

Title of Report: **Better Care Fund**

Report to be considered by: Health and Wellbeing Board

Date of Meeting: 6 February 2014

Purpose of Report: To update Health and Wellbeing Board of the Better Care Fund and seek agreement to the high level plan as to how the single pooled budget will be used.

Recommended Action: The Health and Wellbeing Board to approve the joint plans agreed between the CCGs and the Council for use of the Better Care Fund.

Reason for decision to be taken: To allow for the joint plans to be submitted to NHS England and the Local Government Association.

Other options considered: None

Key background documentation: Better Care Fund report considered by HWBB at its meeting on the 23rd January 2014.

1. Introduction

- 1.1 The principle of the Better Care Fund (BCF) is for health and social care services to work more closely together. It supports a local commitment to moving towards better integrated services, working closely in partnership through a single pooled budget, better outcomes and better value for money. The BCF provides for £3.8 billion worth of funding nationally in 2015/16 to be spent locally on health and care with the aim of “achieving closer integration and improve outcomes for patients and service users and carers”.
- 1.2 In 2014/15, a transfer of £900m is already planned from the NHS to adult social care and a further £200m will be transferred to enable localities to prepare for the Better Care Fund in 2015/16.
- 1.3 A detailed explanation of the BCF was provided at the HWBB on the 23rd January 2014.
- 1.4 Local areas Clinical Commissioning Groups (CCGs) and Local Authorities are required to formulate a joint plan for integrated health and social care and to set out how their single pooled BCF budget will be used to facilitate closer working between health and social care services. The first draft of these plans has to be submitted to NHS England and the Local Government Association by the 14th February 2014 as required by the Department of Health under guidance issued on 20th December 2013.
- 1.5 BCF plans must deliver on national conditions:
 - Protecting social care services
 - 7 day services to support discharge
 - Data sharing and the use of the NHS number
 - Joint assessments and accountable lead professional
- 1.6 The Better Care Fund is integral to the NHS Strategic & Operational Planning process and local government planning.
 - NHS England launched a [‘Call to Action’](#) in July this year, which outlines the key national challenges facing the NHS over the next 10 years.
 - Clinical Commissioning Groups (CCGs) are required to submit 5-year strategic, operational & financial plans, with the first two years at an operational level of detail.

- Timing for the BCF is aligned with the CCG 2-year operational plans:
- Draft BCF plan due by 14 February 2014
- Final BCF plan due by 4 April 2014

- 1.7 Further additional work is needed to link and align the BCF submission with local CCG's two and five year plans, due for completion alongside the final version of the BCF plan by 4th April 2014. The finance section below outlines the current understanding around how the BCF will impact local Health/ Social Care economy.
- 1.8 The first cut BCF submission, due on 14th February 2014, requires the agreement of HWB. Further detailed work will then be undertaken in February and March to ensure that detailed plans are developed and in place for final submission by the 4th April 2014.
- 1.9 The report outlines the main issues and the attached draft submission and associated papers are presented for consideration by the West Berkshire Health and Wellbeing Board

2. The Fund

- 2.1 Individual Better Care Fund allocations were announced on the 19th December 2013 with the headline figure for 2015/16 being £9,585,000 for West Berkshire. However there are a number of key points to be made regarding the fund;
- There is no new money being provided, The fund is predominately being created by transferring £8.58m from local CCG budgets.
 - The BCF includes the £726k Disabled Facilities Grant, this has to be passed to the relevant Housing service.
 - The BCF includes £279k of capital monies
 - The BCF includes £1.793m of existing base budget spending by WBC under a Section 256 agreement
 - The BCF includes £1.061m of existing base budget funding of Carers grants and Reablement.

and most significantly of all for West Berkshire Council as one of only 3 Councils who will be required to change its social care eligibility criteria

- The BCF guidance states that it includes funding for local authorities to meet their new responsibilities in 2015/16 arising from the Care Bill.
- WBC modelling of the new Care Bill duties currently shows an expected cost of £7.075m in 2015/16. The Local Government settlement includes an Adult Social Care New Burdens Grant however the provisional allocation for WBC is just £595k. It would appear that the Department of Health consider that the remaining Care Bill funding has been provided via the BCF.

3. Issues

- 3.1 The West Berkshire Better Care Fund will take a “whole systems” approach to health and social care provision whereby budgets are aligned and pooled to improve outcomes for local residents. This will maximise, on a sustainable and practical basis, the budgets that can be incorporated into the pooled budget to promote the joint planning and sharing of risks over time to ensure sustainable health and social services.
- 3.2 There is a requirement to consider the impact of BCF proposals on NHS providers. Both NHS trusts have been directly involved in the planning process for BCF and discussion on the future vision of services. The NHS providers are being asked to see how best they can focus service delivery in West Berkshire for more local, person centred delivery that can be integrated across health and social care to achieve improved outcomes for residents.. Other stakeholders will be included in an engagement plan that will follow in the coming months.
- 3.3 There is a process of NHS (E) assurance and feedback that will need to be incorporated in the final version. It is proposed that an update will be provided to the Health and Wellbeing Board in time for any feedback to be incorporated into the final version of the BCF Plan, which is to be agreed with NHS England by 4th April 2014.
- 3.4 The performance measures required under the BCF guidance are mainly nationally prescribed, and are outlined in the draft submission in Appendix 1.

