ISLINGTON

Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of:

Meeting of	**Date**	**Agenda Item**	**Ward(s)**
Health and Care Scrutiny Committee		Item	All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: Better Care Fund

1. Synopsis

The Better Care Fund (BCF) was announced in the June 2013 spending review and is aimed at supporting integrated working across health and social care. Islington Council and Islington CCG worked jointly to develop our plan with an emphasis on three key areas:

- To support the work of the integrated care programme
- To support the continued investment in social care services that benefit health (for example re-ablement)
- To support the changes in social care as a result of the Care Act, for example, a new statutory duty to assess the needs of carers.

The BCF plan spans two years, 2014/15 and 2015/16. 2014/15 is a preparatory year in which an additional £200m should be invested jointly and in 2015/16 the national figure is £3.8bn. Locally this equates to £5,894,000 in 2014/15 and £18,390,000 in 2015/16.

In 2014/15 the Council will host the pool (ie hold the budget), in 2015/16 the CCG will host.

Islington's BCF was signed off by the local Health and Wellbeing Board in September 2014.

This report provides some detail of the plan.

2. Recommendations

The Health and Care Scrutiny Committee is asked to note the joint work that Islington is doing to develop integrated care for local people.

3. Background

On 19th September 2014 Islington Council and Islington CCG submitted the BCF Plan to NHS England. The Plan sets out how we will use the BCF to support on-going integration of services. Our plan was signed off with support, which means the CCG is required to provide assurance to NHS England through its regular reviews that we are delivering on the key outcomes and that the partnership is working effectively.

Our vision for the Integrated Care Pioneer has underpinned our submission for the BCF. That is:

"Working together to deliver better care with the people of Islington"

Islington was awarded Pioneer status in November 2013 in recognition of the excellent and long standing joint commissioning arrangements between the Council and the CCG.

We are using the pooled funding from the BCF to support the development of new services as well as supporting work already underway, for example, in preparation of the Care Act.

Within the integrated care programme we are working to develop a more joined up health and care offer that provides access to care at the right time, in the right place, in a co-ordinated and personalised way.

We want systems to be stream-lined, with pathways that reduce duplication, avoid unnecessary hospital admission and act swiftly to get people home and re-abled after illness.

We also expect people to have a better experience of care and to feel like they have been given the information and advice they need to be informed of their condition and better able to manage by themselves or for those for whom they care.

We have identified the key ingredients of our transformed service offer as:

- An offer of **early intervention and prevention** for the whole population
- Health and care systems and pathways that are **co-produced** with patients and users
- Strong **clinical leadership** shaping and supporting change
- Hospitals that **plan and support discharge** from the first day of admission
- Better access to voluntary and community based services through **better information and advice**
- **Joined up care** delivered through **four localities** based around GP practices
- Better **identification and co-ordination** of patients/users at **high risk** of hospital admission
- A programme of **supported self-management** for children and adults with long term conditions
- More personalised service offers through the roll out of **personal health budgets** and increasing numbers of those who opt for a **personal budget**
- Services that are more easily understood and accessed through **single point of access, single assessment processes** and **7 day services**
- Better alignment of physical and mental health services
- A **skilled workforce** that delivers care with dignity and compassion, is motivated to make a difference and is rewarded for its efforts

- **IT systems** that support joined up care by becoming interoperable
- **Patient held** records

These aspirations span five years and we are using the BCF to support the work, much of which is underway.

In 2014/15 the investment is being used to support:

- Social care services that are funded through a pre-existing arrangement between the NHS and Council transferring funding from the NHS to support social care pressure

- The development of a locality model where our vision is, "**Everyone providing care to the people in a locality of Islington will work together to ensure we deliver what people want and need, with a strong focus on prevention and supported self-care".** In 2014/15 we are developing a rapid response function providing timely clinical assessment and treatment to prevent admission or A&E attendance. We are also investing in some test and learn sites developing integrated health and care teams that bring primary care, community health and social care teams together

- Finally, we are working across health and care to develop an IT solution that enables systems to be "inter-operable". This means that health and care professionals would be able to access information in real time, thereby reducing un-necessary interventions and the need to ask patients or users to repeat their story

