

Committee: Health and Wellbeing Board

Date: 28 January 2014

Agenda item: TBC

Wards: All

Subject: Better Care Fund

Lead officer: Simon Williams, Director of Community and Housing and
Eleanor Brown, Chief Officer of Merton Clinical Commissioning
Group.

Lead member: Linda Kirby, Cabinet Member for Social Care and Housing

Forward Plan reference number: TBC

Contact officer: Jonathan Carmichael, Integrated Care Project Director

Recommendations:

- A. Note the background to the Better Care Fund
 - B. Agree to Chair's Action to agree the draft plan to be submitted by 14 February, following agreement by email by the HWB Chair, MCCG Chair, MCCG Chief Officer, Director of Community and Housing, and the Voluntary Sector member.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The Better Care Fund introduces a pooled budget between the Merton Clinical Commissioning Group (MCCG) and Merton Council (MC), to enable the transformation of services in the community. Using funds transferred from the MCCG's revenue allocation, and capital from the Council's capital allocation, the local organisations aim to improve patient and service user experience, reduce admissions to hospital, facilitate discharges, and reduce admissions to residential and nursing homes.
- 1.2. A presentation will be given to the Health and Wellbeing Board on this item.
- 1.3. Agreement to the draft plan by the Health and Wellbeing Board is proposed to be by Chair's Action, close to the national submission deadline of 14 February.

2 BACKGROUND

- 2.1. The Better Care Fund (BCF) is a national initiative which introduces a pooled budget between NHS Clinical Commissioning Groups and Local Authorities to provide an opportunity to transform local services so that people are provided with better integrated care and support. It was previously referred to as the Integration Transformation Fund, and re-named the Better Care Fund in December 2013.
- 2.2. The BCF will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. It provides an opportunity to improve the lives of some of the most vulnerable people in our population, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. However, as the funding is mainly a transfer of revenue from the Clinical Commissioning Group's (MCCG's) allocation, and existing capital from the Council's allocation, into the pooled budget, the Better Care Fund could be viewed as not being new money but a new way of agreeing and stimulating service transformation between health and social care.
- 2.3. The BCF will support the aim of providing people with the right care, in the right place, at the right time, and with the right outcome, including through a significant expansion of care in community settings, instead of in hospital or care homes. The drive behind the BCF is focused on adults, in particular older people.

3 DETAILS

3.1. Merton Context

3.1.1 In Merton, it provides the opportunity to develop the existing Merton Integration Project which began in 2013. A partnership of the MCCG, Council, four health trusts and voluntary sector, it aims to develop integrated care between social and health care. The Merton project is focused on two phases of individuals' care:

- **a pro-active phase**, including the identification of high risk individuals, allocation of a key worker, person-centred planning and a common care plan across organisations, development of integrated locality teams and multi-disciplinary review meetings.
- **a re-active phase**, developing improved responses to short term crises and exacerbation of conditions, including rapidly available alternatives to hospital admission, supported hospital discharge, rehabilitation,

intermediate care, reablement, and increasing the integration of these health and social care responses.

3.1.2 In 2014/15 the Fund will consist primarily of the existing Section 256 transfer of funds from the MCCG allocation to the Council, used to fund social care that benefits health, plus an initial increase to begin progress. The main BCF pooled budget has a wider brief, and comes into operation in 2015/16.

3.1.3 A draft plan for the use of the Better Care Fund in 2014/15 and 2015/16 is to be submitted by 14 February to NHS England, and a final plan on 4 April 2014. As guidance is still emerging there remains substantial work to be completed to agree the plan between the partner organisations, it is proposed that the Health and Welbeing Board agree the plan by Chair's Action, as detailed in the recommendations.

3.2. **Aims, Metrics and Performance Element**

3.2.1 The BCF has the following aims, and progress will be measured nationally against metrics for each of these aims:

- Increase patient and service-user experience
- Reduce avoidable emergency admissions to hospital
- Reduce delayed transfer of care from hospital
- Demonstrate the effectiveness of re-ablement
- Reduce permanent admissions to residential and nursing homes

A further locally agreed metric will be added.

3.2.2 In the second year, up to 25% of the BCF is subject to a performance assessment, based on metrics for the above elements plus a locally agreed metric, together with progress on 7-day working, data sharing, joint assessments with an accountable professional, and protection for adult social care services (see below).

