

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
FRIDAY 28 MARCH 2014 AT 10.00 a.m.**

SUBJECT: BETTER CARE FUND

Report of Assistant Directors Health and Social Care Integration

Authors:

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1.0 Purpose of report

1.1 To present the Hertfordshire Better Care Fund submission to the Health and Wellbeing Board for agreement.

2.0 Better Care Fund

2.1 The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June last year as part of the 2013 Spending Round.

2.2 The Government has agreed that £3.8bn of NHS funding is to be pooled between the NHS and social care to create the Better Care Fund which will come into effect in 2015/16. The Fund aims to:

- *drive closer integration (between health and social care) and improve outcomes for patients and service users, with change delivered at 'scale and pace'.*
- *support 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*
- *protect social care services*

The forthcoming Care and Support Bill facilitates the establishment of the Better Care Fund, for example by:

- Allowing making mandatory a system that allows NHS funding to be shared with local authorities
- Creating an obligation for the NHS and local authorities to pool funding and agree local spending plans for integrated person-centred care.
- Giving NHS England powers to require CCGs to use the allocated funding in a pooled budget for use on integrated care and to specify the objectives the area must receive.
- Allowing the existing powers under Section 75 of the National Health Service Act 2006 to allow the creation of a pooled budget.
- Imposing a duty on the creation of a spending plan in relation to the fund agreed with the Health and Well Being Board.
- Impose a duty on NHS England to operate the fund in the joint interests of health and social care.

2.3 It is important to stress that nationally, only £200m of the money is a new allocation in 2014/15. This £200m supplements the £900m that was allocated by NHS England to social care in 2013/14, and is approximately £4m for Hertfordshire. The rest of the fund is already part of Clinical Commissioning Group's base budget – committed on various health services locally. In Hertfordshire the guidance stipulates that at least £70.9m of funds must be put into the Better Care Fund pool. The figures represent the *minimum* amount of monies that must be pooled as outlined in the Better Care Fund guidance, with Councils and CCGs able (and indeed encouraged) to pool more monies.

2.4 As a result of the legislative changes that are proposed within the Care and Support Bill, each Health and Well-being Board area must submit a Better Care Fund Plan, jointly agreed between social care and the NHS and signed off by the Health and Well-being Board, which outlines how services will be commissioned to deliver integrated working and delivery against agreed metrics. There are 6 national conditions that must be met for any local plan to be agreed by the NHS Local Area Team:

- '7 day working' in health and social care
- Plans to be agreed jointly between the NHS and social care
- Better data sharing between NHS and social care
- Joint assessment and 'accountable professionals'
- Protection of social care services (not spending)
- Agreement on the consequential impact of changes in the acute sector

2.5 In addition the Fund will need to be used to deliver against the following set of national metrics:

- Delayed transfers of care
- Avoidable emergency admissions
- Effectiveness of re-ablement
- Admissions to residential and nursing care
- Patient and service user experience
- Plus one locally agreed metric (to be agreed by Health and Well-being Board)

Approximately £17m of the monies in Hertfordshire will have performance conditions attached based on delivery against the national metrics and conditions. It envisaged that 50% of this pay-for-performance element will be paid at the beginning of 2015/16, contingent on the Health and Wellbeing Board adopting a plan that meets the national conditions by April 2014, and on the basis of 2014/15 performance on delayed transfers of care and avoidable emergency admissions. The remaining 50% will be paid in the second half of the year and will be based on performance against the other metrics.

2.6 Approach in Hertfordshire

2.7 Approaches to taking forward the implementation of the Better Care Fund have varied across the country. In Hertfordshire the County Council and the CCGs have agreed an approach that aims to create a jointly commissioned pool of community health and social care services for older people that can be transformed, and where appropriate, integrated to:

- deliver better care for patients and service-users
- reduce reliance and spend on acute services
- meet national conditions and deliver against metrics
- release efficiency savings for HCC and both CCGs to help deliver against efficiency targets

2.8 To deliver this, the CCGs have worked with the Council to identify services they currently commission that would benefit from a transformative and integrated approach to the care of older people. The funds attributed to these services, and indeed the commissioning of the services, will then form part of the pool. In each case, CCGs have identified service lines whose budgets exceed the minimum they must pool. Although this is not mandated nationally, it is proposed to pool the Council's monies using Section 75 of the National Health Service Act 2006 relating to Older People's care into the Better Care Fund, and thereby create a significant pooled budget for older people's care which has both NHS and local authority funds in it.

2.9 The principle used by both CCGs and the Council to determine what to put in the proposed pool has been whether the services involved:

- mainly serve older people;
- are conducive to being jointly commissioned and;

- where appropriate could be transformed and commissioned differently to deliver better outcomes, value for money and integrated working.

The services, and associated budgets, that are currently proposed to go into the Better Care Fund and, consequently, be jointly commissioned from 2015/16 are laid out below:

Commissioning Area	HVCC'G (£'000)	ENCCG (£'000)	C and P CCG (£'000)	Total (£'000)
Existing CCG allocations to social care	9,585	9,063	301	18,949
Existing fund from CCG baselines				
Hertfordshire Community Trust services for older people	33,477	21,420		
Other intermediate care		2,198		
Continuing Care	11,791	13,506		
Carers	295	272	11	
Other	2,248	4,938	708	
Total	57,397	51,397	1,020	109,814
HCC Older People's Services				
Assessment and Care Management	5,856	5,334		
Residential and Nursing	36,778	36,508		
Community Services	12,848	15,847		
Direct Payments	2,431	1,968		
Flexicare Housing	2,993	2,993		
Other Older peoples	874	874		
DFG Allocation 201516	1,481	1,588		
Social care capital	1,151	1,151		
Total	64,412	66,262		130,674
TOTAL BETTER CARE FUND	121,809	117,659	1,020	240,488

* Agreement reached to place the Cambridgeshire and Peterborough monies in the East and North Hertfordshire element of the pool.

