

Item No. 6.	Classification: Open	Date: 24 March 2014	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund – draft plan for Southwark	
Ward(s) or groups affected:		All	
From:		Alex Laidler, Acting Director of Adult Care, Southwark Council Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group	

RECOMMENDATIONS

1. The Board note the draft vision for the integration of health and care related services “Better Care, Better Quality of Life in Southwark” (Appendix 1).
2. The Board note the draft Better Care Fund plan submitted by the Council, the Clinical Commissioning Group (CCG) and the Health and Wellbeing Board (HWB) setting out the approach to pooled budgets in 2015/16 (Appendix 2).
3. The Board agree to the proposed process for agreement of the final Better Care Fund plan to be submitted in April as set out in paragraph 24.
4. The Board note the proposed governance arrangements for the Better Care Fund set out in paragraph 25.

BACKGROUND INFORMATION

5. The Better Care Fund is a national policy initiative that requires local areas to agree plans for the integration and transformation of health and care related services. Under these arrangements Southwark Council and the CCG need to agree plans for a pooled budget to a minimum value of £22m in 2015/16, covering a range of health and care related services that effectively support people at risk in the community, reduce hospital and care home admissions and help people to be discharged smoothly and safely from hospital. (This is not new money, as it consolidates a range of committed resources into one pooled budget). In 2014/15 plans need to be agreed about the investment of a new NHS funding transfer of £1.3m to make early progress and prepare for the 2015/16 arrangements. The plans must be agreed by the Health and Wellbeing Board.
6. A draft Better Care Fund plan submission based on consultation with the Health and Wellbeing Board and other stakeholders was submitted on 14 February 2014, signed by the Council, the CCG and the Chair of the Health and Wellbeing Board. This is summarised in appendix 2.1 and the full plan is enclosed in appendix 2.2. A final plan will be submitted on 4 April, taking into account any comments received, including any changes arising from the national assurance process that is in place to confirm that plans meet national conditions.

7. The Better Care Fund is seen as potentially leading to transformational change through the integration of council and health services and it is therefore important that the Board is aware of the proposals at an early stage.
8. In order to give the Southwark Better Care Fund plan a strong foundation it was considered important to place it within an overall strategic framework. Local partners agreed to develop a draft vision for integration “Better Care, Better Quality of Life in Southwark” for this purpose (Appendix 1).
9. The draft vision and the draft Better Care Fund builds upon significant progress that has been made in Southwark on integration, including through the work of Southwark and Lambeth Integrated Care (SLIC). SLIC will continue to act as enabler of the changes set out in our plan.
10. The draft vision emphasises that the broader integration agenda is not just about health and social care. It includes all agencies involved in supporting people and promoting the wellbeing of the population. In particular the link with supported housing services is relevant and we wish to look at how these services can link into multi-disciplinary team working based around individuals.
11. Voluntary sector services contribution to the preventative agenda is also a key link. Some of these schemes are incorporated into the Better Care Fund, for example those tackling isolation.
12. The Better Care Fund is to be seen in the overall context of severe financial constraints across the local authority and NHS anticipated in 2015/16. It is essential that the Better Care Fund helps achieve the objective of financial sustainability by reducing demand for acute NHS care and intensive social care.

KEY ISSUES FOR CONSIDERATION

13. The summary in Appendix 2 sets out the key features of the draft Southwark Better Care Fund submission. This is intended to help deliver the vision for integration set out in Appendix 1, which sets out the overall goals for the population and indicates how services in Southwark will be different for service users.
14. 2014/15 is a preparatory year for the Better Care Fund in which Southwark Council has been allocated £1.3m (subject to agreement of the plan) in the form of a transfer from the NHS to make early progress and prepare for the delivery of full pooled budgets in 2015/16. It has been agreed that the bulk of this new transfer (£1.048m) should be used to fund existing discharge support and admissions avoidance services that were previously funded by Winter Pressures NHS funding which ceased in 13/14. These services are considered effective investments and the Better Care Fund provides an opportunity to mainstream their funding. This new transfer is being considered alongside the existing NHS funding transfers and grants totalling £7.6m (£7.9m in 14/15) for supporting social care of benefit to health. During 2014/15 the full portfolio of services will be reviewed to ensure it represents value for money and is effectively integrated to help deliver the local vision. The remainder of the allocation is being invested in service development capacity (£100k), including developing the integrated neighbourhood team model (to include looking at scope to redesign some housing services as part of this model); self management programmes for people with long term conditions (£107k) and psychiatric liaison services to assist people with mental health problems attending A&E (£54k).

