

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	<b>Integrated Health and Social Care – Better Care Fund (BCF)</b>		
<b>Contributors</b>	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	5
<b>Class</b>	Part 1	Date: 28 January 2013	

## 1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board with background information on the Better Care Fund (formerly known as the Integration Transformation Fund) and seeks agreement on the proposed areas of spend. The report also outlines the required next steps.

## 2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are recommended to:

- Note the indicative BCF allocation for Lewisham;
- Agree the proposed areas of BCF spend to enable officers to complete the first draft of BCF template;
- Consider which additional local outcomes measure they wish to select as part of the BCF submission;
- Note the timetable for submission of the draft and final BCF plan;
- Agree that the Executive Director for Community Services, Lewisham Council and the Chief Officer, Lewisham Clinical Commissioning Group be asked to complete the BCF template and submit a first draft to NHS England and the LGA;
- Note that a final draft will be presented to the Health and Wellbeing Board for approval on 25 March 2014, prior to the BCF submission deadline of 4 April 2014.

## 3. Policy Context

- 3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in *Shaping our future* – Lewisham’s Sustainable Community Strategy and in Lewisham’s Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to *Shaping our future’s* priority outcome that communities in Lewisham should be *Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.*

- 3.3 The Health and Social Care Act 2012 requires the Health and Wellbeing Board to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

#### 4. Background

- 4.1 The Better Care Fund was announced as part of the 2013 Spending Round. The document stated that ‘the Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people’.
- 4.2 The Government also announced an extra £200m to be transferred from health to social care in 2014/15. The associated guidance states that Councils should use the additional £200m to prepare for the implementation of pooled budgets in April 2015 and to make early progress against the national conditions and the performance measures set out in the locally agreed plan.
- 4.3 The tables below summarise the elements of the Spending Round announcement on the Fund:

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
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise: <ul style="list-style-type: none"> <li>• £130m Carers’ Break funding</li> <li>• £300m CCG reablement funding</li> <li>• £354m capital funding (including £220m Disabled Facilities Grant)</li> <li>• £1.1bn existing transfer from health to adult social care.</li> </ul>

- 4.4 Members are asked to note that £1.9bn of the £3.8bn for 15/16 will be dependent on performance and local areas must set and monitor achievement of national and locally agreed outcomes during 2014/15 as a baseline for 2015/16.

4.5 The indicative allocations for Lewisham are:

<b>2014/15</b>	<b>2015/16</b>
<b>£6.1m</b>	<b>£19.74m plus £1.374m from existing local authority capital</b>

4.6 It is important to note that most of the additional funding that has been announced is not new money. The majority of funding to be transferred from the CCG to the Council is money that is already committed to existing services.

## **5. Lewisham’s Adult Integrated Care Programme (AICP) and proposed use of the Better Care Fund**

5.1 The Board will no doubt recall that Lewisham’s approach to integration of service delivery focuses on impacting on and influencing the health and social wellbeing of all the borough’s residents. This is reflected in the now very well established Children and Young People’s Plan and in the recently agreed scope of the Adult Integrated Care Programme.

5.2 Lewisham’s Adult Integrated Care Programme has three key strategic objectives:

- Better Health - to make choosing healthy living easier;
- Better Care - to provide the most effective personalised care and support where and when it is most needed;
- Stronger Communities - to build engaged, resilient and self-directing communities.

5.3 The Better Care Fund sits therefore as part of a wider strategy and approach and shapes how resources will be focused specifically on improving integrated services and outcomes for older and disabled residents who are in need of both health and social care services. As the focus of this work is to establish better coordinated and planned care closer to home, it relieves pressure on both acute services and use of emergency/crisis social care services.

