

Report of the Strategic Director of Adults,
Health and Housing and the Chief Operating
Officer of Southern Derbyshire Clinical
Commissioning Group

Better Care Fund Update

SUMMARY

- 1.1 In June 2013, Ministers announced the creation of an integrated transformation fund (which was renamed the Better Care Fund) to create £3.8bn worth of pooled budgets nationally between health and social care, starting from April 2015.
- 1.2 The aim of the fund is to accelerate and incentivise councils and local NHS organisations to jointly plan and deliver services so that integrated care becomes the norm by 2018.
- 1.3 An additional £1.153m has been made available locally in 2014/15 in the pool for the transfer from health to social care to streamline this process. The Better Care Fund value for Derby City is £17.403m.
- 1.4 This report updates members of the Health and Well Being Board of the revised requirements for the Better Care Fund, which were published at the end of July 2014.
- 1.5 Members will recall approval of the original BCF plan. Members are asked to delegate authority to approve the revised Better Care Fund plan final submission.
- 1.6 Due to the rigorous quality assurance and support processes in place to validate the detail of all BCF plans, the final version will not be available until the HWBB meeting date has passed. However, the final plan will be circulated to all Board Members.

RECOMMENDATION

- 2.1 To delegate authority to approve the final version of the Derby City Better Care Fund plan to the Chair of HWBB, Chair of SDCCG and the Cabinet Member for Adults and Health.

REASONS FOR RECOMMENDATION

- 3.1 The Plan has to be submitted to the Department for Health by 19 September 2014. Derby City can comply with this milestone if authority is delegated to key Members of the Board.

4.1 Introduction

The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 spending round. It provides an opportunity to pool funds to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability but it is important to note that none of the Fund is “new” money and will need to be withdrawn from existing NHS commitments. It also contains the Social Care Capital Grant and the Disabled facilities Grant. The intention of the Fund is to act as a catalyst for accelerated change towards greater integration of health and social care.

The value of the fund for Derby City is £5.264m in 2014/15, although £4.111m of this is already contained within the 2013/14 s256 transfer from the NHS to the Council.

The final version of the Better Care Fund (BCF) plan has to be submitted to the Department of Health (DH) by 19 September 2014. Members will be aware a previous version of the plan was submitted to DH on the 4 of April 2014.

4.2 What has changed in the Better Care Fund Planning Template

Following submission of the original plans by local communities to the DH in April 2014, quality assurance processes highlighted some concerns about the deliverability of plans and the consequences of non- delivery, particularly the financial consequences for the acute sector.

4.3 In order to address the concerns the BCF templates were revised and reissued on 28th of July 2014 to include more detail on proposals and some key changes to the metrics and engagement with the acute providers in particular. The key changes are summarised below;

- The definition of emergency admissions was revised to cover all emergency admissions as opposed to avoidable emergency admissions. A 3.5% reduction target from the Q3 2014/15 outturn has been set as a minimum expectation.
- Greater level of granularity is required in the new planning template, on the financial costs and benefits of each “scheme/ project” that is to be funded through BCF and the overall case for change.
- A new annex is provided in the plan template to capture commentary from the main acute provider(s) in the HWBB area.
- A performance element is re-introduced to the fund linked to the emergency admissions performance target of 3.5%, exclusively. This amounts to a maximum of £4.586m. A proportion of this has to be held by the CCG to the value of the required level of emergency admissions reductions. The remainder being spent on NHS commissioned out of hospital services.
- Plans need to be clearer about the protection of adult social care services, provided by local authorities.

- There is a new section on how BCF plans link with broader CCG plans.

4.4 These new requirements of BCF plans do not in themselves change the strategic direction or tactical deployment of schemes contained within the original plan. Therefore the changes are confined to the level of detail and depth of evidence presented in the plan to support the schemes to deliver on the key national objectives of the BCF plans;

- Protecting Adult Social Care Services
- Seven day services to support hospital discharge
- Data Sharing using NHS number as the primary identifier
- Joint assessment and lead professionals across health and social care

4.5 The broader agenda behind the rework of BCF plans is to ensure greater alignment with CCG 2 year operational plans and 5 year strategic plans. The principles and key characteristics of the Derby BCF plan remain unchanged and are reiterated below.

4.6 **The Derby Better Care Fund Plan**

Derby City Council and its NHS partners have been discussing integrated care for some time and undertaken consultation with citizens to better understand what they want from future health and social care services and integrated care in particular. The Health and Well-being Board recently agreed to adopt the *National Voices* vision and definition of integrated care which is:

“My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes.”

4.7 This is underpinned by the following guiding principles. Integrated care must:

- be organised around the needs of individuals (person-centred)
- focus always on the goal of benefiting service users
- be evaluated by its outcomes, especially those which service users themselves report
- include community and voluntary sector contributions
- be fully inclusive of all communities in the locality
- be designed together with the users of services and their carers
- deliver a new deal for people with long term conditions
- respond to carers as well as the people they are caring for
- be driven forwards by the commissioners
- be encouraged through incentives
- aim to achieve public and social value, not just to save money,

last over time and be allowed to experiment

4.8 The investment of the BCF to start to create of our integrated health and care system focuses on:

- a Joint Strategic Needs Assessment that captures the assets in our communities as well as their challenges
- a further investment in Local Area Co-ordination to make best use of the naturally-occurring assets in the community to promote self-help and build up people's own informal networks of support
- support to people living with long term conditions to better manage their own conditions and reduce crises
- integrated primary and community health teams with social work to create ten community support teams across the city
- a focus on people who have a significant number of hospital admissions over the year to help stabilise their conditions through proactive management and support
- a single point of access for people at risk of a hospital or care home admission and the services to support people to remain at home
- 7 day a week services that promote early discharge and avoid unnecessary hospital admissions
- Increased use of personal health budgets to support people with continuing care needs in the community
- only by exception people going into long term care from an acute hospital bed
- optimisation of people's opportunity to recover and be rehabilitated/ re-enabled to be the best that they can be
- community geriatricians supporting primary care practice who in turn will support more frail older people to live at home
- increased support to carers, especially those who spend a considerable amount of time caring
- support for people to live in decent and safe homes particularly for those where housing conditions are impacting on health.

4.9 The BCF plan will undergo an approval process which should be concluded by mid to late October 2014.

OTHER OPTIONS CONSIDERED

5.1 None

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)	Robin Constable Toni Nash Liz Moore Pervuez Sadiq Cath Roff, Andy Layzell, Jenny Swatton
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IMPLICATIONS

Financial and Value for Money

- 1.1 The Better Care Fund provides for £17.403m worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for citizens. In 2014/15, in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer. At a local level this translates to a total of £17.403m for 2015/16 and an additional £1.153m for 2014/15.

The plan requires a statement that sets out how investment will protect adult social care services.

Legal

- 2.1 None arising directly from this report.

Personnel

- 3.1 None arising directly from this report

IT

- 4.1 None arising directly from this report

Equalities Impact

- 5.1 None arising directly from this report

Health and Safety

- 6.1 None arising directly from this report

Environmental Sustainability

- 7.1 None arising directly from this report

Asset Management

- 8.1 None arising directly from this report

Risk Management

- 9.1 The Better Care Fund Plan requires a statement on risk sharing and risk rewards.

Corporate objectives and priorities for change

- 10.1 The vision and guiding principles set out in the report are compliant with the Council's corporate objectives and those of the Derby Plan.