15. 2015/16 sees existing resources totalling £22m being merged into a pooled budget which the Council and CCG will jointly manage. These resources mostly come from existing health budgets. The services to be funded locally from it are set out in appendix 2. During 2014/15 the precise plans for these services will be developed in greater detail, with the aim of maximising the extent to which the various services work together as one coherent whole to achieve the goals of integration. A number of the schemes protect social services of benefit to health, shielding local services in the face of central funding reductions. Other schemes have a preventative angle, including funding for voluntary sector services for isolated older people, and telecare equipment that helps people live at home safely. Other schemes fund NHS services, in particular those around admissions avoidance, hospital at home services and mental health services. Resources are provided to develop 7 day working, which is a key national condition. All the services are intended to reduce and delay the need for more intensive health and social care support in older people and people with long term conditions, and for the fund to be sustainable it is essential that they effectively reduce demand on the acute sector to release funds for community investment. As this is a crucial change for hospitals plans have been discussed with local acute trusts and the final submission should be based on an agreed view of what that impact is going to be.
16. The Better Care Fund schemes were discussed at a Health and Wellbeing workshop on 6th February which focussed on the extent to which proposals would effectively deliver on national conditions and performance requirements and local priorities.
17. The government have also indicated that certain costs associated with implementing the forthcoming Care Bill, which will place additional duties on local authorities for 2015/16, will need to be funded from the BCF resources, which translates to approximately £1m for Southwark which has been set aside for this purpose. In addition from 2015/16 the Council's Disabled Facilities Grant (£0.641m), which benefits people with disabilities in non-council housing, will be paid into the Better Care Fund. This sum will still be required to meet entitlements of individuals to grants, but there are opportunities for taking an integrated approach to this service alongside other services that support people with disabilities to live at home.
18. **Performance related payment:** The government is subjecting the Better Care Fund to a performance related payment scheme and 26% of the NHS monies within the scheme may be withheld (around £5m locally) if performance on 6 measures is not in line with targets agreed in the planning process. The targets relate to:
 - Reducing care home admissions in line with Council Plan target
 - Improving effectiveness of re-ablement at keeping people at home after discharge
 - Minimising delayed transfers of care from hospital
 - Reducing avoidable admissions to hospital
 - Improving user experience of integrated services
 - People feeling supported to manage their long term conditions
19. It is anticipated that non-achievement of targets would lead to a process of peer review and agreement of recovery plans, with some loss of discretion over local

arrangements. It is considered unlikely that the funding would be lost to the health and system in 2015/16.

20. **National conditions:** The Better Care Fund plan must also meet national conditions as follows:

- Plans jointly agreed by Health and Wellbeing Boards, Councils and CCGs
- Social care services of benefit to health are protected
- 7 day working across health and social care is funded to facilitate hospital discharge and prevent unnecessary admissions at weekends
- Better information sharing between agencies underpins integration plans
- Joint approach to assessments and care planning and single 'accountable professional' co-ordinating care of individuals with integrated care packages
- There is agreement on the impact of plans on the acute sector

21. **National assurance process:** A national assurance process is in place and the feedback received so far on the draft submission is very positive, achieving the top rating of "Confident that any concerns will be addressed". In the assurance assessment a number of criteria are RAG rated and in the case of Southwark the only amber was on the issue of demonstrating affordability, which links to the risk that sufficient acute savings may not be generated (see paragraph 26). In our comparator group (12 boroughs of South London) all had amber on this criteria, and 8 boroughs had a greater number of ambers than Southwark overall. A specific point raised was that as a SLIC partner they expected to see "more evidence of strategic engagement with neighbouring boroughs reflected in the plan". The response to this point is to be considered with Lambeth, and will involve developing the narrative around joint working with local trusts. The national assurance team have also indicated that they will be doing further work to test the level of challenge in the performance targets.