5.4 In 14/15 it is proposed that the Fund be used to as follows:

<b>Activity Area</b>	<b>£000’s</b>
SCAIT	507
Neighbourhood Teams - Staffing	2,107
Enablement (including Hospital Assessment Social Work Team and Lewisham Intermediate Care)	3,026
Other	50
LBL preparation for 7 day working including domiciliary care	70

work	
Promote Welcome Home support service to facilitate discharge	170
ICT	70
Project management	100
<b>Total</b>	<b>6,100</b>

5.5 In 15/16 it is proposed that the Fund be used as follows:

<b>Activity Area</b>	<b>£000's</b>
SCAIT	507
Neighbourhood Teams - Staffing	2,145
Enablement (including Hospital Assessment Social Work Team and Lewisham Intermediate Care)	2,826
Other	50
LBL preparation for 7 day working inc dom care work	70
Promote Welcome Home support service to facilitate discharge	170
ICT	400
Project management	100
Reablement - reviewing all other services to ensure they are effective	
- Reablement Pathway for clients referred to social services	45
- Single point of access	120
- In patient step down facility	653
- Early discharge of COPD patients	249
- Outpatient IV therapy	33
- Heart failure nursing	139
- Clinical assessment services	350
- Safeguarding	120
Carers - Review and improve existing services	776
Older people's services/ frail elderly. Redesign care pathway	10,986
<b>Total sum to be transferred from Health</b>	<b>19,739</b>
DFG	613
Capital	762
<b>Total BCF budget</b>	<b>21,114</b>

## 6. Outcomes Framework and Metrics

- 6.1 As part of the AICP, we have been working to develop a robust Outcomes Framework of measures that we intend to use to demonstrate clearly the level of local ambition for improvement of the Integrated Care Programme and to monitor our progress. This will then be used to monitor and assure the Health and Wellbeing Board that we are on track to deliver the locally agreed level of ambition.
- 6.2 In submitting our plans to access the BCF, the Outcomes Framework has to include the following five national metrics as a minimum:

<b>National Metrics</b>
<ul style="list-style-type: none"><li>• patient / service user experience (ASCOF 3A, NHOF 4)</li><li>• admissions to residential and care homes (ASCOF 2A)</li><li>• avoidable emergency admissions (NHOF 3A)</li><li>• effectiveness of reablement (ASCOF 2E)</li><li>• delayed transfers of care (ASCOF 2C)</li></ul>

- 6.3 We are also required to select one of the metrics from the menu below, or agree a local alternative.

<b>Local Metrics</b>
<ol style="list-style-type: none"><li>1. Proportion of people feeling supported to manage their (long term) condition (NHOF 2.1)</li><li>2. Estimated diagnosis rate for people with dementia (NHOF 2.6i and PH 4.16)</li><li>3. Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days (NHOF 3.5)</li><li>4. Social care-related quality of life (ASCOF 1A and NHOF 2)</li><li>5. Proportion of adults in contact with secondary mental health services living independently with or without support *ASCOF 1H and PHOF 1.8)</li><li>6. Carer-reported quality of life (ASCOF 1D and NHOF 2.4)</li><li>7. Proportion of adult social care users who have as much social contact as they would like (ASCOF 1I)</li><li>8. Proportion of adults classified as “inactive” ((PHOF 2.13)</li><li>9. Injuries due to falls in people aged 65 and over (PHOF 2.24)</li></ol>

- 6.4 Each metric will be of equal value for the payment for the performance element of the Better Care Fund.

- 6.5 This work, of setting baselines and agreeing specific levels of ambition for the metrics, will be discussed by the Adult Integration Programme Board and recommendations presented to the Health and Wellbeing Board at its next meeting.
- 6.6 The Adult Integration Programme Board will consider a number of factors, when reviewing potential outcomes measures, such as:
- having a clear baseline against which to compare future performance;
  - ensuring that the target is achievable, yet challenging enough to incentivise an improvement in integration and improved outcomes for users;
  - understanding the long-run trend to ensure that the target does not purely reward improved performance consistent with trend increase; and
  - ensuring that any seasonality in performance is taken into account.
- 6.7 Members of the Health and Wellbeing Board are asked to consider which additional local outcomes measure they wish to select as part of the Better Care Fund submission. To assist in this decision, the following points should be noted:
- Indicator 1 on managing long term conditions is subject to a review and may change;
  - Indicators 2, 4, 5 and 6 are on more than one Outcome Framework.
  - Most indicators are reported annually, except the carers indicator which is biennial, making interim monitoring difficult, and indicator 5 on mental health adults, which is available quarterly.

