

Committee: Cabinet

Date: 10 March 2014

Wards: All

Subject: Better Care Fund Plan

Lead officer: Simon Williams Director of Community and Housing

Lead member: Councillor Linda Kirby

Contact officer: Simon Williams

Recommendations:

- A. That Cabinet support this draft plan and authorise the Health and Wellbeing Board to approve the final plan
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report seeks Cabinet support for the Merton Plan for its Better Care Fund, and asks Cabinet to authorise the Health and Wellbeing Board to approve the final plan
- 1.2. The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June 2013 as part of the 2013 spending round. Its aim is to provide opportunity to change local services by integrating some existing funding streams so that people receive more integrated care and support in community settings. It encompasses a significant level of funding to help local areas become more financially sustainable
- 1.3. Within the overall Fund objectives are to provide protection for social care services and to support local transformation of services so that more people are supported in the community receiving integrated health and social care services.
- 1.4. The Fund for Merton is £12,198k as from 2015/16. This is funding already in the system, whether through existing Department of Health grants or through Clinical Commissioning Group funding already commissioning services.

2 DETAILS

- 2.1. Merton has a new opportunity for more integrated services for older people and those with long term conditions. This is with the formation of Merton Clinical Commissioning Group, the first health body with commissioning responsibilities coterminous with Merton since 1974. This Fund supports a direction of travel already established in Merton
- 2.2. There are some long standing and successful integrated arrangements for people with learning disabilities and with mental ill health and for children. This new plan for integration is informed by such success, and now looks to create similar arrangements for older people and those with mental ill health

- 2.3. In 2010, following the publication of the White Paper for health and social care, Merton formed a collaborative arrangement now known as the One Merton Group. This consisted of Council officers for children and adult social care, public health, clinicians from the three local clinical groups in Merton, and Primary Care Trust managers. This was chaired by clinicians and began to establish a shared vision and work programme. In 2011 one of the Merton Partnership Thematic Groups for older people and healthier communities became the shadow Health and Wellbeing Board
- 2.4. From April 2013 these arrangements have become formalised, with the Health and Wellbeing Board on a statutory footing and the One Merton Group acting as its executive delivery board.
- 2.5. In February 2013 the Council called and hosted a meeting with all its main health partners (the shadow CCG, 3 acute Trusts, the mental health Trust, and the community services provider the Marsden Foundation Trust). The meeting explored and then confirmed a shared commitment to integrated working in Merton. The focus was to be for older people with long term conditions. The aims were to improve patient and carer experience, to reduce non elective hospital admissions, to reduce length of stay in hospitals, and to reduce admissions to care homes.
- 2.6. An Integration Project Board was formed to deliver these objectives. It has met monthly since March 2013. It has initiated work in the following main areas:
- The formation of three locality teams in Merton, consisting of social care, primary care and community health staff, with an aim of providing person centred integrated case management
 - Drawing together provider services to give a fast, practical, 24/7 response to needs and to help keep people in the setting which incurs least dependency
 - Resolving the problems which prevent health and social care staff sharing patient information with each other
 - Having a shared financial and performance framework to underpin this
 - Working with our staff to promote any required changes in practice and culture
- 2.7. The work in the first area, for locality teams, has been informed by workshops with service users to describe what “brilliant” integrated services would look like, by a simulation event to test a developing model of service, and two events for staff to enable them to explore together this new model of working.
- 2.8. This local direction of travel is now supported by the Better Care Fund, since its objective is to support integrated services. The plan for the Fund in Merton has been overseen by the Health and Wellbeing Board.
- 2.9. A first draft of the plan was required to be submitted to NHS England by 14 February 2014. Since the guidance and templates for the plan only came out in December 2013 it has not been possible to bring the draft to Cabinet. The final draft is required by 4 April. It is therefore proposed to bring the draft for Cabinet to check support for the plan, to receive feedback from NHS England who is assuring the plans, to do further work on some of the

wording, and then to submit a final plan to the Health and Wellbeing Board for approval on 28 March 2014. This is why Cabinet authorisation is sought for the Health and Wellbeing Board to do this. Feedback to date from NHSE is that this is a good plan and therefore it is not anticipated that any substantive changes will be required in the final draft.

2.10 Broadly the areas of spend for the Fund are as follows:

£1,530k. Integrated locality teams. This includes more community nurses, new dementia nurses, expert patient programme courses, telehealth, and end of life care

£740k. Seven day working. A range of social care and health staff will be deployed on the basis of 7 days a week and extended hours into evenings.

£1,187k. Prevention of admissions. This includes geriatrician sessions, continuation of the pilot Community Prevention of Admissions Team, rapid response teams in Emergency Departments in St Georges and St Heliers, psycho-geriatrician sessions, and investment in the Ageing Well prevention programme

£2,907k. Community beds and rehabilitation. . This includes a remodelled health and larger rehabilitation service, step-up and step-down beds, intensive rehabilitation into St Georges, a scheme in St Helier to prevent admissions.

£3,577k. Protecting and modernising social care. This includes funding for care packages, funding for Merton Independent Living and Re-ablement Service (MILES), and funding for implementation of the Care Bill.

£400k. Developing personal health and social care budgets.

£363k. Investing in integration infrastructure including project management costs and solutions for data sharing

£551k. Carers breaks. Night nurses to support carers.

£528k (capital). Disabled Facilities Grant. Central government grant now routed through this Fund.

£416k (capital). Social Care Grant. Central government grant now routed through Fund.

£12,198k. TOTAL. This is the value of the Fund for 2015/16. Some of these investments will begin in 2014/15

2.11 It should be noted that 50% of this amount is within existing funding from the Department of Health, including existing funding transferred to social care under Section 256 and existing capital grants, and some existing CCG spend on carers breaks and re-ablement. The other 50% has to be found by the CCG from its mainstream funding. This can only be found from holding down further increases in expenditure on acute services. Discussions have taken place with the acute Trusts about the implications, and some contingency is being held back within the above allocations to ensure that should growth in acute spend continue to increase there is a source of funds for it.

3 ALTERNATIVE OPTIONS

- 3.1. Failure to produce a local plan for the Better Care Fund would lead to the local health and care system being financially penalised, with central government departments then deciding how to use a percentage of the fund.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. Consultation has taken place with service users and carers, with Healthwatch, with the voluntary sector, with health and care providers, and with staff.

5 TIMETABLE

- 5.1. A final version of the plan has to be submitted by 4 April. Feedback is still awaited on the draft plan. It is proposed that Cabinet authorise the Health and Wellbeing Board to approve the final draft subject to financial allocations remaining broadly unchanged.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. The Council and CCG are required to establish a pooled fund under S75 of the NHS Act 2006. The size of the fund is £12,198k. Of this the council is pooling £944k in capital in two areas where capital currently comes directly to the council from DCLG/DH, namely the Disabled Facilities Grant and the Social Care Grant. Proposed allocations within the fund are set out in section 2.10 above. It should also be noted that one of the core purposes of the fund is to provide protection for adult social care
- 6.2. There are no specific property implications.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. The pooled fund is under S75 of the NHS Act 2006.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. None specific for this report

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. None specific for this report

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. None specific for this report

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

- Plan for the Better Care Fund

12 BACKGROUND PAPERS

- 12.1. Better Care Fund Guidance issued by DCLG and DH December 2013, including main Annex, Technical Guidance, and planning template