Early successes include:

- Reduction in hospital attendance and admission though multi-disciplinary teleconferences
- 20 people already have personal health budgets and we have developed a joint process between the Council and CCG in order to gain efficiencies
- A new Community Education Provider Network established to support the development of skills and education across the workforce
- The launch of services to support integrated working including the ICAT service (Integrated Community Ageing Team)[i], ILAT (Integrated Liaison and Assessment Team) and Locality Navigators
- Building capacity in primary care with paediatric nurses providing support and advice to practices. Special areas include asthma, gastro-oesophageal reflux, constipation - these being some of the most common complaints which in the past were dependent on specialist review in a hospital setting.
- Piloting new approaches, for example, the N19 pilot and Children's MDT's
- Developing a model of integrated health and care teams with 8 test and learn sites launched. This involves 8 GP practices in two aligned pilots in Islington, one in the North Locality, the other in the South West.

As we move into 2015/16 we will continue to build on these areas with the intention that in a year from now we see:

- A philosophy of care giving that is person centred, holistic and builds on the assets of the individual

- Patients are being empowered to take more control of their own care

- Professionals and other care givers able to communicate with each other more easily

- Staff who know each other and understand each other's jobs

- More capacity in primary and community settings created by using and developing local teams who can share skills and reduce handoffs

- Systems that support shared care by providing information in real time

- A work force that feels supported and more able to cope with increasing demand

The performance measures that our progress will be measured against for the BCF are:

- Reduction in non-elective admissions to hospital
- Reduction in admission to residential care
- Reduction in delayed transfers of care
- Reablement – more people being able to remain at home 91 days after reablement/rehab
- Patient measure –patients feeling supported to manage their long term condition
- Carers measure – improvement in carers reported quality of life

4. Implications

a. **Financial implications**

The Spending Review 2013 announced a pooled budget of £3.8 billion for local health and care systems in 2015/16.

This pool is referred to as the Better Care Fund (BCF). The purpose of the fund is to create:

"a single pooled budget for health care and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities"

The makeup of the national fund is:

- £1.9 billion existing funding continued from 2014/15 - this money will already have been allocated across the NHS and social care to support integration.
- £130 million Carers' Breaks Funding.
- £300 million CCG Reablement Funding.
- £350 million capital grant funding (including £220m of Disabled Facilities Grant).
- £1.1 billion existing transfer from health to social care.

It also includes funding to cover demographic pressures in adult social care and some of the costs associated with the Care Act.

The BCF guidance that has been released by the Department of Health is not explicit as to the expected practical legal mechanisms underpinning the BCF. The inter relationship between the BCF and the Children and Families Bill and the Care Act is not clear and it is hoped that this will be made more explicit during 2014/15.

The national figures included in the proposed pool are primarily existing NHS resources, some of which are already transferred to local authorities and a significant sum which is expected to be transferred from the acute sector into community based services. The Local Government Settlement (released on 18 December 2013) identified the 2015/16 Islington BCF as £18.388m. An estimated breakdown of the Islington allocation is shown below.

	National	Islington	Organisation

	Total	Total	
	£m	£m	
NHS transfer from SR010 and 2012 White Paper	900	4.822	Held by NHS England, accessed by LBI via s.256 with CCG, and agreed by HWB
Additional NHS Transfer 2014/15	200	1.072	Further transfer to prepare for locality development
Reablement Funding	300	1.20	LBI s.75 – Intermediate care pool
Disabled Facilities Grant	220	0.693	LBI capital funding
Social Care Capital Grant	134	0.716	New LBI capital in 2013/14
Carers	130	0.415	LBI/CCG
NHS Funding Transfer (Care Act)	135	0.663	LBI – Support Implementation of Care Act.
NHS Funding transfer	795	3.899	LBI/CCG - Development of preventative services, the protection of social care services and support mitigating pressures in health care for people with learning disabilities and older people.
NHS Funding transfer	1,000	4.908	CCG - Performance related payment
	3,814	**18.388**	

These changes will need to be planned in the context of significant reductions in Council funding together with increased responsibilities arising from the Care Act.