22. **Pooling greater amounts than the minimum:** The guidance encourages local areas to go beyond the minimum pooled budget requirement by incorporating additional health and council budgets into the Better Care Fund. This option will be kept under review as the success of the approach at a national and local level is evaluated but there are no immediate local plans to exceed the minimum level.

23. **Link to public health funding:** It should be emphasised that the council's funding allocation for the delivery of public health responsibilities is separate and distinct from the Better Care Fund. The Better Care Fund is necessarily focused on services for older people and people with long term conditions, particularly those at risk of hospitalisation and in receipt of both health and social care (although there are schemes within it that have a wider preventative value such as the voluntary sector funding). Public health funding is focussed on services such as sexual health, substance misuse, smoking cessation and health checks. However the Southwark vision for integration has a clear public health and wellbeing focus, and the option of moving some public health budgets into the Better Care Fund is one that could be considered in future if the case can be made that delivery could be improved by integrating these with other services.

24. **Next steps:** The final submission will be prepared for 4th April deadline, taking into account all comments received from the Board. Under the current governance arrangements the final submission should be signed off by the Chair, in his capacity as Chair and Leader of the council. It is also proposed that

this will be done after consultation with and sign off by the Chief Officer from the CCG and the Strategic Director of Adults and Children. Following agreement of the plan a joint programme of work will be established to take forward implementation.

25. **Governance arrangements:** The Health and Wellbeing Board will be responsible for agreeing the Better Care Fund plan and overseeing its successful delivery. The terms of reference of the Board and appropriate underlying support and governance structures will be reviewed to ensure they are fit for this purpose. If further powers are to be delegated to the HWB, then this will need to be done through amendment to the council's constitution. Although jointly responsible for delivering on the objectives of the fund through the Health and Wellbeing Board, individual organisations will remain formally accountable for their own expenditure and services pooled within it through their existing governance arrangements. Roles, responsibilities and risk share arrangements will be clearly set out in the Section 75 agreement(s) under which the pooled funding will be managed. It is anticipated that highlight reports on progress made in implementing the Better Care Fund will be submitted to the Health and Wellbeing Board on a regular basis.
26. **Risks:** As part of the Better Care Fund a risk schedule is agreed between the council and CCG and the monitoring and mitigation of these risks will be part of the joint management and governance arrangements. The most highly rated risk at present is that anticipated reductions in hospital activity are not achieved, which may in turn undermine the investment available for community based services to shift the balance away from hospital based care. This will be mitigated at the detailed implementation and design phase and by close monitoring of the impact of schemes and taking prompt recovery action where necessary.

Policy Implications

27. Integration of services as set out in the draft vision and Better Care Fund plan involves agreeing shared policy goals with partners as set out in the draft vision, developing neighbourhood multi-disciplinary team models with care co-ordinated by a lead professional, and jointly agreeing how pooled resources will be invested under the Section 75 pooled budget arrangements. Specific policy implications will be identified during the detailed design phase and agreed through integrated governance arrangements.

Community impact statement

28. The health and care related services covered by the Better Care Fund and the goals set out in the vision have a positive impact on the community as a whole. In particular it will impact on older people and people with long term conditions (many of whom have disabilities or mental health problems) who are most at risk of admission to hospital or needing intensive social care support. The plan aims to promote the health and wellbeing, independence and quality of life of these groups who are recognised groups with protected characteristics under Equalities legislation. The informal carers of these groups will also benefit, who are disproportionately female. The draft vision will also contribute to the wider prevention and public health agenda benefitting the population as a whole in the longer term, and reducing health inequalities.

