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**Report to:** Health and Wellbeing Board **Date of Meeting:** 19<sup>th</sup> February 2014  
Cabinet 27<sup>th</sup> February 2014

**Subject:** Better Care Fund (Formerly the Integration Transformation Fund)

**Report of:** Deputy Chief Executive **Wards Affected:** All

**Is this a Key Decision?** No **Is it included in the Forward Plan?** No

**Exempt/Confidential** No

### **Purpose/Summary**

This report provides members of the Health and Wellbeing Board and Cabinet with the background to the Better Care Fund (BCF) (formerly the Integration Transformation Fund) and outlines the approach being taken in developing Sefton's Better Care Plan. The first stage of which is that a BCF template has to be submitted by 14<sup>th</sup> February to NHS England (North), which will then be assured by that organisation, with support from the Local Government Association, to assess whether Sefton's BCF, is sufficiently robust to deliver the governments vision for the integration of health and social care.

### **Recommendation(s)**

That the Health and Well Being Board agree and recommend to the Cabinet and the two CCG Boards, the first iteration of the Better Care Plan, in the form of the attached template, as agreed by the Chair of the Health and Wellbeing Board, Councillor Moncur, in consultation with the Cabinet Member Older People and Health, Councillor Cummins, which was submitted to the Government on the 14<sup>th</sup> February 2014, subject to agreement by the Health and Wellbeing Board and the Council's Cabinet.

That **Cabinet** endorse the recommendation from the Health and Wellbeing Board, that the Cabinet agree the first iteration of the Better Care Plan and note that the Plan will be brought for approval by Cabinet at its next meeting, in order to meet the Governments deadline of 4<sup>th</sup> April 2014.

That the Health and Wellbeing Board and the **Cabinet** note that there is no new money attached to the Better Care Fund.

### **How does the decision contribute to the Council's Corporate Objectives?**

	<b><u>Corporate Objective</u></b>	<b><u>Positive Impact</u></b>	<b><u>Neutral Impact</u></b>	<b><u>Negative Impact</u></b>
1	Creating a Learning Community			
2	Jobs and Prosperity			
3	Environmental Sustainability			
4	Health and Well-Being			
5	Children and Young People			
6	Creating Safe Communities			
7	Creating Inclusive Communities			

8	Improving the Quality of Council Services and Strengthening Local Democracy			
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**Reasons for the Recommendation:**

The Governments is pooling resources within the Better Care Fund, and has nominally proposed the amount for each local area, subject to jointly developing with its CCG(s), a joint plan. The first stage of the process is to submit a planning template, which will be assured, to assess whether the plan is likely to deliver the governments vision for integration of health and social care. The deadline for the template to be submitted was 14<sup>th</sup> February, 2014, and the Cabinet Member for Older People and Health, in consultation with the Cabinet Member for Children, Schools, Families and Leisure, as Chair of the Health and Wellbeing Board, agreed to submit the template by the deadline, but subject to the approval of the Cabinet on formal recommendation of the Health and Wellbeing Board. It is not known what the impact would be of none compliance with the process, but it is possible that the resources nominally allocated to Sefton would not be available. Therefore to ensure the resource is secured, the process has been complied with.

**What will it cost and how will it be financed?**

**(A) Revenue Costs**

The Better Care Fund Pooled Budget for Sefton has a proposed value of £24.0 M in 2015/16. Of this, £2.8 M, is for disabled facilities grants and social care capital grant, and is currently resources which the council receives (see B below).

In 2014/15, the Council will receive, as previously reported, a further £9.3 M from the Southport and Formby CCG and South Sefton CCG, which will continue in 2015/16, and forms part of the aforementioned £24 M. This is currently spent on a range of S256 agreements which support social care but have a health benefit, carers break expenditure, and reablement services.

The balance of the £24M: £11.9 M, will be transferred to the Better Care Fund by the two local CCGs, and is resources which currently funds acute and community services. Of this, in 2015/16, £3 M is required to protect social care, and to off set some of the demographic pressures on social care services, resulting from Better Care Fund vision.

**(B) Capital Costs**

Of the £24.M resources referred to above, £2.8m relates to capital expenditure to cover the Disabled Facilities Grants and the Social Care Capital Grant. These items are currently included within the Council’s single capital pot and will need to be ring fenced in future years to facilitate the transfer from the Council’s single capital pot into the Better Care Fund.

**Implications:**

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

<b>Legal</b>	
NHS England Planning Guidance – Developing Plans for the Better Care Fund, December 2013, Health and Social Care Act 2012, The Care Bill.	
<b>Human Resources</b>	
<b>Equality</b>	
1. No Equality Implication	<input checked="" type="checkbox"/>
2. Equality Implications identified and mitigated	<input type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

**Impact on Service Delivery:**

The Better Care Fund programme requires the Council and the Clinical Commissioning Groups to work together on a plan to integrate health and social care to reduce unplanned care admissions to hospital and thereby providing more effective care and support within local communities. This will require health and social care services to adapt and change over the next five years. It is currently too soon to predict the direct impact on Council service delivery, however this will form the basis of developing the next iteration of the Better Care Plan for Sefton.

