



Integration of Health and Social Care – Implementing the Better Care Fund

PURPOSE

- 1.1 To update the Health and Well Being Board on the development of the Better Care Fund in Walsall and to seek approval for a revised approach to the allocation of the funding for 2015/2016.
- 1.2 Further national guidance was issued at end of July 2014, and the deadline for submitting the next iteration of the Better Care Plan to NHS England is 19 September 2014.
- 1.3 This is a report from the Integration Board, which membership comprises the Accountable Officer to the CCG (Chair); Interim Executive Director for Adult Social Care and Inclusion at Walsall Council; Chief Executive of Walsall Healthcare Trust; Chief Executive of Dudley Walsall Mental Health Trust; and the Director of Public Health at Walsall Council.

2. RECOMMENDATIONS

- 2.1 That the revised approach to the allocation of the Better Care Fund against current services is agreed as set out in the report and that Council Cabinet and CCG Governing Body be recommended accordingly;
- 2.2 To agree a target of a 3.5% reduction in emergency admissions to hospital during the calendar year 2015 compared to the calendar year 2014;
- 2.3 That this report is used as the basis for completing the next Better Care Fund National Template submission by 19 September;
- 2.4 That the Chairman signs off the submission on behalf of the Health and Well Being Board;
- 2.5 That this report is used as a basis for reports to the Governing Body of Walsall Clinical Commissioning Group and Council Cabinet; and

- 2.6 To note that the two NHS Trusts (Walsall Healthcare Trust and Dudley and Walsall Mental Health Trust) that make up the constituent membership of the Integration Board will need to indicate their agreement to the Better Care Fund Plan prior to its submission on 19 September 2014.

3. REVISED PLANNING GUIDANCE - SUMMARY

- 3.1 A summary of the main changes in the guidance issued at the end of July 2014 is as follows:

- Health and Wellbeing Boards are invited to agree a target reduction in total emergency admissions to hospital. The funding corresponding to any reduction forms one element of the pay for performance fund. The outstanding balance will be spent by CCGs on 'NHS commissioned out-of-hospital services' as part of the BCF plan;
- The expected minimum target reduction in total emergency admissions will be 3.5% for all Health and Wellbeing Board areas, unless an area can make a credible case as to why it should be lower;
- All plans will be expected to clarify the level of protection of social care from the £1.9bn NHS additional contribution to the BCF, including that at least £135m has been identified for implementation of the Care Act;
- Every Health and Wellbeing Board is asked to sign off and resubmit their Better Care Fund Plan by 19 September.

4. ACTIONS PRIOR TO NEXT SUBMISSION – 19 SEPTEMBER

- 4.1 The main actions required prior to the next submission deadline of 19 September are as follows:

- Decide on the local target for reduction in emergency admissions;
- Identify and articulate a set of specific schemes that will deliver the target reduction in emergency admissions with performance metrics, costs, and timescales;
- Breakdown the funding allocations for 2015/16 in finer detail;
- Conduct a more detailed and more explicit risk analysis;
- Ensure the BCF Plan is aligned to the System Resilience Plan;

- Provide update reports to the Health and Well Being Board and individual agency governance arrangements;
- Complete the revised templates and submit in time for the deadline of 19 September.

5. PRIORITIES FOR INCREASED INTEGRATION OF HEALTH AND SOCIAL CARE IN WALSALL

- 5.1 The development of a plan for increased integration of health and social care in Walsall is being overseen by Walsall Health and Social Care Integration 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.
- 5.2 The plan will therefore set out key targets for this as follows:
- A reduction in emergency admissions of people over 75 years during the calendar year 2015 compared to the number of emergency admissions during the calendar year 2014; and
 - A reduction in expenditure on social care packages and residential placements for older people by Walsall Council during 2015/16 compared to 2014/15.
- 5.3 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 is included in the Better Care Fund.

6. BETTER CARE FUND ALLOCATIONS FOR WALSALL

- 6.1 The total of Better Care Funding for Walsall was confirmed by the Department of Health in guidance issued on 20 December 2013. By 2015/16 the Better Care Fund is to be made up of three main elements as follows:

£1.632 million for Disabled Facilities Grant
 £797,000 referred to as "Social Care Capital Grant"
 £19.342 million from NHS England calculated from CCG allocations formula.