3.2.3 It has been clarified that should the planned level of achievement not be reached, money will not be clawed back in 2015/16. Instead, a previously agreed contingency plan will be put into operation if the performance is above 70% of the level of the levels of ambition set out in the plan. If performance falls below 70%, a recovery plan may be required. This will be developed with the support of a peer review process involving colleagues from NHS and local government organisations in neighbouring areas. The peer review process will be coordinated by NHS England, with the support of the LGA.

3.3. National Conditions

3.3.1 The allocation of the Fund is also subject to six national conditions:

- **The plan is to be jointly agreed** by the Council and CCG, and signed off by the Health and Wellbeing Board, with involvement from providers
- **Protection for adult social care services** (not spending) should be explained in the plan, using a local definition.
- **7 day services** in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.
- **Better data sharing between health and social care**, based on the NHS number as the primary identifier
- **A joint approach to assessments and care planning** and ensure that where funding is used for integrated packages of care there will be an accountable professional.
- **Agreement on the consequential impact of changes in the acute sector**

3.4. Funding Allocation

3.4.1 In 2014/15 the Merton Better Care Fund will consist of:

- Existing Section 256 transfer from the CCG to Council for social care which benefits health £2,676,000
 - Additional Section 256 transfer from the CCG to Council for early progress against conditions and achieving outcomes
- £623,000
£3,399,000

3.4.2 In 2015/16 the Better Care Fund will become a pooled budget, created by a Section 75 transfer:

- Revenue from Merton CCG £11,254,000
Including previous CCG allocations for Carers' Breaks and for Reablement services and new Council allocations for reforms in the Care Bill
 - Capital from Merton Council £944,000
Including the Disabled Facilities Grant £528,000 and the Social Care Capital Grant £416,000
- £12,198,000

3.4.3 At this stage there are no plans to add further local funds to the pooled budget, though this may change over time.

3.4.4 As both the Carers' Breaks and some of the capital element also apply to children, a mechanism will be agreed to ensure appropriate governance and involvement by those responsible for children's services, for these elements.

3.5. **Proposals being considered**

3.5.1 As previously explained, the Fund will cover some current services, and some new investments. Revenue proposals being prepared for consideration include:

- 7-day working to support discharge and avoid hospital admission
- Data sharing
- Integrated packages of care
- Community equipment and adaptations
- Telecare and Telehealth
- Carers' breaks
- Council new duties resulting from the Care Bill
- Re-ablement services
- Community Prevention of Admissions Team
- Community Rehabilitation
- Intermediate Care beds
- Diagnostics in the community
- Community health services
- End of Life Care
- Integrated locality teams
- Specialist input to community based multi-disciplinary team meetings
- Project costs

3.6. **Process for Agreement**

3.6.1 It is proposed that following recommendation by the Merton Integration Project Board, Better Care Fund draft plan is agreed by the Health and Wellbeing Board Chair's Action, by 14 February 2014. A final version of the plan will be agreed by the Council and MCCG Governing Body, and brought to the Health and Wellbeing Board for agreement at its meeting on 25 March 2014.

4 ALTERNATIVE OPTIONS

- 4.1. Not to reach agreement to integrate services in these areas. This would not be meeting national and local aspirations for improved patient experience and efficiency in the system, and the funds for the Better Care Fund would not be released by the NHS.

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. Users and carers have been involved in the Merton Integration Project from an early stage. A User Consultation Event was held in July, to identify what would be “brilliant care”, and users and carers were involved in a simulation event in November to contribute to developing the model for integrated care in Merton.

6 TIMETABLE

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| 6.1. | 14 Feb 2014 | Submission of draft Better Care Fund Plan |
| 6.2. | 4 Apr 2014 | Submission of final Better Care Fund Plan |
| 6.3. | 2014/15 | First year of Fund, using existing transfer plus addition |
| 6.4. | 2015/16 | Second year of Fund: full pooled budget comes into effect |

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. Substantial investment in community services, both social care and health, at levels yet to be agreed.
- 7.2. Protection of social care services and eligibility.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. Creation of a Section 75 transfer between statutory bodies.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. NONE FOR THE PURPOSE OF THIS REPORT

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. NONE FOR THE PURPOSE OF THIS REPORT

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. NONE FOR THE PURPOSE OF THIS REPORT

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

NONE

13 BACKGROUND PAPERS

NONE