29. As individual schemes are further developed for implementation in 2015/16 they will be subject to a more detailed community impact analysis.

Economic considerations

30. The aim to improve health and wellbeing of the population set out in the draft vision has a direct impact on economic well being. In addition, the financial sustainability of the local health and care economy will be improved by the successful delivery of the Better Care Fund, by reducing demand for more intensive and costly services in hospitals and care homes.

Staffing implications

31. As set out in the draft vision there is a significant workforce development agenda that needs to be addressed to effectively deliver integrated working. The workforce will need to be well-informed, appropriately skilled and clear of its common purpose in delivering person-centred care. Some staff will need to work increasingly flexibly in integrated neighbourhood teams.
32. The specific development of 7 day working to support hospital discharge will have staffing implications that will be assessed as detailed arrangements are proposed.

Financial implications

33. The BCF totals £1.3m in 2014/15, increasing to £22m in 2015/16. The majority of the BCF represents existing budgets transferred directly from the NHS, where there are existing commitments from both the CCG and the council. The BCF is now included in the council's overall settlement and spending power calculation.
34. The BCF schemes proposed include a mix of existing funding, recognising the financial pressures experienced by the Council and CCG, as well as investment in new schemes. In 2015/16, a total of £2m is explicitly labelled as contributing to maintain social care services, an increase of £500k from the 2014/15 level. It is hoped that the impact of integration across the Council and CCG, including investment in schemes to reduce length and number of hospital and residential homes stays, will result in enduring savings for both organisations.
35. The pooled governance and financial arrangements for the BCF remain under discussion and will be agreed over the coming year.

Legal implications

36. The requirements of the Better Care Fund will mean the council will need to review the governance arrangements for the Health & Wellbeing Board to ensure that they will support delivery under the fund. In addition careful consideration will need to be given to type of commissioning arrangements for the pooled budgets.

Consultation

37. The plan is underpinned by a vision for improving services in the community through better integrated working that has been developed over several years and shaped by a range of engagement activity.

38. Our integration project (SLIC), which has developed much of the thinking behind our approach has actively consulted with the public through the Citizen's Forum over the past 18 months. Southwark and Lambeth commissioners, working with the SLIC team, held an engagement event with residents on the 28th January 2014 to identify what people wanted as outcomes from integration and to help us articulate those outcomes from a resident's perspective. This work supports our vision document, but will also help us as we work to further develop our local outcome measures for integrated care. This event included over 50 participants, including Healthwatch and the representatives of other engagement groups linked to the CCG and LA.
39. There will be further engagement activity as the plan is finalised for submission in April, and beyond as detailed implementation plans for 2015/16 are developed.

BACKGROUND DOCUMENTS

Background Documents	Held At	Contact
Better Care Fund – draft plan submitted 14 Feb. 2014 and supporting documents	160 Tooley St	Adrian Ward 0207 525 3345

APPENDICES

No	Title
Appendix 1	Draft vision for the integration of health and care related services in Southwark “Better Care, Better Quality of Life”
Appendix 2.1	Better Care Fund – summary - Plan on a page
Appendix 2.2a	Better Care Fund – draft submission –plan (14 February)
Appendix 2.2b	Better Care Fund – draft submission – finance and metrics template

AUDIT TRAIL

Lead Officer	Alex Laidler, Acting Director of Adult Care, Southwark Council Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group		
Report Author	Adrian Ward, Head of Performance (Adult Social Care)		
Version	Final		
Dated	12 March 2014		
Key Decision?	No		
Previous relevant reports	Reports on the BCF have been considered by the Cabinet and CCG governing body prior to this meeting.		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
	Officer Title	Comments Sought	Comments Included
	Director of Legal Services	No	No
	Strategic Director of Finance and Corporate Services	No	No
	Cabinet Member	No	No
	Date final report sent to Constitutional Team		13 March 2014