4. Proposed Use of BCF

- 4.1 A planning template and a financial summary template have been provided by the DH to be used to submit the draft BCF plans, these are attached as Appendix A and Appendix B. What follows is a very high level explanation of each new proposal:-
- 4.2 **Direct Commissioning of Care by Community Nurses and other community clinicians** - At present all requests for social care from community Nurses and other community clinicians have to be routed through the Council's Access for All service who then arrange for a member of staff to visit the patient and assess what social care is required. Once this is complete a service request goes to the Council's Enablement Service. This proposal is that the Community Clinician etc. would make the request for care direct to the joint Health and Social care Provider (see point 4.5 above). The Community Nurse is in contact with most patients who need care and are best placed to make an initial estimate of care that is needed. The role of the joint Health and Social Care Provider, together with the keyworker from the coordinating service is then to work with the client to ensure that there ongoing care needs, if any, are appropriately met.
- 4.3 **Access to Health and Social Care services through the HUB** - to build on the new Health HUB there is potential to develop this into a Single Point of Access for both health and social care professionals. When the service carries out its triage service users will be linked to the appropriate service(s) irrespective of whether delivered by Health or Social Care professionals.
- 4.4 **Creating the role of a Personal Recovery Guide / Keyworker** - consistent with the Elderly Care Pathway initiative the creation of a new role of a Personal Recovery Guide / Keyworker is recommended. This person will help to progress individuals through a complex array of services, and if needed help them to access a Personal Budget to maintain momentum for the Individual and allow them to be more in control of their 'journey'. Creating this new role may include the re-deployment of some existing staff, recruiting new staff and working with the voluntary sector.
- 4.5 **Joint Care Provider** - The Council's Maximising Independence Team and Homecare Team, and the Berkshire Health Foundation Trust's Intermediate Care as part of the Integrated Community Health services have separate care assessment and delivery units providing similar care in response to patients currently triaged through a joint system. Developing these three staffing units into a combined service would simplify the deployment to support individuals, would cut out artificial service transfers, increase continuity of service, and create efficiencies by avoiding duplication; initially this could be created as a 'Pooled' service, developing into a Pooled Budget.

- 4.6 **Social Care 7 day working** – there is already an emergency response service in place separately for both the Council and the BHFT, together with separate services for routine care and support between 7am and 10pm 7 days per week. Integrating this network of response services would make access simpler and would remove the need to decide which service should take responsibility.
- 4.7 **Hospital at Home** – this service will enable people with long-term health problems who are heavily dependent on health and social care services to receive the best possible, affordable care in their own homes.

This scheme will offer a safe alternative to hospitalisation and prevent unnecessary admissions. The service will operate within each Berkshire West CCG including Newbury & District, supported by the Berkshire Healthcare Foundation Health Hub. The aim of is to provide a service that standardises practice in relation to the management of patients with complex care needs (sub-acute) in the short-term. The service will be targeted at those patients that require initial intensive 24-hour support and treatment but can be managed at home and then discharged after a few days into traditional community care provision.

The benefits Hospital at Home will deliver include:

- Improved healthcare experience for Newbury & District patients;
- An integrated approach to care;
- Reduction in unnecessary admissions;
- Reduction in outpatient attendances;
- Improved access to Intravenous Therapy;
- Improved quality of life for patients;
- Improved coordination of crisis management.

Locally to Newbury & District CCG, the CCG is leading on an initial feasibility study into an 'Urgent Care Unit' which would directly interface with, and sit under, the Hospital at Home proposal but based in existing facilities within West Berkshire Community Hospital.

4.8 **Nursing / Care Home project** – The aim of the group is to improve the quality of care and provision of service to and within care homes within West Berkshire. To support this aim the group identified 8 work strands

- Analysis of activity data
- Improving access to services
- Developing clinical pathways/standards/protocols
- Skills development for staff
- Leadership development and management in care homes
- Medication Optimisation
- Communication and engagement
- Resident and relative views

This scheme will provide a new model of high level health care support into care and nursing homes throughout the borough to improve consistency in the quality of care and outcomes for residents.

The aim is to reduce non-elective hospital admissions from care homes through introducing a GP enhanced community service. It will do this through strengthening partnership working between care home providers, community geriatricians, health and care staff to improve the quality of life for residents by reducing the number of falls, and the prescribing of multiple medications to elderly people. This will in turn improve the overall health and wellbeing of care home residents.

