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| Item No. 7. | Classification: Open | Date: 28 July 2014 | Meeting Name: Health and Wellbeing Board |
| Report title: | | Integration Update – including Better Care Fund (BCF) progress report | |
| Ward(s) or groups affected: | | All | |
| From: | | Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group Alex Laidler, Acting Director of Adult Care, Southwark Council | |

RECOMMENDATIONS

1. That the Board note the progress on integration and in particular plans for integrated commissioning and pooled budgets.
2. That the Board note proposals to support the development of integrated neighbourhood teams as a way of pursuing greater operational service integration.
3. That the Board note the progress on the Better Care Fund as at Quarter 1 2014/15.
4. That the Board note the need to resubmit Better Care Fund plans for 2015/16 as a result of national changes and agree to the proposed process for agreement of the Better Care Fund re-submission for 2015/16 as set out in paragraph 31.

BACKGROUND INFORMATION

5. Southwark CCG and Council have been working closely with other partners within the Southwark and Lambeth Integrated Care (SLIC) programme and Evelina Child Health Programme to consider better integration of services for older adults and children respectively, as well as to consider how to take forward more radical system integration across the borough. A separate report on the SLIC programme is being presented to the Health and Wellbeing Board's July meeting. This paper summarises progress on integration in the borough, focusing on proposals for integrated commissioning, and giving an update on the Better Care Fund.
6. On 24 March 2014 the Health and Wellbeing Board considered a report on the draft Better Care Fund Plan prior to its submission to the national validation process on 4 April. The Board agreed the approach to the fund as set out and the associated vision for integration "Better Care, Better Quality of Life", and requested a regular update on progress.

KEY ISSUES FOR CONSIDERATION

Update on progress on integration and integrated commissioning in Southwark

7. Southwark CCG and Social Care commissioners have been working together with commissioning colleagues in Lambeth and NHS England to consider how commissioning can support better outcomes for Southwark people and incentivise innovation and better joined up care.
8. As part of this work, commissioners have articulated the Attributes of Care that an integrated system should have and that we wish to commission in future. The key dimensions of those attributes are that care should:
 - Empower and activate people and communities, enabling people to be in control of their health and wellbeing
 - Offer holistic and co-ordinated care and support
 - Be equitable, proactive, preventative and focused on better outcomes
9. Commissioners have agreed in principle to pool budgets at borough level, going beyond the Better Care Fund, in order to commission across health and social care and across traditional provider or service boundaries. Detailed proposals will require agreement by the respective governance arrangements of the CCG and Council.
10. We are exploring ways of commissioning in new ways that will focus on improving outcomes for patients, including using capitated budgets and alliance contracting. Our shared aim is to secure better value care for local residents by developing payment mechanisms that incentivise providers to focus on delivering better outcomes for our residents rather than paying for activity or processes.
11. We have developed a high level set of outcomes which could support a balanced commissioning scorecard, and are now moving on to develop more detailed sets of outcome indicators for different population groups.
12. We have agreed to prioritise work on commissioning integrated services for older people and people with Long Term Conditions in the first instance, as this is an area where there are potentially the greatest gains to be made in terms of both outcomes for residents and in terms of better value care.
13. We are developing proposals for integrated outcomes based contracts for older people and those with Long Term conditions, with changes expected to begin from April 2015.
14. A working group to map the budgets and contracts which support older people and people with Long Term Conditions is meeting to generate proposals on the precise budgets which should be pooled. The SLIC workstreams and will also be developing proposals for risk sharing and the detailed format of new contracts.
15. The provision of good quality, coordinated care and support in people's homes and local neighbourhoods provided by a well-trained and fairly-paid workforce will be key to enabling residents to stay healthier at home for longer, and return home from hospital quickly and safely.

16. With increasing numbers of people who have complex and varied needs that span primary and secondary health care services and social care support in the community, it is vital that the future approach to the commissioning of home care services supports the delivery of a more integrated approach as described above.
17. Developing a commissioning strategy for integrated community support services from July 2015, which includes homecare but also extends to services such as reablement and wider community support and befriending health will provide an opportunity for health, social care and third sector partners to test an integrated approach to commissioning that leads to integrated delivery.