## **7. Accessing the Fund**

- 7.1 To access the fund, Lewisham must complete a “good first draft” of the Better Care Fund template to NHS England and the LGA by 14 February 2014. A final version must be submitted to NHS England as part of the CCG’s Strategic and Operational Plan by 4 April 2014.
- 7.2 The plan must cover the two years 2014/15 to 2015/16 and set out how the funding will be used locally, subject to the following six national conditions:
- Plans for use of the fund must be jointly agreed and signed off by the Health and Wellbeing Board, and the CCG and Council. In agreeing the plan, CCGs and councils should engage with providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people.

- Local areas must include an explanation of how local adult social care services will be protected.
- Local areas must set out plans for 7-day services to support patients being discharged and prevent unnecessary admissions at weekends.
- Securing better data sharing between health and social care, based on the NHS number.
- Ensuring a joint approach to assessments and care planning.
- Agreement on the impact of changes on the acute sector.

## **8. Financial implications**

- 8.1 This report describes proposals for use of sums transferred from health. In 2013/14 the transferred sum is £4.89m for which the Health and Wellbeing Board approved expenditure proposals at its November meeting.
- 8.2 In 2014/15 this increases by £1.14m. As in 2013/14, this will be paid via a S256 agreement. Specific proposals for the use of the total sum are shown above. These build on 2013/14 plans but with some funding applied to the preparation for further integration in 2015/16.
- 8.3 From 2015/16 arrangements will change. The transferred sum increases (to £19.74m locally) and will be managed through a S75 arrangement in a pooled budget which will also contain two sources of funding currently paid direct to the Council : disabled facilities grant and adult social care capital grant. The total sum, now known as the Better Care Fund, is the minimum for pooling but both the CCG and the Council can pool greater amounts if they choose.
- 8.4 These arrangements are intended to improve performance on a range of indicators and retention of part of the transferred sum will be dependent on this improvement. The sum transferred from health is presented in the Council's financial settlement as new funding but members should note that the majority is not increased funding to the system; increases in funding to the Council are matched by equivalent reductions in funding to the CCG.
- 8.5 Specific plans for the 2015/16 financial year have not yet been developed. However given the requirement for adult social care to contribute to savings of £22m (to the Council's overall £85m savings target), and for the CCG to deliver savings of £25m by March 2016 and thereafter in the region of £10m per annum, the plans will need to support the largest possible contributions to these savings. The Better Care Fund can be used to maintain services that would otherwise need to be reduced or ended, and part will need to be used in this way.

Further, part will need to be used to prepare for implementation of the Care Bill.

## **9. Legal implications**

- 9.1 As part of their statutory functions, Members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.
- 9.2 The legal framework under which the NHS is transferring funds to the Authority is S256 of the National Health Service Act 2006 (the Act). The paying NHS body must be satisfied that the payment secures an effective use of public funds. This is usually managed through a Memorandum of Understanding which is likely to be agreed with the CCG.
- 9.3 Where there is an integration of services and or joint funding, then this is dealt with under an agreement under S 75 of the Act which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

## **10. Crime and Disorder Implications**

- 10.1 There are no specific crime and disorder implications arising from this report or its recommendations

## **11. Equalities Implications**

- 11.1 There are no specific equalities implications arising from this report or its recommendations.

## **12. Environmental Implications**

- 12.1 There are no specific environmental implications arising from this report or its recommendations.

## **13. Conclusion**

- 13.1 Officers will continue to develop the BCF plan and submit a first draft to NHS England and the LGA by 14 February 2014. A further report and final draft of the BCF plan will be presented to the Health and Wellbeing Board for approval in March, prior to its submission on 4 April.



If there are any queries on this report please contact Sarah Wainer, Head of Strategy, Improvement and Partnerships, Community Services Directorate, Lewisham Council, on 020 8314 9611 or by email [sarah.wainer@lewisham.gov.uk](mailto:sarah.wainer@lewisham.gov.uk).