



HEALTH AND WELL-BEING BOARD
Thursday 16 January 2014

ITEM 10

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

Better Care Fund

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 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 £200m has been made available in 2014/15 in the pool for the transfer from health to social care to streamline this process.
- 1.4 This report informs members of the Health and Well-being Board of the requirements of the Better Care Fund and Derby City's outline plans for its utilisation.

RECOMMENDATION

- 2.1 To endorse the vision and guiding principles set out in 4.10 and 4.11 for the Better Care Fund Plan.
- 2.2 To endorse the key characteristics of the system re-design as set out in 4.13 that will shape the Better Care Fund Plan.
- 2.3 To submit a draft plan on 14 February 2014 to the Department of Health based on the system re-design principles.
- 2.4 To consider a final version of the plan at the Health and Well-being Board meeting on 13 March 2014.

REASONS FOR RECOMMENDATION

- 3.1 The Department of Health require the submission of a draft Better Care Fund Plan by 14 February 2014. Given the detailed guidance only came out on 21 December 2013, officers have not had time to prepare a detailed draft plan. Officers are therefore seeking endorsement of the general vision, principles and direction of travel for the

plan.

SUPPORTING INFORMATION

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 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improve long term sustainability but it is important to note that none of the Fund is “new” money and will need to be withdrawn from existing NHS commitments.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 £5.068m in 2014/15, although £4.111m of this is already contained within the 2013/14 s256 transfer from the NHS to the Council.

A first draft of the Better Care Fund plan has to be submitted to the Department of health by 14 February 2014 with a final version to go on 4 April 2014.

4.2 What is included in the Better Care Fund and what it will cover

The tables below summarise the elements of the Fund:

The June Spending Round set out the following:	
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:	
£1.9 bn of NHS funding	
£1.9 bn 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">• £130m Carers' breaks funding• £300m CCG re-ablement funding• £354m capital funding including £220m Disabled Facilities Grant)• £1.1 bn existing transfer from health to adult social care	

4.3 For 2014/15 there are no additional conditions attached to the £900m transfer already announced, but NHS England will only pay out on the additional £200m to councils that have jointly agreed and signed off two year plans for the Better Care Fund.

4.4 In 2014/15 there are no new requirements for pooling budgets. 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. This is important, since some of the performance-related money is linked to performance in 2014/15.

4.5 Included within the Better Care Fund is funding for costs to councils resulting from care and support reform. This includes £50m of capital funding primarily associated with introducing new IT systems to administrate the capped care cost system which will be implemented from April 2016. A further £135m of revenue funding is linked to the new range of duties that come from April 2015 as a result of the Care Bill. Most of the costs result from new entitlements for carers and the introduction of a national minimum eligibility threshold, but there is also funding for better information and advice, advocacy, safeguarding and other measures in the Care Bill.

4.6 **Performance framework and payment**

Each Health and Well-being Board must sign off the joint plan for the use of the Fund. The Fund plan must be developed as a fully integral part of the CCGs wider strategic and operational plan but the Better Care Fund elements must be capable of being extracted as a stand-alone plan.

4.7 The Fund has six national conditions which must be met before money can be accessed. The Fund plan must:

- Be jointly agreed
- Provide protection for local adult social care services
- provide 7-day services to support hospital discharge and prevent unnecessary admissions at weekend
- Confirm use of the NHS number as the primary identifier for care records
- Ensure that where funding is used for integrated packages of care there will be a lead accountable professional
- Identify, provider by provider, what the impact will be on the local area including if the impact goes beyond the acute sector.

4.8 £1bn of the £3.8bn will be linked to achieving outcomes. Half of the £1bn will be released in April 2015 of which half will depend on meeting four of the six national conditions and the other half will relate to performance against a number of national and locally determined performance indicators during 2014/15. The remainder will be released in October 2015 and will relate to further progress against the national and locally determined performance indicators.