Supporting the development of neighbourhood working and integrated teams

18. Our vision for integration 'Better Care, Better Quality of Life' sets out our approach to improving people's experience of and outcomes from care. A key element of this is to move towards a population health approach, focussed on the needs to the whole population in a particular area, and emphasising prevention and proactive care. Integrating services at the level of local neighbourhoods in Southwark and supporting the development of multi-disciplinary integrated teams based around neighbourhoods is a key element of our shared vision for the borough.
19. Southwark CCG has been making good progress on primary care development and all Southwark practices have now joined together in collaborative working arrangements based around geographic neighbourhoods with a combined registered list. Practices are working together on quality improvements and on delivering a range of extended services, including prevention and public health services commissioned on behalf of the Local Authority.
20. We want to build on these primary care neighbourhoods by developing extended multi-disciplinary integrated teams at neighbourhood level. These teams should build on the learning from existing locality working and Community Multi-Disciplinary Teams, and will include social care, community nursing and specialist in-reach as well as having the potential to include housing and the third sector from the outset.
21. A workshop is being held on the 31 July to explore integrated neighbourhood working in more detail. The objective of this workshop is to agree a process for developing more integrated team working in neighbourhoods, including establishing neighbourhood leadership teams to progress the shape of practical working arrangements and ways of integrating care on the ground.

Update on national process for assuring Better Care Fund (BCF) Plans and re-submission process

22. The Better Care Fund (BCF) is a pooled budget of £22m held between the Council and CCG that will be established in 2015/16 for the provision of integrated community based care services. 2014/15 is a preparatory year. It is a requirement that plans are agreed by the Health and Wellbeing Board and it is expected that the Board maintains an overview of the delivery of the fund as part of its wider responsibilities to ensure local services are working in an integrated way to meet local health and care needs. A summary of the agreed plan by the Board on 24 March is set out in Appendix 1.

23. The initial outcome from the national validation process following submission on 4 April was positive with Southwark's plans confirmed to be meeting the required criteria. The £1.3m 2014/15 "Integration Payment" to the Council to prepare for the BCF when it starts in full in 2015/16 has been received and is being invested in the ways set out in the BCF plan.
24. The next stage in the assurance process had been expected to be ministerial sign off of the 2015/16 BCF plans in early June. Since then there has been a change in the national approach to the BCF assurance process arising from high level concerns that the national BCF planning process was flawed. Much of the "new" money in the BCF is cash diverted from acute hospitals to community based services - based on the assumption that the investment in community based services will reduce demand pressures on the hospitals, particularly emergency admissions. Ministers were concerned that the proposals made by local areas would not have this impact in sufficient time or scale and the result would be deficits and financial instability in the hospital sector or CCGs.
25. On 6 July there was a ministerial announcement that BCF plans for 2015/16 would need to be re-submitted in line with new conditions and requirements that will address the concerns raised. A further letter was issued on 11 July, confirming that plans will need to be resubmitted by the end of the summer with an emphasis on reducing emergency admissions by at least 3.5%. Resubmissions will need to include plans for a 'local performance fund' that would be at risk should admissions not reduce in line with plan, to be made available to CCGs to fund the cost of acute activity. Alongside this it is expected that there will be a requirement for greater rigour in demonstrating how particular BCF schemes will help deliver reductions in emergency admissions and other hospital activity, and greater involvement of acute trusts in designing proposed community based schemes to be funded. Detailed guidance on the resubmission process is expected shortly.
26. The ministerial announcement emphasised that it was fully committed to the Better Care Fund in its revised form as a key approach to driving integration and confirmed it would definitely still be in place for 2015/16.
27. A clear implication for the HWB is that its members will need to agree the revised plans before re-submission, sometime over the summer although the timeframe has not been confirmed.

Progress on Better Care Fund implementation in Southwark

28. Under the overall leadership of the Integration Working Group and the joint CCG/council senior management team meeting, plans for 2014/15 have been put into action and planning for 2015/16 has commenced in line with original plans. Key points to note:
 - A programme manager has been appointed to drive forward the implementation of the BCF plans starting in August. The post will be funded from the pooled budget and be jointly accountable to the CCG and the Council.
 - A detailed proposal for the long term conditions self management work stream in 2014/15 has been agreed and is being mobilised. Evaluation of this scheme will be used to inform 2015/16 investment when the self management programme will be expanded significantly.