- 6.2 The guidance on the use of this funding is as follows:

The requirements for the use of the funds transferred from the NHS to local authorities in 2014/15 remain consistent with the guidance¹ from the Department of Health (DH) to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14. In line with this:

“The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used.

A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for discussions between NHS England, clinical commissioning groups and councils on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

In line with our responsibilities under the Health and Social Care Act, an additional condition of the transfer is that councils and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.

A further condition of the transfer is that local authorities councils and clinical commissioning groups demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer”

6.3 It is worth noting that the majority of the funding that makes up the Better Care Fund (BCF) will be made up of funding that is already in the system and so is not new or additional funding.

7. FUNDING STREAMS

Disabled Facilities Grant (£1.632 million): the guidance states that “The DFG has been included in the Fund so that the provision of adaptations can be incorporated in the strategic consideration and planning of investment to improve outcomes for service users. DFG will be paid to upper-tier authorities in 2015/16”. It is therefore recommended that the current level of expenditure on DFG’s is maintained during 2014/15 and 2015/16.

Social Care Capital Grant (£797,000): the guidance states that “DH and the Department for Communities and Local Government (DCLG) will also use Section 31 of the Local Government Act 2003 to ensure that DH Adult Social Care capital grants (£134m) will reach local areas as part of the Fund. Relevant conditions will be attached to these grants so that they are used in pooled budgets for the purposes of the

Fund, and this will include capital costs associated with implementation of the Care Act 2014;

NHS England Allocation (£19.342): The remainder of the Fund has been allocated on the basis of the NHS allocations formula for Clinical Commissioning Groups. The guidance states that “It will be for local areas to decide how to spend their allocations on health and social care services through their joint plan.”

8. FUNDING IN 2014/15

8.1 A proportion of the funding which will be part of the Better Care Fund in 2015/16 is already in the system in 2014/15 and this has been agreed at the Vulnerable Adults Executive Board (since renamed the Joint Commissioning Committee) as follows:

Table 1: Allocations in 2014/15 to become part of the Better Care Fund in 2015/16.

Expenditure	2014/15 Allocation (£)
Services required in the reablement pathway for people with dementia and frail elderly	300,000
Integrated Community Equipment Service	877,538
Short term assessment, reablement and response service	2,075,628
Development of Intermediate Care service	500,000
OT posts to support Intermediate Care Service	250,000
Bed Based Reablement (Hollybank)	774,919
Integrated Discharge Team	569,418
Co-ordination of Personal Health Budgets pilot scheme	21,840
Short Term Residential Placements and Reablement Care Packages	1,193,000
Swift Unit at The Manor Hospital	1,800,000
Total Spend	8,362,343

9. FUNDING IN 2015/16

9.1 In 2015/16 further funding is added to make up the total amount to £21,771 million. The approach to the allocation of the funding in 2015/16 has been agreed by the Health and Social Care Integration Board and is based upon the following principles:

- The funding will become part of a pooled fund under a formal and legal agreement between Walsall Council and Walsall CCG under Section 75 of the NHS 2006;
- The minimum amount of the pooled fund will equate to the allocation of the funding streams listed above i.e. £21,771,843;

- Allocation of the funding will be to strategically identified service areas and will demonstrate how the funding is contributing to the achievement of the target reductions in emergency admissions to hospital and Council funded care home placements;
- The total of funding associated with the service areas will not be included in the pooled fund for 2015/16, but will be identified and noted as part of the plan for the Better Care Fund. This funding is referred to as 'aligned' funding and may be brought in to the pooled fund in future years;
- Funding from different sources for the same service area will be integrated and the service area will be commissioned on a joint basis between Walsall Council and Walsall CCG.

9.2 For each service area there will be a description of the service and a set of metrics which shows how the service is contributing to the targets.

9.3 The allocation of funding against strategic service areas for 2015/16 is shown in the following table. This plan is still in process of development and so may be subject to further changes prior to the submission date of 19 September.

Table 2: Outline Allocation of the Better Care Fund in 2015/16.