4.9 **Meeting the requirements of the Care Bill** - this includes expanding eligibility for Council Services to meet the new lower eligibility criteria and providing far more support to carers It will mean that individuals will receive care at an earlier stage which will have a positive impact on admission avoidance, and on maintaining independence. . The guidance makes it clear that the BCF includes funding for certain elements of the Care Bill and this has been covered in more detail at Section 5 below.

4.10 As mentioned at 4.1 above, further details of the plans along with performance measures are provided on the DH template appended to this report.

5. Financial Risk

5.1 All of the schemes outlined in this paper would make good use of the BCF and present opportunities for improved services and eventual cost reductions from both more efficient arrangements and downward pressure on long term

care costs. However for the Council there is a very significant risk arising from the statement in the BCF guidance that it includes the funding for some of the most important changes arising from the Care Bill 2013.

- 5.2 The Council's current modelling of the financial impact of the Care Bill suggests costs of £7.075m in 2015/16, reducing to around £5.7m in the following 3 years before rising to £8.76m in 2019/20.
- 5.3 The following table provides a breakdown of the key elements and the source of the funding (based on the wording on the NHS England Planning Guidance document). For a number of items it is not possible to identify the likely costs, if any, until more details of the changes are available.

Item	Expected Cost 15/16	Funding Available	Residual Financial Risk
Items listed in planning guidance as funded via BCF			
New entitlements for Carers	£3,575,000	£1,507,000	£5,568,000
National Minimum Eligibility Threshold	£2,510,000		
Better information & advice	Not known		
Advocacy	Not known		
Safeguarding	Not known		
'Other' (loss of client income from change in assets threshold)	£990,000		
Total	£7,075,000	£1,507,000	£5,568,000

Items listed in guidance for LG New Burdens Grant 2015/16			
	Expected Cost 15/16	Funding Available	Residual Financial Risk
Deferred Payments	Not known		
Cap on Care Costs – transitional arrangements	Not known	£595,000	-£595,000
Total		£595,000	-£595,000
Combined	£7,075,000	£2,102,000	£4,973,000

- 5.4 The above costs have been predominantly based on guidance provided by the Department of Health. For instance the guidance stated that Councils currently with eligibility criteria above ‘Substantial’ should expect to see costs rise between 3% and 5%. As a Council currently at ‘Critical only’ than we would be at the top end of that range.
- 5.5 The provisional figures for 2015/16 Local Government Settlement include an Adult Social Care ‘New Burdens’ grant of £595,000.
- 5.6 There is no detailed information available to clarify what amount of the BCF has been allocated for Care Bill costs. All that can be done is to make an assumption based on the £135 million nationally that has been identified for these new duties. This would provide a suggested figure in the BCF of £1.02m. The plans outlined in this report would allow £1.507m of the BCF to be made available for the Care Bill costs.
- 5.7 Appendix C provides a full breakdown of the proposed BCF spending. Appendix D shows the position the BCF would be in should it be used to fully fund those Care Bill costs listed in the DH guidance document.

- 5.8 West Berkshire is one of just 3 councils in England that currently operate at 'critical only' and therefore face significant new costs arising from the change to a new minimum eligibility level. The formula for setting the BCF does not include any additional funding to meet this cost.
- 5.9 Back in August 2013 the Chartered Institute of Public Finance and Accountancy highlighted that assessments of the financial implications of the Care Bill had been produced by the Department of Health and a number of Councils. These assessments showed very different results and the scales of these differences were such that they could absorb all of the funding set aside to support integration.
- 5.10 Further clarification on the funding arrangements for the Care Bill has been sought but as yet we have no assurances that additional funding over and above the BCF and New Burdens Grant will be provided. If this proves to be the case then it will present a funding gap for West Berkshire Council in the region £5.46m. Clearly dealing with that shortfall would have a significant impact on social care services.

6. Summary

- 6.1 The first cut BCF submission is required by the 14th February 2014. Given, the very tight timescales, the draft attached to this report will require final sign off from the Chair and Vice Chairs of Health and Wellbeing Board after discussion of the version presented here at the extraordinary Health and wellbeing Board on 6th February 2014.
- 6.2 There will be feedback from NHS (E) and further work on the BCF implementation plans, which will also reference to West Berkshire CCGs, two and five year plans. Therefore, a revised BCF plan will be produced by 4th April 2014 and a further report on progress will be presented to the Health Wellbeing Board in March 2014.
- 6.3 April 2015 will see the new BCF pooled budget formally take effect, and the integrated services put in place.
- 6.4 2014/15 will be a year which will be used to evaluate integration pilots, develop Joint Commissioning capacity, and prepare with partners and providers for the changes planned for 2015/16 onwards.
- 6.5 There remains a major risk that the new costs for the council arising from the Care Bill will not be fully funded.

Appendices

Appendix A – BCF Planning Template

Appendix B – BCF Financial Summary and Metrics Template

Appendix C – BCF Financial Model – Balanced

Appendix D – BCF Financial Model – Full Cost of Care Bill