## Committee: Health and Wellbeing Board

## Date: 25 March 2014

Wards: All

## Subject: Better Care Fund Submission

Lead officer: Simon Williams, Director of Community and Housing

Lead member: Councillor Linda Kirby

Contact officer: Simon Williams, Director of Community and Housing

**Reason for Urgency:** The Chair has approved the submission of this report as a matter of urgency as it is a requirement that the Better Care Fund strategic plan is agreed by the Health and Wellbeing Board.

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**Recommendations:**

A. That the Better Care Fund submission, as attached to this report, is approved and submitted to NHS England and the Local Government Association.

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### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the report is to present the final draft of the Merton Better Care Fund Plan to the Health and Wellbeing Board for review and approval before submission to NHS England and the Local Government Association for assessment. The deadline for submission of the final version is Friday, 4 April and the draft Plan has previously been supported by Merton's Cabinet at its meeting on Monday, 10 March 2014.

1.2. Due to the very tight timescales involved with the production of this final draft, the presentation of this paper to the Board has been delayed due to the need to gain prior agreement at the NHSE Assurance Board on Tuesday, 18 March. Consequently, this paper has not been circulated with the rest of the papers for the Health and Wellbeing Board and is a 'late item', presented with the agreement of the Chair.

1.3. The Plan has been reviewed and some sections redrafted as a consequence of the feedback received from NHS England following the first submission on 14 February that followed agreement by the Health and Wellbeing Board Chair as a Chair's Action. The narrative has been bolstered with the addition of various sections on which further detail or clarification was requested by NHSE. An overview of these amendments is set out at 'Details' below.

## 2. BACKGROUND

2.1. 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 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

2.2. 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.

2.3. The Fund for Merton is £12,198,000 as from 2015/16. This is funding already in the system, whether through existing Department of Health grants or through Clinical Commissioning Group.

2.4. 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

2.5. 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

2.6. 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

2.7. 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.

2.8. 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.

2.9. 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

2.10. 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.

2.11. 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.

2.12. 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 and the Local Government Association who are jointly 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. It is not expected that the financial amounts within it will change, but there may be minor adjustments to the performance metrics should NHSE/LGA ask for them

2.13. 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

2.14. 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 reducing 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 acute spend not decrease there is a source of funds for it.

2.15. The initial draft of the Better Care Fund Plan was submitted to NHS England for review on 14 February and a was assessed by a team consisting of representation from NHS England's local area teams, integrated care team, with local authority input provided by the London Social Care Partnership and London Councils. To undertake the review, the team used a checklist developed from the plan template and building on the national submission. The outcomes of the review were then fed into an inclusive assurance process conducted by local area teams to align BCF and operating plans.

2.16. The review team picked out specific areas where the Merton Plan would could be improved and these (alongside the our responses) are set out in the next section below.

## 3 DETAILS

3.1. **Overview**

3.2. NHS England acknowledged that the submission set out a "very detailed and comprehensive view of integrated care in Merton" but requested more evidence to demonstrate that the necessary leadership, governance and programme management arrangements were in place to move forward.

3.3. **Response:** In addition to supplementary narrative around how the broader integration agenda has been pursued and managed in Merton since 2010, the submission sets out how the BCF Plan will be delivered in a formal Prince2 project management environment using a full project governance structure. This is set out at Appendix '6' of the Plan.

3.4. It was noted that there was a need to reflect on how the Merton partners would be working with neighbouring boroughs to plan and meet the key challenges strategically.

3.5. **Response:** As part of the debriefing from the initial draft with the Out-Of-Hospital Programme led by the South West London Commissioning Collaborative (SWLCC), the Merton partners agreed to share project development materials with partners to ensure an open dialogue with other commissioners in south west London, as well as that the wider provider market was developed to be able to deliver to the future agenda. While the detail of these arrangements is yet to be finalised, it has been accepted as an important priority and will be coordinated by the Integration Project Board as part of the project delivery. A key forum to take this wider perspective will be the SWLCC.

3.6. **Specific points**

3.7. It was noted that the detailed description of the schemes would be enhanced if the milestones were more concrete. Frequent reference to 'in 3-4 months' was not considered sufficiently specific and, as progress needed to be made in year, this could impede development if slippage occurred.

3.8. **Response:** Following the first draft, significant work was undertaken to define and establish a formal project framework in order to deliver the BCF outcomes for Merton. The formal project structure is attached at Appendix 6 and a highlight project plan at Appendix 7 to the Plan. A formal draft Project Initiation document has also been prepared and is currently being finalised prior to work commencing on delivering initiatives promptly from 1 April 2014. The latest draft version of this is attached at Appendix 8.