Expenditure	2015/16 Allocation (£)
FUNDING CARRIED FORWARD FROM 2014/15	
Reablement pathway for people with dementia and frail elderly: Dementia Café's / Support Workers Home from Hospital / Carers Support	150,000 150,000
Assistive Technology: Community Equipment ILC	1,478,538 72,000
Transitional Care Pathways – Non bed Based: Social Care Reablement and Response service OT Posts for development of Social Care IC Development of Social Care IC CCG Funding for FEP CCG funding for WHT ICT (part funding) TOTAL	3,075,628 250,000 500,000 474,000 1,834,340 6,133,468
Transitional Care Pathways – Bed Based: Council funding for Hollybank House CCG funding for Hollybank House	774,919 523,000

CCG funding for step down intermediate care beds in nursing homes	915,000
Integrated Discharge Team	569,418
Swift Recommissioned Discharge to Assess beds in nursing homes	1,800,000
Short Term Care Home Placements	1,193,000
TOTAL	5,775,337
Community Health Services - Rapid Response and Wrap Around Team	1,008,000
Services within service level agreement with Dudley Walsall Mental Health Trust (e.g Memory Clinic)	919,000
GP Case Management of over 75's	1,300,000
Support for Older People and Disabled People via Third Sector	96,000
Support to Carers	450,000
Cost of implementation of the Care Act	675,000
Contingency funding against 3.5% target reduction in emergency admissions	1,135,000
Disabled Facilities Grant	1,632,000
Social Care Capital Grant	797,000
TOTAL	21,771,843

9.4 A brief description of each service area is as follows:

Reablement pathway for people with dementia and frail elderly:

these are services that support people with dementia and their families to remain independent and to support frail elderly people to be discharged from hospital;

Assistive Technology: This includes the integrated community equipment service, telecare services, telehealth (i.e. body function monitoring) devices; and community alarms services;

Transitional Care Pathways – non bed based: these are the services that support people to avoid a hospital admission or support them in the community to go home from hospital;

Transitional Care Pathways – bed based: these are the arrangements whereby beds are commissioned from nursing homes to enable patients to leave hospital once they are clinically stable but still in need of care in an institutional setting because they are unable to return to their own home;

Community Health Services – Service Redesign: additional funding for community health services part of Walsall Healthcare Trust to provide more effective support for frail elderly people in their own homes or in nursing homes thus avoiding emergency admissions to hospital;

Mental Health Services: services commissioned from Dudley Walsall Mental Health Trust to prevent people from being admitted to The

Manor Hospital i.e. Psychiatric Liaison Service in Accident and Emergency;

GP Case Management of over 75's: GP's have been given additional funding to target support upon frail elderly people over the age of 75 and thus avoid emergency admissions to hospital;

Support to Carers: the guidance states that "Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers' breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes (e.g. reducing delayed transfers of care)". Locally in Walsall this funding amounts to £450k and this is currently allocated to short term breaks for children and families and transferred to the Children's Directorate of Walsall Council. This use of the funding is not in line with the national guidance for the Better Care Fund. The ASC&I Directorate currently spends around £600k on support to carers in a way which does impact upon the targets set out above. There is therefore a need to allocate this funding to become part of the Better Care Fund instead.

Cost of Implementation of the Care Act: implementation will create additional cost pressures to Walsall Council for instance the requirement to create care accounts for self-funders; and additional costs of supporting carers. National guidance is that an overall sum of £135 million has been included in allocations for the Better Care Fund and this equates to a sum of £675,000 for Walsall;

Contingency Funding against Cost of not meeting the Target for reducing Emergency Admissions to the Manor: An element of the funding will be linked to the achievement of the target for reduction in emergency admissions. There is a calculation of the cost to the NHS each time someone is admitted to hospital as an emergency of £1,490 per admission. The current level of emergency admissions to the Manor Hospital is around 550 per week which is 28,600 per year. A 3.5% reduction in this figure amounts to circa 1,000 admissions and the overall cost of these can be calculated as approximately £1.490 million per year. Should the target not be reached then the CCG will have to make payment to Walsall Healthcare Trust for these admissions from the Better Care Fund. There is an assumption that the local plans for additional capacity in community health services and GP case management will have some impact and so the total sum of £1,490,000 will not be needed;

Disabled Facilities Grant: this is explained above under the heading of Funding Streams;

Social Care Capital Grant: this is explained above under the heading of Funding Streams.