**What consultations have taken place on the proposals and when?**

The Head of Corporate Finance and ICT has contributed to the preparation of this report and is aware of the future changes being proposed by introducing a pooled budget to support the social care and health needs. At this stage the financial risks cannot be evaluated as the proposals are not yet fully developed to identify risks arising from the changes in commissioned services and any resulting impacts this could have on the Council’s responsibilities and budget choices. She supports the recommendations in order to maximise the resources available to meet the Sefton population needs and will review the risks as the plan matures. (FD 2802/14)

The Head of Corporate Legal Services (LD 2108/14)

**Are there any other options available for consideration?**

No

**Implementation Date for the Decision**

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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The Better Care Fund Planning Template can be accessed on the Council’s website via this link:

<http://modgov.sefton.gov.uk/moderngov/ecSDDisplay.aspx?NAME=SD1709&ID=1709&RPID=8739475&sc h=doc&cat=13197&path=13158%2c13197>

## **Background Documents**

Better Care Fund Guidance,  
Better Care Fund Template and  
Better Care Fund Finance Template

## **Background**

In the autumn of 2013 the Government set out its intentions for the implementation of an Integration Transformation Fund (ITF), now known as the Better Care Fund. The Better Care Fund places requirements on local health and social care systems to plan for a higher level of integration as part of a five year strategy. The most recent detailed guidance on Better Care Fund outlines the following requirements:

- Plans are to be jointly agreed and signed off by the Health and Wellbeing Board
- Protection of social care services (not spending)
- As part of agreed local plans, 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
- Ensure 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 in the acute hospital sector

The guidance requires the first iteration of the completed Better Care Plan template, as an integral part of the constituent CCGs' Strategic and Operational Plans, to be submitted to the government by 14 February 2014 and for a revised version of the Better Care Plan to be submitted to NHS England (North) as an integral part of the constituent CCGs' Strategic and Operational Plans by 4 April 2014.

## **What is the Better Care Fund?**

The Better Care Fund (formerly known as the Integrated Care Fund) requires Councils and Clinical Commissioning Groups (CCGs) to deliver five year local plans for integrating health and social care.

Whilst the Better Care Fund does not come into full effect until 2015/16, the intention is for CCGs and Local Authorities to build momentum during 2014/15, using the £200 million (nationally) due to be transferred to local government from the NHS to support transformation. Plans for use of the pooled budgets must be agreed by CCGs and local authorities, and endorsed by the local Health and Wellbeing Board. It is not yet clear how this will be released to local authorities.

It is important to clarify that this money is not new money, but a transfer of resources from the NHS to Local Authorities that is already committed to existing services. The

funding is intended to be used to support adult social care services which also have a health benefit. The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified. The Sefton Better Care Plan is being developed in order to derive the maximum benefits for our residents, whilst seeking to protect adult social care services within the current climate of significant budget pressures and growing demand. The approach has been developed to assist the Council in delivering the proposals for modernising adult social care as outlined in the report on the Adult Social Care Change Programme being presented to Cabinet on the 27<sup>th</sup> February 2013.

### **Payment linked to Performance**

Nationally, £1bn of the £3.8bn included in the total Better Care Fund will be linked to achieving outcomes. Ministers have agreed the basis on which this payment-for performance element of the Fund will operate. Half of the £1bn will be released in April 2015. £250m of this will depend on progress against four of the six national conditions and the other £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015 and will relate to further progress against the national and a single locally determined metric.

The national metrics/measures underpinning the Fund are:

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

There is no single measure of patient / service user experience of integrated care currently available and a new national measure is currently in development. In addition to the above five national metrics/measures, local areas are required to choose one additional indicator that will contribute to the payment-for-performance element of the Fund. The following menu of nine metrics/measures selected from the NHS, Adult Social Care and Public Health Outcomes Frameworks have been chosen by the government which local areas can choose from as their local metric/measure:

<b>NHS Outcomes Framework</b>	
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
<b>Adult Social Care Outcomes Framework</b>	
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
<b>Public Health Outcomes Framework</b>	
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

Local areas must either select one of the measures from the above menu, or agree a local alternative. Any alternative chosen must meet robust criteria as outlined in the guidance.

It is recommend to the Health and Wellbeing Board and Cabinet that the following metric from the NHS Outcomes Framework be adopted as the local metric for the Sefton Better Care Plan:

***2.1: Proportion of people feeling supported to manage their (long term) condition.***

The reasons for recommending this metric to the Health and Wellbeing Board and Cabinet is that it will be collected as part of the existing performance management processes for the NHS thereby not requiring the Council to invest in any new surveys or consultations processes. Additionally the model of integration described in the attached planning template, would be supported by this measure.