- £1.048m is being spent within Adult Social Care on a range of discharge support and admissions avoidance related services that had previously been funded under non-recurrent NHS Winter Pressures funding, providing ongoing funding for these services.
- £5.621m continues to be invested in a range of social services that have a benefit to health. This is funding that was previously transferred from NHS budgets to social care for this purpose and will become part of the BCF pot in 2015/16. These services are also being subject to a stocktake to review how well they are delivering the BCF objectives and how they may be best configured going forward.
- £1.813m reablement grant being spent maintaining the expanded reablement service to help restore people's independence e.g. after being in hospital
- A stocktake of all these existing services is underway to inform decisions about how best to configure services as they roll into the BCF in 2015/16.
- Further work needs to be undertaken to drive forward the data sharing agenda, and it is expected that the SLIC enablers workstream will progress this.

Performance on Better Care Fund metrics

29. The table below shows early progress on the performance requirements for 2014/15 in BCF plans. The levels of ambition were based on benchmarking of current performance and agreed through the assurance process.

| Indicator | Target | Progress | Action |
|---|---|---|---|
| Reducing Care Home Admissions of Older People | Reduce to 167 admissions during 2014/15 | Quarter 1 data shows 23 admissions which is well within target | In order to help maintain good performance in the long term there are a range of initiatives in the BCF intended to reduce need for care homes by providing better support to people living at home |
| Delayed Transfers of Care | Maintain strong 13/14 performance | In April & May there has been higher than average delayed days (808 vs to target of 424). | If this decline is not reversed the target will not be met. Discharge support workstreams in SLAM and GSTT to tackle increased bed days lost |
| Re-ablement effectiveness – people still at home 91 days after discharge into services. | 85% still at home | Latest data is year end 13/14 – 88% in line with target | Maintain re-ablement investment and integrate input to overall package of services for people after discharge to increase effectiveness |
| Avoidable admissions to hospital | 450 per month on average April – Dec 2014 | No data since baseline in November 2013 – when was 461 per month | Obtain latest data and analyse the highest admissions types and link to effectiveness of BCF interventions |

| Indicator | Target | Progress | Action |
|---|---------------|--|---|
| People feeling supported to manage their long term conditions - GP survey | 60% | 59% (latest GP survey result 2014) – up from 58% baseline. | Slight under performance but now in line with London average Continued development of range of BCF schemes, especially CMDT agenda and self management initiatives |
| User experience | Tbc | tbc | National target to be defined |

Notes:

1) As part of the wider integration work being undertaken with SLIC a broader scorecard of measures, including upstream preventative measures is being developed and will be drawn into BCF monitoring where relevant to specific schemes.

2) As the detailed programme is developed specific key performance measures relating to individual schemes will be identified and added to the BCF scorecard.

Summary of BCF spending - 2014/15 plan

| Scheme | 2014/15 budget | Projected outturn at Qtr 1 | Notes |
|--|-----------------------|-----------------------------------|---|
| Scheme 1: existing NHS transfers within social care budget | £5,621,000 | £5,621,000 | All schemes within this total contribute to the full cost of services including hospital discharge, intermediate care packages, telecare, community equipment and adaptations, re-ablement, mental health and learning disability community support personal budgets, learning and carers support |
| Scheme 2: Winter Pressures services | £1,048,000 | £1,048,000 | Services previously funded by Winter Pressures grant that was lost in 13/14. Includes the Nightowls intensive homecare services, Intermediate care 7 day working and enhanced physiotherapy, mental health reablement, community support social work and foot nail care service. |
| Scheme 3: Re-ablement grant | £1,813,000 | £1,813,000 | Re-ablement services operating within overall growth targets – this is contribution to total cost of £2.8m |
| Scheme 4: change management capacity | £100,000 | £100,000 | Joint senior integration programme manager post recruited to CCG to drive through BCF plans and wider integration work with SLIC. Further support resources to be identified. |