10. DEVELOPING THE BETTER CARE PLAN

- 10.1 Walsall's Better Care Plan will initially aim to develop the integration of health and social care services in Walsall during 2015/16 from the current shape of service provision toward the longer term vision set out in the plan.
- 10.2 The plan must form part of the 5 year strategic plan being developed as required by the Clinical Commissioning Group, and should be in line with Walsall Councils medium term planning process.
- 10.3 The plan must meet six conditions which have been set nationally. These are set out below with proposed responses for our local plan in Walsall:

Six National Conditions

National Condition	Proposed Response in Local Better Care Plan
Plans to be jointly agreed	The plan for the Better Care Fund in Walsall will be signed off by the Health and Well Being Board
Protection for social care services (not spending)	A definition for protecting adult social care services must be agreed locally. In Walsall this will refer to the extent to the need to sustain high quality social care services in line with implementation of the Care Act (e.g. Increase support to Carers, Social Care Funding Reform, and prevention) whilst achieving a 25% reduction in expenditure in 2014/15 and 2015/16 compared to 2013/14. (i.e. £11.5 million savings programme in 2014/15 on a net baseline of £67 million, and further savings in 2015/16 that are yet to be agreed by Walsall Council).
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	The plan must report progress to date and plans for expansion of all parts of the health and social care system to be working 7 days. This will require service redesign in some parts of the system to avoid the need for additional funding.
Better data sharing between health and social care, based on the NHS number	Work is already underway locally to include the individual NHS patient number on social care records, and to cross reference case records in social care with NHS patient data in Walsall Healthcare Trust, DWMHT, and primary care to identify those individuals with the highest level of

	take up of service a cross the whole system. This will subsequently further inform the process of identifying people who need extra support to avoid a hospital admission
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	The main aim of the Better Care Fund Plan will be to develop a more integrated approach to providing community based services between community health, primary care, social care and mental health services. This will include mutli-disciplinary assessment and case management and will be explained in the plan submission by 19 September.
Agreement on the consequential impact of changes in the acute sector	Guidance states that “Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.”

Performance Measures

- 10.4 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.
- 10.5 The measures are the best available but do have shortcomings. Local plans will need to ensure that they are applied sensitively and do not adversely affect decisions on the care of individual patients and service users.
- 10.6 In addition to the five national metrics, local areas should choose one additional indicator. In choosing this indicator, it must be possible to establish a baseline of performance in 2014/15

- 10.7 It has been agreed that the most appropriate local indicator chosen for Walsall should be the Estimated Diagnosis Rate for People With Dementia. This is to ensure that mental health is appropriately addressed as part of Walsall's Better Care Fund.

Joint Risk Register

- 10.8 Local areas should provide an agreed shared risk register. This should include 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 activity volumes do not change as planned (for example, if emergency admissions or nursing home admissions increase).

Stakeholder Engagement

- 10.9 CCGs and councils must engage from the outset with all providers, both NHS and social care (and also providers of housing and other related services), likely to be affected by the use of the fund in order to achieve the best outcomes for local people. The plans must clearly set out how this engagement has taken place. Providers, CCGs and councils must develop a shared view of the future shape of services, the impact of the Fund on existing models of service delivery, and how the transition from these models to the future shape of services will be made.

Workforce Planning

- 10.10 The plan should include an assessment of future capacity and workforce requirements across the system. It will be important to work closely with Local Education and Training Boards and the market shaping functions of councils, as well as with providers themselves, on the workforce implications to ensure that there is a consistent approach to workforce planning for both providers and commissioners.

11. CONCLUSION

- 11.1 The revised planning guidance has brought back the payment for performance element of the BCF for part of the funding, and clarified that £1 billion of the total £3.8 billion must remain within the NHS. Walsall's local allocation of funding had already established that this proportionate amount would remain within the NHS so this was not problematic for Walsall.
- 11.2 Further work is needed to complete the revised templates and gain approval to their content before submission on 19 September. The Chair of the Health and Well Being Board will sign off the plan on behalf of the Board prior to submission.

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