



Derby City Council

**COUNCIL CABINET**  
**18 March 2015**

**ITEM 12**

Report of the Cabinet Member for Adults and Health

**Better Care Fund Plan**

**SUMMARY**

- 1.1 The Council has been working with the NHS commissioning and provider community in Derby and Derbyshire to provide joined up care for local people for over a year.
- 1.2 Our aim with partners is to maximise independence for people by delivering care as close to their own home as possible, as soon as this is needed. The implementation of community support teams, intermediate care services and an integrated equipment service are good examples of what we have achieved locally. We wish to continue with this direction of travel to improve care for those who need it, creating a successful service model which others can follow.
- 1.3 To support further integration and deliver more health and care services in the community the Council with NHS partners submitted the Derby Better Care Fund (BCF) plan to NHS England. The aim of the BCF is to accelerate and incentivise local organisations to jointly plan and deliver services so that integrated care becomes the norm.
- 1.4 The BCF allows local areas to use the existing funding within the health and care system differently to reduce unnecessary hospital admissions by providing care closer to home for older people in particular. It must be stressed this is funding which is currently within the health and care system already and is not new or growth funding. Indeed, as we have a growing older people population we are being asked to do more with the same amount of funding.
- 1.5 To create a pooled budget with Southern Derbyshire CCG, each Health and Well Being Board (HWBB) area had to submit a spending plan for approval by NHS England. The Derby City plan is attached at Appendix 2.
- 1.6 The Derby HWBB has been sighted on the plan as it has had sight of a number of iterations presented at the Board.
- 1.7 Following a rigorous multi stage assessment and approval process, the Derby plan was approved by NHS England on 6 February 2015.
- 1.8 The BCF currently is for 2015/16 only. At present there is no certainty about national support for the continuation of the approach into future years. However, locally the Council and NHS partners are committed to improving health and care services into the future.

## **RECOMMENDATION**

- 2.1 To approve the Better Care Fund Plan as endorsed by NHS England.
- 2.2 To delegate authority to the Strategic Director of Adults Health and Housing in consultation with the Cabinet Member for Adults and Health to enter into a legal agreement with Southern Derbyshire Clinical Commissioning Group for the Better Care Fund pooled budget.

## **REASONS FOR RECOMMENDATION**

- 3.1 The plan has been approved by NHS England and therefore Health and Social Care service leads in Derby can progress the implementation of the schemes contained within the BCF plan.
- 3.2 The transfer of funding from NHS organisations to the local authority to improve health services is governed by section 75 of the National Health Service Act 2006. This requires the creation of a legal agreement known as a S75 agreement when NHS funding is transferred to local authorities.

<b>SUPPORTING INFORMATION</b>
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### **Introduction**

- 4.1 The Better Care 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 £17.403m in 2015/16. £5.264m of this fund is already contained within the 2014/15 s256 transfer from the NHS to the Council. A further £4.287m has been allocated to protect social care and is reflected in the 2015/16 Council budget.

The final version of the Better Care Fund (BCF) plan had to be submitted to NHS England by 9 January 2015. A previous version of the plan was submitted to NHSE on the 4 of April 2014 and 19<sup>th</sup> of September 2014.

### **Better Care Fund Planning**

- 4.2 Following submission of the original plans by local communities to the NHSE 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 emergency hospitals.
- 4.3 In order to address the concerns the BCF planning templates were revised and reissued on 28<sup>th</sup> 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. £1.475m of this element of the fund has to be held by the CCG to cover the risk of the required improvement in the level of emergency admissions reductions. The remainder being spent on NHS commissioned out of hospital services.
- Plans needed to be clearer about the protection of adult social care services, provided by local authorities.
- There was 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.

### **The Derby Better Care Fund Plan**

4.6 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.”*

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

4.7 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.

4.8 The BCF plan has been through a vigorous approval process which concluded on the 9 of February 2015 with notification of approval.

