

Report of: Director of Commissioning, Islington CCG

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	20 April 2016	B3	All

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SUBJECT: Better Care Fund 2016/17: Planning Update
1. Synopsis

- 1.1 The Better Care Fund was developed to support joint working between health and social care to deliver outcomes for local people. The Better Care Fund was implemented in 2014/15 and the planning process for 2016/17 is currently in progress. Islington Clinical Commissioning Group (CCG) and Islington Council are continuing to work together to enable the Better Care Fund to:
- Underpin the work of the Islington Integrated Care Programme including developing new models of care;
 - To support the continued investment in social care services that benefit health;
 - To protect adult social care services and enable changes to be made required to maintain frontline provision while meeting the requirements of new legislation such as the Care Act 2014.

The aim of this report is to summarise the implementation journey of 2015/16 and the plans for 2016/17.

2. Recommendations

- 2.1 That the integrated working in 2015/16 and key achievements for local people be noted.
- 2.2 That the planning assumptions for 2016/17 be reviewed and agreed in principle.

3. Background

- 3.1. Nationally, the Better Care Fund is the biggest ever financial incentive for the integration of health and social care. The fund has required Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan. In 2015-16, the Government committed

£3.8 billion to the Better Care Fund. In 2016-17, the Better Care Fund has increased to a mandated minimum of £3.9 billion to be deployed locally on health and social care. From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund.

The aim of the Better Care Fund is to promote joint working between health and social care. In Islington, the Better Care Fund has been an extension of the integrated working which is established in the borough. In addition to the Better Care Fund, Islington has over £50 million in pooled budgets across health and social care for adults and children.

Islington has utilised the Better Care Fund to further enable and support the joint work in progress through the Integrated Care Programme. The Better Care Fund priorities locally are:

- Locality Offer across community, social care and mental health services to support primary care capacity;
- Enhancing primary care capacity;
- IT and inter-operability to ensure patient information can be shared across integrated services and along care pathways;
- To meet demographic pressures in social care, and across health and care services for older people and people with learning disabilities;
- To maintain social care eligibility;
- To incentivise providers to support integrated care.

3.2 The funding for the Better Care Fund are enabled through national funding allocations and set out through national guidance including the 2016/17 Better Care Fund Policy Framework. Nationally the local funding amounts are reviewed annually on a national basis. The Better Care Fund for 2015/16 pooled budget between Islington Clinical Commissioning Group and Islington Council was £18.388m. In 2016/17 this has increased to £18.410m. This includes funding streams such as the Disabled Facility Grant of £1.318m which is an existing national scheme providing home adaptations to support independent living. For Islington the allocations provided are set out in the table below.

Year	Total Better Care Fund (BCF)	LBI Funding Contribution	Islington CCG Funding Contribution	BCF CCG funding ring-fenced for NHS out of hospital commissioned services ¹	Comments ²
	£000s	£000s	£000s	£000s	
2014/15	5,894	0	5,894	n/a	Includes existing NHS England grant of £4,822 for transfer to Local Authority via Section 256
2015/16	18,390	1,409	16,981	n/a	LBI funding £693k Disabled Facilities Grant (DFG) + £716k Social Care Capital Grant
2016/17	18,411	1,318	17,093	4,857	LBI funding is from £1.318m DFG which has subsumed Social Care Capital Grant funding in 16/17

Note 1: New requirement in 16/17 for BCF partners to fund NHS commissioned out-of-hospital services, that demonstrably lead to off-setting reductions in other NHS costs against the 2014-15 baseline

Note 2: Social Care Capital Grant funding has now been rolled in to Disabled Facilities Grant in 2016/17

Based on these allocations planning for 2016/17 is currently in progress. The Islington plan for 2016/17 is in line with the 2015/16 plan. The 2016/17 plan has been further developed due to changes in the national requirements and learning from 2015/16.

A key component of the 2015/16 Better Care Fund was a pay for performance requirement for the reduction in non-elective emergency admissions. In 2016/17, this requirement has been replaced by two new requirements nationally.

There are new requirements for local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTC), including locally agreed targets. The aim of these new requirements are to ensure people are enabled to live in the community where possible and return in a timely way to their place of residence following time in hospital.

Locally, the number of reported schemes in the Better Care Fund has been consolidated to ensure emphasis on delivery and clearer reporting mechanisms on performance. In addition, the Integrated Care Programme is to have a renewed focus on linking together mental health with physical health services and on prevention alongside the existing priorities for integration to enable whole system working. This will include reviewing plans drawn up with Public Health, the Local Authority and the CCG to focus on the wider preventative strategies across the core partners to focus on existing and innovative preventative services which delay and reduce demand on more intensive health and social care interventions.

Islington Clinical Commissioning Group and Islington Council have submitted two joined up and agreed planning submissions to NHS England with the final submission to be made on 25th April 2016.

