

SLOUGH BOROUGH COUNCIL

REPORT TO: *Slough Wellbeing Board*

DATE: 29th January 2014

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PART I

FOR DECISION

BETTER CARE FUND AND LOCAL DELIVERY PLAN

1. Purpose of Report

- 1.1. This report outlines the Better Care Fund (BCF) and requests sign off in principle of the BCF delivery plan, of which an updated version will be tabled at the 29th January 2014 SWB meeting.
- 1.2. The purpose of the report is to introduce board members to the BCF and give an update on the progress made so far by Slough Borough Council (SBC) and Slough Clinical Commissioning Group (CCG) in aligning this funding.
- 1.3. At present the BCF focuses on meeting the needs of adults, but as Slough has a high incidence of children being admitted into hospital care for avoidable conditions (16% higher than the national average), the board may wish to consider a focus on prevention and support for families and children within the BCF developments.
- 1.4. Board members are also asked to agree the Slough BCF Delivery Plan which will be tabled as an item for decision at 29th January 2014 board. The latest draft of the Delivery Plan is attached as Appendix 1 for information.

2. Recommendation(s)/Proposed Action

- 2.1. The Slough Wellbeing board is asked to note the background to the BCF and current and future planned activity.
- 2.2. The Slough Wellbeing Board is requested to agree the sign off for the Slough BCF delivery plan.

- 2.3 The Slough Wellbeing board is asked to note the agreement of a BCF local outcome measure for Slough.

3. The Slough Wellbeing Strategy, the JSNA and the Corporate Plan

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

3.1 Slough Wellbeing Strategy Priorities

The actions the local authority and CCG will take to address the requirements of the BCF, will aim to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities as set out below.

Priorities:

- Economy and Skills
- Health
- Regeneration and Environment
- Housing
- Safer Communities

It will do this by promoting people's wellbeing, enabling people to prevent and postpone the need for care and support and putting people in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility. The longer term impact of improved wellbeing will be visible, thus contributing positively in improving the image of the town.

The following key facts and figures have been taken from the JSNA 2013 relevant to this report. The aim of the local authority and CCG will be to address the potential needs identified from the JSNA through the enactment BCF delivery plan.

Residential and Nursing Care Provision

- The 2012 Census results indicated that whilst the national older people population is increasing, Slough's population aged 50 and over has reduced. However, with the proportion of people aged 65 years and over predicted to grow by 16% in the period to 2020, the Council and CCG needs to consider alternative models of care and support particularly in Sloughs overreliance on residential and nursing provision for over 65's compared to the national average.

Access to Personalisation and Social Care Services

- The Government set a national target to ensure that at least 70% of all people eligible for publicly-funded adult social care support were receiving a personal budget by April 2013. The [Department of Health](#) note that this target ensures that "personalised care becomes standard practice" for all. A survey by the [Association of Director's of Adult Social Services](#) (ADASS) indicated that this target had been met nationally, although the [Adult Social Care Outcomes Framework](#)

measure suggests that 56% of Service Users and Carers received a personal budget in 2012/13.

- In 2012/13, 58.5% of Slough's Adult Social Care Service Users and Carers received a personal budget and/or self-directed support. This was a higher proportion than the England average of 56%, but lower than the South East average of 60.3%.
- However, the number of people receiving their Personal Budget through a Direct Payment was much lower in the Slough Borough at 5%, compared with the national average of 16.5%. Direct Payments are the preferred method for delivering Personal Budgets to Service Users and Carers, as they give individuals greater flexibility, choice and control about what support they receive.

Other facts and figures which will contribute to addressing needs identified from the JSNA:

- Injuries due to falls are measured as part of the [Public Health Outcomes Framework](#). In 2011/12, Slough had 2,053 emergency admissions for falls injuries per 100,000 people aged 65 and over. This is significantly higher than the national figure of 1,665 per 100,000 population.

Excess winter deaths

- Deaths in Slough increased by around 14% during the winter months of 2008-2011 compared to the other seasons of the year. Excess winter deaths in Slough follow a similar pattern over time to those nationally ([Public Health England](#)).

Seasonal flu

- According to data from the NHS Thames Valley Local Area Team, 75.4% of adults aged 65 years and over in Slough received a flu vaccination between September 2012 to January 2013 which is in line with the National target of 75%

Dementia

- 329 people (0.2% of the population) are recorded on Slough GP registers as having dementia, according to the [Quality and Outcomes Framework](#) for 2011/12. This is significantly below the expected number for Slough and is expected to rise following dementia awareness training funded through the national dementia challenge campaign.
- Social Situation: Slough Borough Council's Adult Social Care Survey asked Service Users about their social situation in 2011/12. The [Health and Social Care Information Centre](#)'s results show that Older People accessing services in Slough reported that they felt they have less social contact than the national or South East regional response. The majority did, however, feel that they have at least adequate social contact.