Each metric/measure will be of equal value for the payment for performance element of the Fund. The Better Care Fund Plans will go through an assurance process involving NHS England and the LGA in order to release performance related funds. The government will not withhold the performance-related funding and reallocate elsewhere in 2015/16. However, they are considering whether such an approach should be adopted in future years. In terms of failure to achieve the levels of ambition outlined in the plan the government may require areas to produce either a contingency plan or recovery plan, for which any the held-back portion of the performance payment from the Fund will be made available.

It is important to note that the BCF is only part of our overall plans to integrate health and social care, which is a core purpose of the Health and Wellbeing Board, and a duty under the Health and Social Care Act 2012 and will be a duty under the Care Bill when enacted.

Attached at Appendix One is the Better Care Fund Planning Template for Sefton which, with the approval of the Chair of the Health and Wellbeing Board, in consultation with the Cabinet Member for Older People and Health, was submitted to the Government on the 14<sup>th</sup> February. The submission was made subject to approval by the Health and Wellbeing Board on the 19<sup>th</sup> February 2014 and ratification by Cabinet on the 27<sup>th</sup> February 2014. South Sefton CCG and Southport and Formby CCG gave a delegation to their Chief Officer and Chairs of the two Boards, to sign the planning template for submission. Members should note that the Council and CCGs will not be bound by the draft planning template as there will be further iterations developed as the plan goes through the assurance process working towards a revised submission on the 4<sup>th</sup> April 2014.

## **Requirements in developing a Better Care Plan**

- The Health and Wellbeing Board are required to sign off the plan on behalf of the Council and the CCG's
- The plan must be developed as an integral part of a CCG's wider strategic and operational plans, but the Better Care Fund elements must be capable of being extracted to be seen as a stand-alone plan
- The plan should include an agreed shared risk register, an agreed approach to risk sharing and mitigation covering, as a minimum, the impact on existing NHS and social care delivery and the steps that will be taken if, for example, emergency admissions or nursing home admissions increase
- Councils and CCGs must engage with all providers, both NHS and social care (and also providers of housing and other related services), to develop a shared and agreed view of what future services will look like, help manage the transition from current service delivery to the future proposed models, including an assessment of future capacity and workforce requirements across the system, and agreement to all the service change consequences.

## **Assurance Process**

The Government issued further draft guidance on the assurance process for the Better Care Fund in early February 2014. NHS England and local government regional peers will have the primary role in the assurance process of the BCF Plans. The assurance process includes a testing timetable working towards a revised iteration of the plan being submitted by the 4<sup>th</sup> April 2014. Further funding has been made available in year 2013/14 and for 2014/15 to support a sector led support programme for the Better Care Fund and the Care Bill across the nine local government regions.

## **The Local Approach to Developing our Better Care Plan**

The Health and Wellbeing Board held a number of workshops during November to January with a range of representatives from the Council and CCGs at which the framework for integration in Sefton was developed. Following this, under the direction of the Health and Wellbeing Board, the Programme Group established a task and finish group of officers from the Council, the Clinical Commissioning Groups for Southport and Formby and South Sefton and Clinicians to share ideas about how to develop the Plan for Sefton.

The Health and Wellbeing Board hosted a listening event on the 22<sup>nd</sup> January 2014 to engage wider partners from the hospitals, community health trusts, pharmaceutical and optical committees, housing providers, health and social care providers and the voluntary, community and faith sector, including those representing public voice, to share ideas and further shape the approach to integration within Sefton. From this a report has been developed which has informed the vision and outcomes expressed in the BCF planning template. Further work is planned to further develop this work within the Council, with CCGs and with those invited to the event, over the coming months.

A range of public engagement and consultation sessions have been held on the CCGs Strategic Plans for Southport and Formby and South Sefton which included taking feedback as it relates to the Better Care Fund. The first iteration of the Better Care template has been developed by also utilising the feedback from the public, service users, and stakeholders from the wide ranging consultation and engagement processes that underpinned the development of the Sefton Strategic Needs Assessment and the Sefton Health and Wellbeing Strategy. Further events with stakeholders, the public, service users and the voluntary sector will take place during the coming months to inform the final Better Care plan for Sefton.

The approach adopted to developing our Better Care Plan has been informed by the Council's significant budget pressures, which are compounded by our demographics and the dialogue that is taking place with the public around self care and self management. This approach will continue to underpin the development of the final Better Care Plan for Sefton, and will inform our approach to integration.

### **Conclusion**

Preparations for the development of a Better Care Plan, as part of the CCG's Southport and Formby and South Sefton 5 year Strategic Plans are underway, in accordance with the national guidance. Once feedback, both from the assurance process referred to above, and from continued engagement on the first cut of the Better Care template and the CCG's draft 5 year strategic plans is received, a more detailed revised plan will be brought to the Health and Wellbeing Board and Cabinet. The guidance on the BCF has been changed during the process of development, and it is anticipated it will continue to be firmed up over coming months as the assurance process validates whether the BCF templates are robust enough in terms of vision, ambition and schemes, to draw down the funding. The risks associated with the plan are set out in the attached template, and the Health and Wellbeing Board and Cabinet is asked to consider the risks when it considers the BCF template.