3.3 **Key achievements** in 2015/16 that were enabled by the Better Care Fund include:

- **Protection of Adult Social Care:**
The Better Care Fund supported the realisation of the Moving Forward programme in Adult Social Care. The Better Care Fund, alongside existing pooled budgets between health and social care, has supported investment into frontline services such as social care services that benefit health (core social care offer of assessment, care management and reablement); carers funding (carers funding, assessment and carers breaks) and disabled facilities grant (home adaptations for independent living). The fund has also been used to support demographic pressures and substantial growth in NHS funded Continuing Healthcare for people with Learning Disabilities and older people. This resourcing has enabled local people to live more independently, and return to the community in a timely way when accessing hospital services;
- **Roll out of Locality Integrated Health and Social Care Networks:**
Islington CCG and the Council, alongside GP practices, developed in 2015/16 extended health and care teams to support networks of practices, to provide an integrated response to those patients most at risk of admission and other people who would benefit from a more joined up response. The trial covered eight practices and 25% of the Islington population. This model of integrated care teams is currently in progress of roll out for universal coverage;
- **Enabling IT solution:**
Islington has commissioned BT to develop an Integrated Digital Care Record and a Person Held Record. These solutions are in the process of being tailored and refined to meet the needs of the local population and to bring together the data requirements across health and social care.
- **Incentivising acutes to deliver change:**
An incentive scheme was included in the Whittington Health contract for 2015/16 to facilitate the delivery of service changes to support systems resilience and to support the introduction of value based commissioning and payment by outcomes.
- **Workforce to join up health and social care:**
The Islington Community Education Provider Network was established and developed an integrated care training programme to enable a skilled workforce that delivers care with dignity and compassion, is motivated to make a difference and is rewarded for its efforts.

- **Delivery of Patient Outcomes:**

Islington is one of the six sites that Health Foundation/NHS England are using to evaluate the value of implementing the Patient Activation Measure in the UK to assess patient outcomes. Islington has undertaken the survey; of the 37,995 questionnaires sent out, 10,354 were returned (27% response rate). Results of the survey are currently being evaluated.

- **Non Elective Emergency Admissions:**

Non-Elective Emergency Admissions are a key metric monitored by NHS England. In Q2 and Q3 2015/16, Islington showed a better performance than planned in this area. This means that less people were admitted to hospital than anticipated which supports the work completed in the community to support people at home where possible and appropriate.

Baseline				
Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Total
4,570	4,532	4,261	4,421	17,784
Plan				
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Total
4,322	4,588	4,640	4,640	18,190
Actual				
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Total
4,460	4,702	4,466	4,371	17,999

Source data: Islington CCG, Secondary Uses Service (SUS) data, non-elective admissions (EC4). SUS data is the NHS data source providing activity and cost information.

Note: Islington will report on Q4 15/16 performance to NHS England in May 2016.

4. Implications

Financial implications:

- 4.1 The Better Care Fund for 2015/16 pooled budget between Islington Clinical Commissioning Group and Islington Council was £18.388m. In 2016/17 this has increased to £18.410m. This includes funding streams such as the Disabled Facility Grant of £1.318m which is an existing national scheme providing home adaptations to support independent living.

Scheme Name	Financial Investment
16.01 Protection of Adult Social Services	£5,995,000
16.01 Protection of Adult Social Services	£1,807,000
16.02 Reablement	£1,200,000
16.03 Carers	£246,000
16.04 Care Act	£663,000
16.06 Risk Pool	£1,200,000
16.07 IT	£600,000
16.08 Out of Hospital Services	£5,382,000
16.09 Disabled Facilities Grant	£1,318,000
TOTAL 16/17 BCF	£18,411,000

Legal Implications:

- 4.2 Section 121 of the Care Act makes provision for a fund for the integration of care and support with health services to be known as the "Better Care Fund". 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 223 (B) of the National Health Service Act 2006 (funding of the National Health Service Commissioning Board) to allow the Secretary of State 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 Secretary of State under section 13A of the National Health Service Act 2006.

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 £3.9 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.

Environmental Implications:

- 4.3 The Better Care fund work has some minor environmental implications; the extended evening and weekend hours at three medical practices will result in an increase in energy usage, whilst the new primary care rapid response service will result in extra journeys, contributing towards emissions and congestion. However, the digitisation of care records will reduce the need for physical paper copies.

Resident Impact Assessment:

- 4.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding. No specific RIA has been carried out in relation to this report; impacts on residents will be assessed in relation to specific schemes.

5. Reasons for the recommendations / decision:

- 5.1 The Health and Wellbeing Board is asked to note the joint work across health and care services in Islington to develop integrated care for local people through the Better Care Fund, note the performance against plan assumptions for non-elective admissions and carers reported quality of life, and note financial expenditure against plans.

Appendices: None

Background papers: None

Final report clearance:

Signed by:



Director of Commissioning, Islington CCG

1 April 2016

Date

Received by:

Head of Democratic Services

8 April 2016

Date

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