3.9. Although it was recognised that there was good reference to dementia, the first draft was less clear about wider mental health services.

3.10. **Response:** Merton CCG and LB Merton are committed to delivering a comprehensive, integrated social care service within the Borough and have been developing significant structures to achieve this for over a decade. Since 2001, there has been an integrated service arrangement between LB Merton and the SW London and St Georges NHS Trust, within which the Trust manages social care mental health services.

3.11. For adults of working age, the arrangement includes both social care staff and the third party spend budget; for older people, it includes just staffing. This arrangement, originally under s.31 of the NHS and Social Care Act, was replaced under s.75, and is in the process of being formally renewed under s.75 for 1 April 2014. Commissioning of mental health is still separate between LB Merton and the CCG, but this is being reviewed, as described below, as the Merton partners continue to examine further ways to integrate services for adults with mental health needs.

3.12. The emerging CCG strategy for Mental Health, which is being developed as a 'priority area' in the CCG's two-year Operating Plan, describes the following outcomes to be achieved:

- To redesign and re-commission IAPT and associated services (i.e. bereavement).
- To work with South West London and St Georges Mental Health Trust, to ensure that patients receive appropriate inpatient care.
- To ensure that our patients are treated in a holistic manner so that there is a sense of parity to their care.
- To increase the numbers of patients who are treated with Mental Health conditions in the community through outreach.
- To work with Military Health to ensure that veterans have access to all tiers of Mental Health care.

3.13. One key component is to ensure that Commissioners strive to achieve parity between physical and mental health through integrated services and this is already recognised with the implementation of a Psychiatric Liaison Service based at St George's Hospital. By making this a key part of integration, it is expected that more appropriate health outcomes will be delivered to increasing numbers of patients and will align with the Mental Health Crisis Concordat expected from the Department of Health in 2014/15. The project will make use of the Parity of Esteem tool for commissioners, as advised in Sir David Nicholson's letter of 24 February 2014: http://www.england.nhs.uk/wp-content/uploads/2014/02/nhs-parity.pdf.

3.14. Merton's Public Health has also been undertaking a Mental Health Review, the final results of which will be shared with LB Merton and Merton CCG during April 2014. The findings of the Review will have a direct impact on the structure and operational delivery of the integrated multi-disciplinary teams being set up as part of the Integration Project and tied in with both the CCG's Operating Plan and the Borough's Service Delivery Plan. The integration of the findings with the operational delivery of redesigned

services will ensure that, particular service gaps and less-than-optimal outcomes will be identified and that locality mental health services will be established.

3.15. In commissioning for Parity of Esteem, we have already reviewed our unmet health needs through the Public Health Review, as described above. Throughout 2014/15, further work will be undertaken through the redesign of integrated reactive and proactive services to ensure that appropriate outcomes are met. As with all areas of integrated working, this will be monitored and evaluated through our operational governance structures.

3.16. Clarification was sought on why 50% funding was being held back for 15/16 contingencies and whether this could be used differently to increase impact?

3.17. **Response:** The total BCF is £12.2m, the proposal is to hold back £1.6m as a contingency of this, which is approximately 13% of the total fund. The £1.6m relates to new investment and is equally split between CCG and LA. The investment will only be possible if an equivalent amount of efficiencies is released by acute Providers through reduction in admissions or reduced length of stay. Depending on the performance of the metrics in 2014-15 and the early part of 2015-16, the £1.6m will be kept under review and may be reprofiled to be used on new/additional schemes that will make an impact on the metrics, instead of the schemes detailed in the original BCF plan.

3.18. Clarity was also sought about the process for unlocking money from the contingency fund.

3.19. **Response:** The contingency fund of £1.6m will be spent on either the original schemes agreed in the BCF plan or on schemes that will ensure the BCF metrics are achieved. The performance of the BCF metrics will be monitored from April 2014 on a monthly basis by the Finance and Performance group, which will report to the Merton Integrated Project Team so that corrective action can be taken to meet the metrics.

## 4 ALTERNATIVE OPTIONS

4.1 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.

## 5 CONSULTATION UNDERTAKEN OR PROPOSED

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

## 6 TIMETABLE

6.1 A final version of the plan has to be submitted by 4 April. Following approval of the final draft by the Health and Wellbeing Board, subject to financial allocations remaining broadly unchanged, the Plan will be submitted by the deadline.

## 7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 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

7.2 There are no specific property implications.

## 8 LEGAL AND STATUTORY IMPLICATIONS

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

## 9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 None specific for this report

## 10 CRIME AND DISORDER IMPLICATIONS

10.1 None specific for this report

## 11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATION

11.1 None specific for this report

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

- Plan for the Better Care Fund

## 13 BACKGROUND PAPERS

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