**BCF Plan Governance**

- 4.9 The BCF plan implementation shall be monitored through the Adult Commissioning Board which is a multi- agency board with senior officer representation from both the Council and Southern Derbyshire Clinical Commissioning Group.
- 4.10 The Adult Commissioning Board reports into the Derby Health and Well Being Board. NHS providers are full members of Derby's Health and Well-being Board and have been since its inception.
- 4.11 In order to address the fact that Southern Derbyshire CCG geographically covers both Derby City Council and part of Derbyshire County Council, there is a significant level of collaboration between the three organisations (and the other Derbyshire CCGs). To that end, it has been agreed between the two local authorities that Derby's Health and Well-being Board will be the "lead" board for SDCCG plans with Derbyshire County Council members attending the Derby city board for specific items on integrated care including the BCF plan.
- 4.12 The South Derbyshire System Transformation and Resilience Board is a newly constituted board that covers the unit of planning for SDCCG and Erewash CCG. It is the over-arching strategic board for integrated planning and also addresses the new planning requirements for resilience. It acts as the programme board for BCF and wider transformation plans. Membership is at Chief Officer level.
- 4.13 Tasked out from the South Derbyshire Transformation & Resilience Board are a series of Operational groups that have responsibility for the implementation of planned actions. They are multi-agency groups with senior officer membership.

<b>OTHER OPTIONS CONSIDERED</b>
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- 5.1 No other options were considered.

**This report has been approved by the following officers:**

<b>Legal officer</b>
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Anita Barnett
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<b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b>  <b>Service Director(s)</b> <b>Other(s)</b>	Toni Nash Liz Moore Steve Sprason  Ann Webster – Lead on equality and diversity
<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	Pervvez Sadiq 01332 642796 pervvez.sadiq@derby.gov.uk None Appendix 1 – Implications Appendix 2 – BCF Plan

<b>IMPLICATIONS</b>
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**Financial and Value for Money**

- 1.1 The Derby City BCF amounts to £17.403m in total for 2015/16. A certain proportion of the fund has to be spent on NHS commissioned out of hospital services, £3.110m. In addition, £1.475m has to be held by Southern Derbyshire CCG to cover the risk of the 3.5% emergency admissions reduction target. £12.817m of the fund shall transfer to the Council. This is fully reflected in the overall Council budget for 2015/16 and does not represent additional funding.

**Legal**

- 2.1 The Council must enter into a section 75 agreement with Southern Derbyshire Clinical Commissioning Group to transfer the BCF funding to the Council, under section 75 of the NHS Act 2006.

**Personnel**

- 3.1 Care staff already work collaboratively with NHS staff, further movement in this direction shall be required as a result of the BCF plan. This will require scoping by both the Council and its NHS partners to understand the options and implications for employers and employees, as further collaborative work is carried out. Any future significant personnel implications as a result of the scoping shall be subject to a further report. Assignment of a lead professional to more complex cases is a requirement of the BCF plan. This shall be undertaken through the Community Support Teams.

**IT**

- 4.1 In order to facilitate information sharing at a patient level, the NHS number shall be captured in all source systems to support professionals working with individuals in order to better plan and co-ordinate care with NHS colleagues.

**Equalities Impact**

- 5.1 Better care for older people and disabled people is a key aim of the BCF plan. The plan shall have a positive impact on treating and supporting older people in the community, as well as disabled people.

**Health and Safety**

- 6.1 None arising directly from this report.

**Environmental Sustainability**

- 7.1 None arising directly from this report.



## **Property and Asset Management**

- 8.1 None arising directly from this report.

## **Risk Management**

- 9.1 The Better Care Fund supports the Councils overall budget as an income stream to allow delivery of key care services to support the overall health and care system in Derby. The loss of this fund would present a significant financial risk to the Council. The current fund is currently only agreed for 2015/16.

In order to share data with the NHS the Council needs to achieve and retain NHS IG Toolkit compliance.

## **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 to achieve good health for all.