4.9 The national performance indicators under-pinning the fund will be:

- Admissions to residential and nursing homes
- Effectiveness of re-ablement
- Delayed transfers of care
- Avoidable emergency admissions
- Patient/ service user experience

4.10 The first payment will be dependent on performance of delayed transfers of care April to December 2014 and Avoidable emergency admissions April to September 2014. If a local area achieves 70% or more of the levels of ambition set out in each of the indicators in its plan, it will be allowed to use the held-back portion of the performance pool to fund its agreed plan.

4.11 **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:

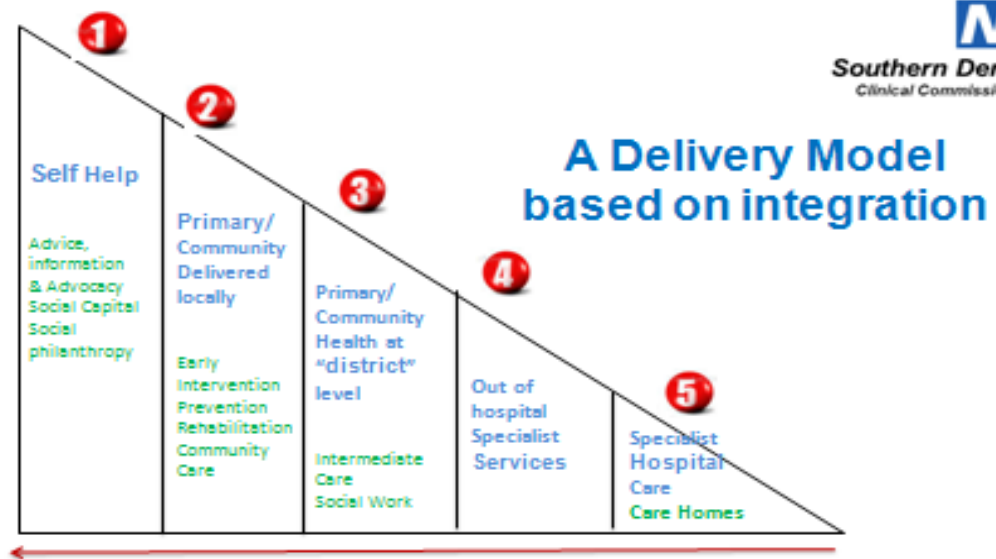
“My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes.”

4.12

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

4.13 While the details of our Better Care Fund Plan are being worked up, its strategic intent can be illustrated by the “Care wedge” as set out below:



- *Primary care as key part of community services*
- *Same model works for most client groups*
- *Potential development of a Public sector Offer*
- *Development of social capital*
- *What are the public's responsibilities in this model?*

4.15 Our aspiration is that, as much as possible, people find the support they need to the left hand side of the “wedge” and that resources are shifted from the right to the left side of the system. The key characteristics of our integrated system will be:

- 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

4.16 This will be underpinned by a whole systems approach to business intelligence (a key priority of the Board and currently being rolled out), the development of a shared care record, a multi-agency cultural change programme and an integrated workforce learning and development programme.

OTHER OPTIONS CONSIDERED

5.1 It is a requirement of the funding to draw up a Better Care Fund Plan so doing nothing was not a viable option.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Andy Layzell, Chief Officer, SDCCG
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Background papers:

List of appendices:

None

Appendix 1 – Implications

IMPLICATIONS

Financial and Value for Money

- 1.1 The Better Care Fund provides for £3.8bn 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 £17.324m for 2015/16 and an additional £957k for 2014/15.

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

Legal

- 2.1 None specific

Personnel

- 3.1 None specific

Equalities Impact

- 4.1 None specific

Health and Safety

- 5.1 None specific

Environmental Sustainability

- 6.1 None specific

Property and Asset Management

- 7.1 None sepcific

Risk Management

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

Corporate objectives and priorities for change

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

