TO: EXECUTIVE
11 FEBRUARY 2014

BETTER CARE FUND
Director of Adult Social Care, Health and Housing
Chair of Bracknell and Ascot Clinical Commissioning Group

1 PURPOSE OF REPORT

1.1 The purpose of this report is to set out the initial joint plan for the use of the Better Care Fund in accordance with the guidance received to-date.

1.2 The Better Care Fund Plan must be signed off by the Council, Clinical Commissioning Group (CCG) and the Health and Well Being Board. It is required to be submitted by 15 February 2014.

2 RECOMMENDATIONS

That the Executive/CCG Governing Body/Health and Well Being Board:-

2.1 approve the submission of the template attached as Annex A;

2.2 approve the establishment of a Better Care Board as set out in 5.3.5; and

2.3 agree additional resources for staff to programme manage our approach to be delegated to the Director of Adult Social Care, Health and Housing in conjunction with the Executive Member within the funding envelope.

3 REASONS FOR RECOMMENDATIONS

3.1 The Better Care Plan for Bracknell Forest must be agreed and submitted to NHS England Area Team by 15 February 2014.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None

5 SUPPORTING INFORMATION

5.1 Articulating the Vision

5.1.1 The Council and CCG have already established in the Joint Health and Well Being Strategy (JHWS), its overriding objective which chimes with the intentions set out in national voices and in the guidance on Better Care Fund:-

> 'To make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place, and gets good service and support when they need them.'

5.1.2 This was underpinned by 4 principles:-

- People should be supported to take responsibility for their own health and wellbeing as much as possible
- Everybody should have equal access to treatment or services
- Organisations should work together to make the best use of all the resources they have to prevent and treat ill-health
- The support and services that people get should be of the best possible quality,

5.1.3 In looking specifically at what this means for our approach with the Better Care Fund programme, we need to ensure an unwavering commitment to outcomes for individuals encapsulated by the following:-

"Our population will be happy, healthy and active for longer; through having better information, access to health and care (expert) services when required; and support to make the right choices."

In practical terms, this will mean that people:-

- will only have to tell their story once, as there will be integrated, shared records based on the NHS number as the unique identifier
- need will be met with the minimum time spent in hospital or travelling to access the services they need
- 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 best outcomes

5.2 National Conditions

The following national conditions are a requirement of the plan. The detail of this is in the template itself.

5.2.1 Plan must be jointly agreed

The Integration Task Force established by the Health and Well Being Board on 12 December 2013 has been instrumental in driving progress. There has been some discussion with providers, but a strong recognition that more detailed involvement is needed as well as other stakeholders in the identified activity areas.

5.2.2 Protection for Social Care Services

The CCG and Council have a strong track record in working well together. The use of the NHS monies for social care has demonstrated a joint commitment to ensure the level of social care services remain in a position to maintain outcomes for individuals and on the health economy. This is evidenced in sustained performance over some years.

5.2.3 7 Day Services

Currently, enhanced intermediate care is available 7 days per week. Plans are in place to deliver a full Community Response and Intermediate Care Service to be available 7 days per week. This will have implications for local independent sector providers as well as the NHS and the Local Authority as a consequence of the shift to seven day working.

5.2.4 Better Data Sharing

The current social care system has the capability to use the NHS number as the primary identifier. No system currently meets healthcare and social care requirements. Procurement of a social care system has been delayed pending the procurement approach of the community health provider.

5.2.5 Joint Approach to Assessment and Care Planning

There is a strong track record of multi-disciplinary teams across a range of care groups. However, there is more to do to expand this to all residents who could benefit from this approach.

5.2.6 Agreement on Consequential Impact on Acute Sector

The position that has been signalled to acute providers is that we will be looking to reduce investment in emergency care by 3% per year over the 5 years of the strategic plan. This will build to the 15% reduction as outlined in the planning guidance, but at a pace which means providers can respond to the change and remain viable.

