for the NHS.
10. There are six national conditions that must be met:
 - Plans to be jointly agreed;
 - Protection for social care services (not spending);
 - As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
 - Better data sharing between health and social care, based on the NHS number;
 - 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; and
 - Agreement on the consequential impact of changes in the acute sector.

Current Position

11. In order to develop the plan, a consultation process was established with providers and service users, whilst senior officers met with colleagues in provider hospitals and the CCG to outline our proposals.
12. A consultation event, facilitated by the City and Healthwatch on the 12th December 2013, invited local residents and providers to ascertain what they want to be achieved locally.
13. Four key areas were considered as part of the consultation:
 - Care in the right place at the right time
 - Looking at 24/7 care, reablement and other local services
 - Joined up care
 - Looking at how we work better with partners to make a seamless service for our users
 - Quality of life
 - Looking at how we can make things better for people who live in the City
 - Caring for Carers
 - Looking at how we can support the carers to continue in their caring roles
14. A summary of the consultation is attached at Appendix 1 and the key points helped to develop our strategic intentions
15. The key strategic intentions include developing a closer working relationship with the CCGs in Tower Hamlets and Islington as well as the City and Hackney CCG. This is in order to ensure that we have the wellbeing of all of our residents at the heart of the programme and not just those registered with the Neaman Practice.
16. Secondly, we need to have a clear picture of the data relating to our residents in order to determine need and provision and ensure that our JSNA is reflective of the needs of all residents, whether they are registered with a GP in the City or elsewhere. We will therefore want to deliver services that meet those needs and not always just be an add-on to the schemes delivered in Hackney.
17. Thirdly, we want to be able to share information between Health and Social Care effectively and efficiently.
18. Fourthly, where we can achieve it, we want services to our residents that are easily accessible, easily signposted and delivered locally in a way that is convenient to our residents.
19. Officers met with the CCG on the 8th January 2014 to discuss the outcomes of the consultation and to discuss the priorities that would need to be included in the plan.

20. It was clear that data and information sharing would be crucial within the City and the CCG have agreed to undertake an exercise with their counterparts within Tower Hamlets and Islington to extrapolate data in relation to City residents registered with GPs in other areas. This may require ongoing performance and data analysis work jointly funded by the City and the CCGs.
21. The CCG have also commissioned Tricordant to look at IT systems across health services and the City in order to facilitate information sharing using the NHS number, as this organisation been doing a similar project for Hackney.
22. One of the key points raised in this meeting was the access, or lack of it, to certain community services depending on which GP surgery the resident was registered with, particularly community nursing services. Currently, this is provided at the Hub at the Homerton, but may not be as easily accessed if the resident is registered with a GP outside of the City. This will therefore be a crucial project to ensure that residents are able to access a whole range of services including incontinence services, dementia services and respiratory clinics, etc. The CCG agreed an undertaking to review how the community nursing services are provided for the City.
23. Further to the proposal agreed by the Health and Wellbeing Board in November 2013, two posts have been agreed that will liaise between the hospitals, social care and the GP practices for our residents, in order to reduce the occurrence of delayed discharges. These posts will also provide our residents with a central contact who can navigate them through the arrangements within social care and the NHS in relation to their discharge from hospital.
24. LB Hackney has been using the services of Tricordant for some time, which has helped to develop Hackney's approach to integrated care and further progressed this. We will be using their existing knowledge of the City and Hackney CCG to help us progress in our integration, particularly in relation to governance, data sharing and systems.
25. Further work will need to be undertaken to develop protocols with the GP surgeries in Tower Hamlets and Islington and to consider the impact; the benefits of personal health budgets; and to improve information for residents by possibly working with health colleagues to include health supplier information in the service directory.
26. The current timeline for this work includes attending the Adult Advisory Group on the 5th February. The draft plan will be submitted on the 14th February and the final plan will come back to Health and Wellbeing Board on the 1st April, before the final submission on the 4th April. It is proposed that a workshop session may be useful for members of the Health and Wellbeing Board in early March in order to review the proposals and to enable a fuller contribution of members to the process.
27. It is proposed that the draft plan is submitted whilst more detailed proposals, including the financial details with the CCGs, are finalised.

Corporate & Strategic Implications

28. This report will fit with the Corporate Plan under the Key Priorities KPP2 and KPP3
KPP2: Maintaining the quality of our public services whilst reducing our expenditure and improving our efficiency
29. The government's agenda of closely integrating Health and Social Care is intended not only to deliver cost efficiencies, but to maximise opportunity for innovation and creating a new culture within Health and Social Care that will deliver services fit for the 21st Century.
KPP3: Engaging with London and national government on key issues of concern to our communities including policing, welfare reform and changes to the NHS
30. Integrated care will require us to work closely with the CCGs with whom our service users engage, and with London as a whole, in order to develop our approaches.
31. It is anticipated that we will work innovatively with our CCG colleagues to deliver the right services in the right place at the right time for our service users in a way that is convenient to them.

Implications

32. There will be a number of implications arising from this fund and the proposals that will emerge. Principally, it will change the funding streams to Adult Social Care with the creation of one fund that comprises the Carers Grant, Disabled Facilities Grant, CCG reablement funding and transformation funding.
33. The intention from the Government is that CCGs and local authorities will create pooled budgets in order to facilitate integration. Given that our population is so small, having separate pooled budgets for each integration project would likely not be viable, however there is the possibility of combining the whole fund into one pooled budget to have a City-specific pooled budget with the CCG. This would require careful management, negotiation and legal advice and would need to be one of the projects during the transition phase to test the viability.
34. If there are any joint funded posts as a result of the fund, this would also require HR advice on management arrangements.
35. There may be a risk due to our low volumes that the City could miss out on the performance related element of the funding available as it will be difficult to demonstrate much improvement (e.g. there have been no delayed discharges, so demonstrating an improvement in this area would not be possible).

Conclusion

36. As the plan is in draft form at this stage, there is still some time in which to negotiate with the CCGs and in which to consolidate our approach. It is anticipated that the changes brought about by the Better Care Fund will put us in the position of being able to provide locally delivered services that meet the needs of our residents.

Appendices

- Appendix 1 – Summary of Consultation event held with Healthwatch

Background papers

- **Health and Wellbeing Board report 6th November 2013:** Proposal to seek funding from NHS England for two posts to support Health and Social Care Integration

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