b. **Legal Implications**

Section 121 of the Care Act 2014 makes provision for a fund for the integration of care and support with health services to be known as the “Better Care Fund” (“BCF”). This provision is a mechanism which allows the sharing of NHS funding with local authorities to be made mandatory. Section 121 (1) of the Care Act 2014 amends section 223B of the National Health Service Act 2006 (funding of the National Health Service Commissioning Board) to allow the Secretary of State (“SoS”) to specify in the mandate to NHS England a sum which the Board must use for objectives relating to integration. The mandate is given to the Board by the SoS under section 13A of the National Health Service Act 2006 Act. “Service integration” is defined as the integration of health services with health related or social care services.

Section 121((2) of the Care Act 2014 inserts a new section 223GA into the National Health Service Act 2006 which allows the Board to direct clinical commissioning groups (CCGs) to use a designated amount of their financial allocation for purposes relating to service integration. It also makes provision for how the designated amount is to be determined. Payment of the designated amount must be subject to a condition that the CCG pays the money into a pooled fund established under arrangements made with a local authority under section 75 of the National Health Service Act 2006. In exercising its powers in relation to the Better Care Fund, the Board must have regard to the need for provision of health services, health-related and social care services.

The BCF provides for £3.8 billion worth of funding to be spent locally on health and care to facilitate closer integration and improve outcomes for patients, service users and carers. A condition of accessing the money in the BCF is that CCGs and local authorities must jointly agree plans setting out how the money will be spent and these plans must meet certain requirements.

On 25 July 2014 revised BCF planning guidance was issued to Health and Wellbeing Boards (“HWBs”). This guidance was issued following a letter from the Department of Health to Chairs of HWBs dated 11 July 2014 requiring all areas to submit revised and strengthened plans together with additional information so as to ensure that they are in the best position to deliver more integrated health and social care. The

July 2014 revised guidance sets out a number of key policy changes to the BCF, additional requirements for the revised plans and the timetable for plan development, assurance and sign off by the HWB. The revised planning templates issued with the guidance require further detail on the protection of social care services, including the new duties resulting from the Care Act 2014. Local plans are required to consider how the BCF may be used to support common areas of focus which will deliver the requirements of the Care Act 2014 but also underpin shared local priorities.

The timetable specified that revised BCF plans were to be submitted on the 19 September 2014.The plans subsequently went through a Nationally Consistent Assurance review (NCAR) process. The outcome of the NCAR has categorised plans into one of four assurance categories: approved, approved with support, approved subject to conditions, or not approved. The revised guidance states that the Government will use the NHS Mandate for 2015/16 to instruct NHS England to ring fence its contribution to the Fund and to ensure that this is deployed in specified amounts at local level for use in pooled budgets by CCGs and local authorities.

c. Equalities Impact Assessment

No equalities impact assessment has been undertaken with the draft plan.

d. Environmental Implications

No environmental impact assessment has been undertaken with the draft plan.

5. Conclusion and reasons for recommendations

The Better Care Fund has been introduced in order to drive better integration between health and social care at a national level. Islington has a legacy of excellent joint working through Section 75 and Section 256 arrangements and is also a Pioneer site for Integrated Care where we hope to deliver a step change to health and care outcomes in Islington, as well as improving the patient/user experience of care.

Our plans for the Better Care Fund are therefore closely aligned to the Integrated Care programme with investments across health and social care that will support more personalised and co-ordinated approaches to care that are delivered locally. These plans also support the strategic aims of the Council in terms of delivering more personalised supports; of the CCG in terms of delivering care closer to home and of course with the four priorities of the Health and Wellbeing Board.

Background papers:

Attachments: Appendix 1 – Better Care Fund narrative
Appendix 2 – Better Care Fund finance and performance schedule

Final Report Clearance

Signed by ……………………………………………………………… ………………….

Date

Received by ………………………………………………………………. ………………….
Head of Democratic Services Date

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[i] Integrated Community Ageing Service

This service started in April 2014 and has been commissioned by the CCG to deliver a community geriatrician service supporting older people in the community. The service has focused on supporting care homes but is now extending to older people in their homes.