5.3 Integration Task Force & Governance and Resource Required

5.3.1 The Integration Task Force (ITF) has met regularly since its establishment via Health and Well Being Board in December 2013. This group has been supported by a working group of technical and operational experts.

5.3.2 The content of the template has been framed by the ITF for consideration on behalf of both organisations. A number of 'events' have been held to seek views and opinions to influence this plan.

5.3.3 A key requirement going forward from the submission of the plan is clarity on the governance arrangements for the development of the proposed plan.

5.3.4 Whilst the Health and Well Being Board has a fundamental role in ensuring that the plan delivers the changes necessary to achieve the vision, it is not the right vehicle to manage the detail of the operational changes required. Consequently, it is proposed to reframe the ITF into the Better Care Programme Board.

5.3.5 It is proposed that the Board should comprise of the following and be co-chaired:-

- Director of Adult Social Care, Health and Housing, BFC (co-chair)
- Deputy Chief Officer, CCG
- Chief Officer: Adults and Joint Commissioning, Adult Social Care, Health and Housing, BFC
- Clinical Lead, CCG (co-chair)
- Head of Joint Commissioning, Adult Social Care, Health and Housing, BFC
- Head of Operations, CCG
- Healthwatch

The Board will be supported by a range of operational and technical experts as required. It will report to the Health and Well Being Board as the CCG Governing Body and Council.

5.3.6 A programme of this magnitude will require dedicated support in order to drive progress, working across all agencies. At the current time, it is envisaged that a small team working on behalf of, and accountable to the partner organisations, via the Programme Board, will be established using new S256 NHS monies for social care, plus additional CCG funding. The work will be focussed on specifying and delivering new areas for integrated working, including the development of benchmarking, baseline data and evaluation criteria.

5.4 Performance

5.4.1 There will be a limited number of national measures to demonstrate progress towards better integration health and social care.

5.4.2 The national metrics underpinning the funding are:-

- admissions to residential and care homes
- effectiveness of reablement
- delayed transfers of care
- avoidable emergency admissions
- patient/service user experience

5.4.3 Due to the varying time lags for the metrics, different time periods will underpin the two payments for the Fund as set out in the table below. Data for the first two of these metrics, on admissions to residential and care homes and the effectiveness of reablement, are currently only available annually and so will not be available to be included in the first payment in April 2015.

Metric	**April 2015 payment based on performance**	**October 2015 payment based on performance**
Admissions to residential and care homes	N/A	Apr 2014 - Mar 2015
Effectiveness of reablement	N/A	Apr 2014 - Mar 2015
Delayed transfers of care	Apr – Dec 2014	Jan - Jun 2015
Avoidable emergency admissions	Apr – Sept 2014	Oct 2014 – Mar 2015
Patient/service user Experience	N/A	Details TBC

5.4.4 In addition to this, local areas will be required to choose one additional indicator that will contribute to the payment-for-performance element of the Fund. In choosing this indicator, it must be possible to establish a baseline of performance in 2014/15.

NHS Outcomes Framework	
2.1	Proportion of people feeling supported to manage their (long term) condition
2.6i	Estimated diagnosis rate for people with dementia
3.5	Proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability at 30/120 days
Adult Social Care Outcomes Framework	
1A	Social care-related quality of life
1H	Proportion of adults in contact with secondary mental health services living

	independently with or without support
1D	Carer-reported quality of life
Public Health Outcomes Framework	
1.18i	Proportion of adult social care users who have as much social contact as they would like
2.13ii	Proportion of adults classified as "inactive"
2.24i	Injuries due to falls in people aged 65 and over

6 FINANCES

6.1 This section is in two parts; the first will deal with the NHS monies for social care in 2014/15 and the second, with the Better Care Fund in 2015/16.

6.2 2014/15 NHS Transfer for Social Care

6.2.1 There is an increase in the amount of funding available from NHS England in 2014/15. The allocation for BFC is £1.658m, an increase of £363k.