- 2.10 The Better Care Fund will form part of both the 2-year operational plans for the CCG, and part of the wider 5 year strategic plan that both CCGs must submit to the Local Area Team (LAT). Although more work will need to take place ahead of the pooled arrangements coming into place, there is agreement around the following priority areas for integrated working:

- Promoting independence for older people to help them live at home, preventing admissions, and reducing residential placements
- Improving re-ablement post hospital stays
- Improving end of Life Care
- Improving care for stroke patients
- Improving care for people with dementia (and the locally chosen metric will be related to dementia diagnosis)

2.11 The draft submission is attached at Appendix 1. Although detailed plans for integrated working in this area need to be finalised, work is already progressing on designing and implementing solutions to deliver against the objectives laid out above:

- Integrated health and social care teams based around GP clusters. This will build on the Homefirst pilots, and enhance the relationship between primary care, social and community care. The teams will aim to care for patients and service-users at home, working to prevent hospital and residential care admissions and expedite discharges from acute settings through quality care and rehabilitation.
- Re-design and commissioning of both community health and social care beds, e.g. intermediate care beds, enablement beds and short-stay beds, to deliver a more flexible range of beds.
- Review and transform hospital social work processes and introduce a 'discharge-to-assess' model of working. This will be aimed at reducing delayed transfers of care and avoidable admissions. Crucially for social care, this work will aim to reduce the number of service-users placed in residential placements post-acute care.
- Integrated health and social care stroke pathway, with an early supported discharge team (ESD), to reduce length of stay in acute stroke units and most importantly, maximise the rehabilitation of service users after a stroke. Other areas have seen reduced homecare and residential placements costs as a result of this approach.

2.12 Additional 2014/15 monies

2.13 Proposals for the spend of the £4m of new monies in 2014/15 are presented at Appendix 2. The priority areas for spend can be summarised as:

- Support for rapid discharge services from acute care (e.g. 'Home from hospital' support)
- Contribution to the roll-out of Homefirst /integrated health and social care teams based in GP cluster areas
- Support to care homes to enhance their ability to care for more complex individuals

Work is underway to develop mechanisms to evaluate the effectiveness of this spending.

2.14 Next steps

2.15 The Better Care Fund submission needs to be given to the Local Area Team by the 4th of April, and will reflect any comments from the Health and Well-being Board. The submission will be examined by both Hertfordshire CCG Boards and the HCC Cabinet prior to the Health and Well-being Board on the 28th March. After submission of the plan the following work will need to take place to prepare for 2015/16:

- review of existing joint commissioning governance arrangements, with new arrangements designed that will be fit for purpose to jointly commission the Better Care Fund resources;
- development of detailed proposals to deliver the objectives in the plan, building on existing work that has already started;
- development of proposals to ensure compliance with the national conditions, for example 7-day working, with a programme of reports to the Health and Well-being Board to provide assurance.

3.0 Recommendation

3.1 It is recommended that the HWB:

1. Agree the Better Care Fund submission and provide any comments or amendments
2. Agree the next steps proposed.
3. Agree the proposals for the spending of new monies in 2014/15.

4.0 Background

Report signed off by	Herts Valley Clinical Commissioning Group (HVCCG) - Board, East and North Hertfordshire Clinical Commissioning Group (ENHCCG) Board, Hertfordshire County Council (HCC) - Cabinet
Sponsoring HWB Member/s	Iain MacBeath, Nicola Bell and Lesley Watts
Hertfordshire HWB Strategy priorities supported by this report	The Better Care Fund proposals relate to the following Health and Well-being priority areas: <ul style="list-style-type: none"> • Living well with dementia • Enhancing quality of life for people with long term conditions • Supporting Carers to care
Needs assessment	
The Better Care Fund identifies initial priorities for integration based on our understanding of both need in the area and future demographic challenges, which is why the priorities include: <ul style="list-style-type: none"> - support to frail elderly populations - Long term conditions - Dementia 	

- Stroke Care
- End of life care

As detailed joint commissioning plans for the Better Care Fund develop, further work will be done reviewing the Joint Strategic Needs Assessment to identify areas to prioritise for transformation.

Consultation/public involvement

There has been extensive consultation activity around the Better Care Fund process, with patient groups, statutory bodies, provider organisations and the voluntary and community sector. During February there were 4 Better Care Fund events, run jointly by the CCGs and HCC across the County, with over 240 people attending. The feedback from these events has informed the submission, and will also inform the approaches to delivering the agreed objectives. In addition to these events major NHS providers have been engaged in the development of the submission and will continue to be engaged as plans develop.

Equality and diversity implications

Each project that is delivered as part of the Better Care Fund work will be subject to robust equality impact assessments, to ensure the impact on different groups is understood and where necessary mitigated against.

Acronyms or terms used

Initials	In full
CCG	Clinical Commissioning Group
HCC	Hertfordshire
HWB	(Hertfordshire)Health and Wellbeing Board
DFG	Disabled Facilities Grant