BRIEFING NOTE

TO: Health Scrutiny and Performance Panel

DATE: 24 April 2014

Better Care Fund

1 Purpose

1.1 To update Scrutiny Panel on the development of the Better Care Fund in Walsall.

2 Background and Summary

2.1. There was statutory guidance issued on 20 December 2013 that set out the Government intentions for the implementation of a Better Care Fund (BCF) from April 2015 and the requirements on local health and social care systems to plan for a higher level of integration as part of a five year strategy.

2.2. The plan for increased integration of health and social care in Walsall is being developed by the Walsall Health and Social Care Integration Board, reporting to the Health and Well Being Board. In order for the health and social care economy in Walsall to be financially sustainable in the period up to March 2016 and beyond, it will need to reduce the number of people aged over 75 years who are being admitted to hospital in an emergency, and reduce the number of people who are receiving social care packages or entering care homes.

2.3. By 2015/16 the required minimum amount of funding in the BCF will be £21.771 million and the allocation of this funding is set out in the paper. £19,342 million of this is taken from CCG mainstream allocation.

2.4. There are requirements to meet the required six national conditions; to establish baselines for six performance indicators and improvement targets; develop a joint risk register; and conduct stakeholder engagement and workforce planning.

3. Assurance Process

3.1 The assurance process for the BCF Plan is locally led by NHS England Area Teams and local government regional peers. They have responsibility of assessing progress of every Health and Wellbeing Board and identifying areas in need of support. Day to day scrutiny and challenge of plans and provisional recommendations on sign-off /next steps is undertaken by LGA and NHS England.

3.2 Ministers are taking a close interest in the Better Care Fund, and want to be assured that plans will deliver on the national conditions. The National Support Centre will compile the local assurance reports into a national overview report for the purposes of Ministerial assurance. Ministers will agree local plans and next steps, based on the assurance reports but will not communicate directly with local areas unless it is upon the advice of the national team.

4. Next Steps

4.1 A work programme is required that captures the next steps and sets out the work in a clearly defined and structured manner. The main headings for a work programme are proposed as follows:

- Integration of health and care services
- Governance
- Financial planning
- Impact of Care Act
- Joint performance monitoring
- Joint workforce development plan
- Joint stakeholder and public engagement
- Joint risk register

5. Integration of health and social care services Four main workstreams

5.1 Work is underway under the governance of the Health and Social Care Integration Board in four main service areas:

1. Integration of Community Services: this is described in the BCF submission as follows:

"To keep people at home as long as possible we will create integrated local teams comprising the competences of primary care, acute, mental health, secondary and social care to combine with a range of other skills from other partners. These teams will utilise tools such as the single point of access to intermediate care, and risk stratifying patients using a range of health and social care data sets to understand the individual needs of people most at risk of hospital or care home admissions and target the services which best enable them to stay at home.

To deliver this first objective, there are three components of our new model of service:

- *a Single Point of Access for health and social care in the community*
- *multi-disciplinary locality teams with rapid response capability*
- *pragmatic use of risk stratification for people with long term, complex or multiple conditions and frail elderly people to target proactive early intervention for those most at risk of hospital or care home admissions."*

2. Integration of Intermediate Care Services: this is described in the BCF submission as follows:

"The second objective of the new model of service, that of swiftly and safely transferring people back to their own homes following an acute episode of care, requires a coherent and efficient joint intermediate care service which will be made up of the current separate health and social care services. This service will have the skills of hospital discharge and social care reablement, linking with the wider multi-disciplinary locality teams, to agree with people the packages of care they most need at home. Through the Single Point of Access, there will be a menu of packages of services ranging from at the most intense, hospital based intermediate care beds through to at the least intense, 'reablement ' which is available within 24 hours of request and provided for a specified duration of days/weeks depending upon the recovery time needed."

3. Recommissioning SWIFT Unit into two community based units of circa 20 beds. One of the units is for clinical interventions that prevent an avoidable emergency admission to hospital (step up), with flow management being the responsibility of the multi-disciplinary community services, and the other is a discharge to assess unit (step down), with flow management the responsibility of the ASC&I Assessment and Care Management Team working as part of the hospital discharge process.

4. Quality of Care in Nursing Homes: closer working with nursing homes via local community services to reduce the transfers between nursing homes and hospital, particularly for end-of-life services.

6. Governance

6.1 The Vulnerable Adults Executive Board provides a means for the Council and CCG to make joint commissioning decisions and will be developed to oversee the BCF. The Health and Social Care Integration Board provides a mechanism for joint decision making on implementation with the provider trusts present, answerable through the two commissioning organizations to the Health and Wellbeing Board.

7. Financial Planning – Section 75 Pooled Fund

7.1 The first step in developing the local Better Care Plan was to establish the baseline of services that are currently contributing to the delivery of the key targets for the Better Care Fund so that the funding for these services was included in the Better Care Fund. By 2015/16 this will be £21.771 million and the allocation of this funding was agreed by Walsall Council Cabinet in February 2014. £19,342 million of this is taken from CCG mainstream allocation for health and social care.

7.2 The guidance specifies that a pooled fund for the BCF is required to be in place in time for April 2015 under Section 75 of the Health Act 2006. There is an opportunity to expand the amount of funding that forms part of the BCF in

Walsall created by the joint commissioning arrangements that pre-date the creation of the BCF.

7.3 There are already in place two S75 pooled budgets; one for the Integrated Community Equipment Service and one for Learning Disability Services. All of the funding for the Integrated Community Equipment Service allocated by the Council and the CCG has been placed in the BCF and so this pooled fund can be superseded by the pooled fund for the BCF. The current pooled fund for learning disability services (circa £33 million) could be added to the BCF to make a single pooled fund, subject to further development and agreement.

8. Joint Performance Monitoring

8.1 The guidance states that the national metrics underpinning the Better Care Fund will be:

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

A further local metric for dementia diagnosis rates has been added.

8.2 The metrics are a major component of the assurance process and so we need to establish routine and regular monitoring to all of the governance boards. Currently only the metric for delayed transfers of care is routinely included as part of both Council and CCG performance reporting. The CCG will need to incorporate the Council metrics for permanent admissions to residential care and reablement, and the Council will need to incorporate the NHS metric for emergency admissions and dementia diagnosis rates.

8.2 Performance leads for the Council and CCG will meet and make the necessary arrangements.

9. Conclusion

9.1 Considerable progress has been achieved in a short timescale to establish the vision for integration of health and social care services building upon the Joint Health and Wellbeing Strategy and to identify the funding streams that will make up the Better Care Fund in Walsall.

9.2 Emergency admissions to hospital in the first 8 months of this financial year have increased by nearly 10% compared to the same period last year, and so achieving a national target to reduce emergency admissions to hospital by 15% will be a considerable challenge whilst managing a significant reduction in adult social care expenditure over the same period.

9.3 The challenge will be to support older people to retain their independence, health and well being with support at the local community level thus reducing the prevalence of visits to hospital and the need for ongoing social care services.

9.4 The size of this challenge is not to be underestimated and it will require effective joint management of a sophisticated programme of work between the Council and the local health community to succeed.

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