6.2.2 During 2013/14, the expenditure profile has sustained (and in some case, improved) what is by and large good performance when benchmarked. It is suggested that last year's agreed expenditure is continued and built on to start to progress our developments to meet the national conditions. In addition to this, there are investments made via winter pressures (one-off) that would require longer term funding. Table A below indicates 2013/14 expenditure to continue and Table B potential new areas.

Table A

Activity	**Cost (£000's)**
Managing Demographic and System Capacity Pressures	770
Carers Support	100
Stroke Support	26
Dementia Adviser	35
Public Health Initiatives	100
Autism Support	80
Long Term Conditions/Integrated Care	71
Improving Capacity to Support Programmes	40
Dementia Support	73
TOTAL	**1,295**

Table B

Area	**Commentary**	**Amount (£000's)**
Demographic Pressures	We have experienced additional demand due to our maintained performance this year and changes to support (The Winter Pressures identified End of Life Care (20k) increased demands for ASC (30k) additional support to Frimley Park Hospital system (80k) and therefore given the o/s we are clearly	90

	spending more than this and would suggest we use 90k of the additional to help guarantee access and performance at current levels. The Council is putting in circa 270k towards the demographic pressure around OP from its own resources.	
Clinical Support to Bridgewell	One off funding from Winter Pressure really needs to be continued to deal with increasing acuity or we lower threshold.	50
Falls	This is another area that we have paid for year on year with no real strategic plan or commitment and yet we know fractures are high in Bracknell Forest & Ascot and this will be an essential plank of the Better Care Fund.	50
Increasing CR+R access 7 days a week	Builds up front line team to facilitate discharge avoid admission, support earlier discharge including weekends.	112
Other Opportunities	Potential programme management and technical information	63

6.2.3 The CCG intends to put a sum of £0.302m in addition to the increase in S256 funding for 2014/15. Plans will be developed in order to ensure both CCG and Council use the resource to support the transformation required.

6.2.4 Further the CCG has identified funds equivalent to 1% of total budget during 2014/15. This sum will be used to secure a strong position in preparation for 2015/16 by investment in sustainable community based services in support of the outcomes. This would include, for example, making services sustainable that were piloted using one off monies where they have proven to deliver good outcomes and reduce non elective admissions.

6.3 Better Care Fund 2015/16

6.3.1 The Better Care Fund will comprise of the following elements:-

	£
• Local Authority Funding	
○ Disabled Facilities Grants	0.348m
○ Social Care Capital Grant	0.201m
	0.549m
• Section 256 Funding	
○ 2013/14	1.295m
○ 2014/15 additional	0.363m
	1.658m
• CCG Core Funding	
○ Carers	0.228
○ Reablement	1.594
○ Other	2.636
	4.458m
TOTAL	**6,665m**

6.3.2 The fund does not in itself address the financial pressures faced by Councils and CCGs. The local funding brings together NHS and Local Government resources that are already committed to existing core activity. Councils and CCGs will, therefore,

have to redirect funds from these activities to shared programmes that will deliver better outcomes for individuals. This calls for a shared approach to delivering services and setting priorities.

6.3.3 Part of the fund will be linked to performance. The detail on how this element will work is yet to be decided by Government. It is likely that that the performance metrics to be used will be determined by data that is already available. What this means is that circa £1m of the available monies will be 'held back' in some way.

6.3.4 It is recognised that the CCG funding is already invested in services. Some of these services are already integrated. As an example, our Section 75 Agreement for Community Response and Reablement includes circa £1.6m from the CCG.

6.3.5 The challenge for the health and social care system is to ensure that the services invested in, deliver the magnitude of change required to avoid additional activity in institutional settings.

6.3.6 The attached plan sets out those areas which require more detailed analysis as areas in which we want to focus on initially.

7 PLAN

7.1 The overarching plan is set out in the template at Annex A to this report. It sets out the approach and the identification of the relevant workstreams currently identified. It is recognised that in doing further detailed work, these programmes may well change from those envisaged in February 2014. What is critical to success of the approach in Bracknell Forest is 'To think big and act small (local).'