| Scheme | 2014/15 budget | Projected outturn at Qtr 1 | Notes |
|--|-----------------------|-----------------------------------|---|
| Scheme 5: self management programme | £107,000 | £107,000 | A detailed approach has been agreed for the initial phase in 2014/15 which will be developed at a larger scale in 2015/16. Funding to be provided to CCG for delivery. |
| Scheme 7: psychiatric liaison | £54,000 | £54,000 | The exact application of this funding is to be determined as the psychiatric liaison service has been fully funded from core budgets. It will be used to seed fund 2015/16 mental health objectives in the BCF. |
| Scheme 11: Admission avoidance – enhanced rapid response | £214,000 | £214,00 | Funds Enhanced Rapid Response social work team. A section 256 agreement is in place governing this spend. |
| Total | £8,957,000 | £8,957,000 | |

Notes:

1) The above budgets all roll forward into the BCF pooled budget in 2015/16 and will be subject to a stocktake and review to ensure this is the best way of spending the money in the context of the BCF and integration objectives.

2) The above total is part funded from the new £1.3m integration payment to the Council by the government in relation to the BCF preparation. The additional funding is from existing funds related to NHS transfer to local government which are being considered alongside this grant.

3) Budgets are currently fully committed. During the year action will be taken to ensure any slippage is quickly identified to enable efficient allocation of resources to other priorities. A process for identifying and agreeing reinvestment priorities is being led by the Integration Working Group, reporting to joint SMT. Any overspends will also be identified and managed within existing resources.

Risk Register update

30. The changes in the national approach may put at risk the amount that can be invested in community based health and care services. This is to be evaluated when the resubmission guidance is received and our revised plan has been approved.

Governance update

31. The Health and Wellbeing Board will be responsible for agreeing the re-submission of the Better Care Fund plan and overseeing its successful delivery. Given the likely timescales for the resubmission this may require the Board to agree to delegate the final sign off of the revised submission to the Chair of the

Board following agreement by the Chief Officer of the CCG and the Director of Adult Social Services.

32. The Council and CCG are individually responsible for any services and expenditure they incur under the BCF which will be managed in line with their existing governance arrangements.
33. The section 75 agreements to be drawn up for the 2015/16 pool will set out detailed spending plans and governance arrangements.
34. The Integration Working Group and joint SMT of the CCG and Council have been meeting regularly to oversee the detailed work of the BCF and integration in general.
35. There is a planned review of the current governance arrangements which will inform recommendations on any changes to current HWB or partnership working governance arrangements.
36. The Health and Wellbeing Board will continue to receive a quarterly update on the BCF.

Key next steps in BCF

- Resubmission of BCF plans and evaluation of impact of revised requirements.
- Develop programme management structures for the implementation of detailed spending plans and integration in 2015/16. Including the development of the neighbourhood model for multi-disciplinary working co-ordinated by a lead professional.
- Section 75 agreement for 2015/16 BCF pooled budgets to be drawn up defining exact service arrangements and subject to agreement through respective CCG and Council governance frameworks. This process to be underpinned by a stocktake review of existing services currently funded by resources that will roll into the BCF.

Policy Implications

37. Integration of services and the 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

38. 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.

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

Staffing implications

40. 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.
41. 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: to be updated after any changes arising from the re-submission

42. 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.
43. 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.
44. The pooled governance and financial arrangements for the BCF remain under discussion and will be agreed over the coming year.

Consultation

45. 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.
46. 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 28 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.

47. There will be further engagement activity as detailed implementation plans for 2015/16 are developed.

BACKGROUND DOCUMENTS

| Background Documents | Held At | Contact |
|---|---------------|------------------------------|
| Better Care Fund – supporting documents | 160 Tooley St | Adrian Ward 020 7525 3345 |
| Health and Wellbeing Board BCF report 24/3/14 | | |

APPENDICES

| No | Title |
|------------|---|
| Appendix 1 | Better Care Fund – summary - Plan on a page |

AUDIT TRAIL

| | | |
|---|--|--------------------------|
| Lead Officer | Alex Laidler, Director of Adult Social 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) Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group | |
| Version | Final | |
| Dated | 14 July 2014 | |
| Key Decision? | No | |
| Previous relevant reports | Better Care Fund Plan to HWB 24/3/14 | |
| 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 | 17 July 2014 | |