7.2 The scale of ambition in the plan needs to be capable of future proofing services and our approach. It will require improved relationships and trust across the system and securing sign up to the principles across organisations. In doing this, grasping the scale of cultural changes for all organisations whilst maintaining stability through managing risk for all partners in the approach.

7.3 The journey has already begun in Bracknell Forest, there is much to consolidate and build on. Key to success is to support local leaders to innovate and allow local variation to deliver outcomes for people. There is no prescription so whether it's virtual or actual teams working more closely together, outcomes should determine.

7.4 In doing all of the above to deliver the plan, there will be a need to monitor, evaluate and improve as we progress.

8 CONCLUSION

8.1 This report and attached templates are work in progress. The next iteration is due early April. Key to success will be securing early agreement on the transformational opportunities and the capacity to deliver the potential changes.

8.2 The Council and CCG are starting from a strong base, in terms of joint working, integrated services and generally strong performance.

9 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

9.1 The relevant legal issues are addressed within the main body of the report.

Borough Treasurer

9.2 Since then, the allocations have been published, and the numbers are slightly different, however, the thrust of the comments should be the same, may I suggest:

There are considerable financial implications for the Council from the expansion of the NHS money for Social Care, and the introduction of the Better Care Fund.

In 2014/15 the increase of NHS money for social care has been confirmed as being approximately £363k, which is as per the funding formula for adult social care. In respect of 2015/16, the minimum size of the Better Care Fund is £6.65m.

It should be noted that £1bn of the total national fund of £3.8bn is payable on results, which could amount to £1.75m for Bracknell. There is a risk that money to this value will be spent on efforts to achieve outcomes, but will not be reimbursed if those outcomes, are not achieved. The current judgement is that Bracknell performs well on the outcomes that are likely to be used as a basis for awarding the performance element of the money, for example delayed discharges from hospital, but the risk should not be ignored. In particular with this latter performance metric, this is measured once a year, and there are very small numbers involved. Performance is therefore vulnerable to small changes in outcomes. This risk can be mitigated by measuring the score locally on a monthly basis.

However, the introduction of the Better Care Fund should be regarded as an opportunity to achieve better outcomes for people locally, and potential efficiencies in the local Health and Social Care economy.

Equalities Impact Assessment

9.2 An Equalities Impact Assessment will be undertaken as part of any service changes where appropriate.

Strategic Risk Management Issues

9.3 Elements of existing BFC and CCG funding will be transferred to the ITF. Early indications show that this will include the Disabled Facilities Grant alongside existing NHS funding to social care e.g. for Intermediate Care and demographic pressures. Securing budgetary provision for existing services will be critical to the development of the Integration Plan.

9.4 It is a requirement of the ITF that Clinical Commissioning Groups and Councils understand the implications of decommissioning services from NHS providers, both Acute and Community Foundation Trusts. CCGs and Councils must agree the sharing of risk around the destabilisation of NHS Acute Sector and Community Services. The ITF guidance states, “CCGs and Local Authorities should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services”.

9.5 Both the CCG and the Council must be in agreement to the priorities for funding from the ITF. This will require a shared understanding of the needs of the population and future demand.

9.6 The performance framework for the ITF is still to be determined. Bracknell Forest Council is a high performing authority. It is not yet clear whether the implementation of the performance related part of the ITF will require meeting "stretch targets". Sufficient funding must be allowed in the ITF to improve performance relating to existing services.

9.7 In developing the Integration Plan, it is critical to ensure that services are planned to meet the needs of the people in Bracknell Forest. This will require local pathways and services that are tailored for the area rather than generic services across the east of the county.

9.8 There is a further joint risk implicit in the performance area around Acute hospitals.

Background Papers

Annex A – ITF Letter
Annex B – Draft Integration Plan Template
Health and Well Being Report – 12 December 2013

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