Many of the above factors affect people under 65 and continue to impact into old age. They present significant challenges that require considerable service planning and partnership working.

The JSNA highlights that 66% of people with chronic heart failure have 4 or more long term conditions, and as a result, 20% of the resources of the local clinical commissioning group are used to support those with four or more long term conditions. In addition, some patients consistently use Accident and Emergency (A&E) rather than elective care. Slough therefore has a high level of non-elective admissions which puts considerable pressure on accident and emergency. A&E attendances indicate a range from zero to 20 times a year per person. Slough has 19% above England average of avoidable admissions (Avoidable admissions measure as detailed in the CCG outcomes framework 2013).

The BCF report addresses therefore a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The services address key priorities listed above in the JSNA through addressing cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

4. Other Implications

(a) Financial

The development of the BCF has financial implications for both the Council and the CCG for the following reasons:

- the ongoing financial and demographic pressures facing Councils and the NHS
- the combining of CCG funds and SBC funds into a pooled budget and the changed status this brings for the governance and risks related to the identified funds
- the implications of implementing elements of the Care Bill for new health and social care responsibilities
- The releasing of funding from the hospital sector over the 5 years to support the implementation of the BCF
- The risk the fund carries if agreed outcomes measures are not delivered

We are still awaiting further guidance for the BCF and the Care Bill and as such the full financial implications are still uncertain. These risks will be managed within the risk and issues log and project plan of the newly formed joint commissioning group with escalation to the Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

(b) Risk Management

The purpose of the report is to help ensure that the necessary action is being taken to prepare the Council and CCG for the implementation of the BCF. The risk to the Council and CCG in not keeping up to date on BCF developments is that it may fail to meet deadlines to implement use of the funding.

The BCF has a stand alone risk register to monitor any associated risks.

Risk	Mitigating action	Opportunities
Legal	Section 75 and/or 256 agreements will be agreed.	Improved joint working and better value for money.
Property	None	None
Human Rights	Engage residents and service users in BCF development.	Improved wellbeing for residents.
Health and Safety	None	None
Employment Issues	Consultations will be carried out with staff if necessary.	Improved joint working and better value for money.
Equalities Issues	EIA to be carried out on proposed changes.	Improved wellbeing for all residents.
Community Support	Engage community services in BCF development.	Improved joint working and better value for money.
Communications	Utilise communication functions to keep stakeholders up to date.	Better understanding of BCF and health and wellbeing in Slough.
Community Safety	Engage community safety services in BCF development.	Improved joint working and better value for money.
Financial	Robust risk and project management in place.	Improved joint working and better value for money.

Risk	Mitigating action	Opportunities
Timetable for delivery	Timetable agreed with SWB, CCG and SBC. On track to meet all deadlines.	Improved joint working.
Project Capacity	CCG strategy lead to move to new post in March 2014. Interim to be recruited to maintain continuity.	Improved joint working and better value for money.
Acute Sector.	Ensure that Acute Health Sector view BCF as an opportunity to meet challenges in terms of reduced resources, reduced admissions, improved service and level of care.	Improved joint working and better value for money.

(c) Human Rights Act and Other Legal Implications
 These implications will be clarified when Better Care Fund is further developed.

(d) Equalities Impact
 The equalities implications of any changes required as a result of Better Care Fund will be reported as they are assessed and an impact assessment will be completed as detailed under the Equalities Act 2010 by March 2014.

5. Supporting Information

5.1 National context

In the 2013 chancellor's Spending Round a £3.8 billion fund was announced for 2015-16 for integrating health and social care services. This fund is known as the 'Better Care Fund' (formerly known as the Integrated Care Fund) and comprises of:

- £1.9 billion existing funding continued from 2014-15
- £130 million Carers' Breaks funding
- £300 million CCG reablement funding
- £350 million capital grant funding including £220 million Disabled Facilitates Grant
- £1.1 billion existing transfer from health to social care
- £1.9 billion new funding from NHS allocations, which includes £1 billion performance related funding.

The funding of the Care Bill 2013 – 14 will also form part of the responsibilities of the Better Care Fund. It was announced as part of the Spending Round that the Better Care Fund would include funding for costs to councils resulting from care and support reform. This money is not ring-fenced, but local plans should show how the new duties are being met; £50m of the capital funding has been earmarked for the capital costs

(including IT) associated with transition to the capped cost system, which will be implemented in April 2016; £135m of revenue funding is linked to a range of new duties that come in from April 2015 as a result of the Care Bill. Most of the cost results from new entitlements for carers and the introduction of a national minimum eligibility threshold, but there is also funding for better information and advice, advocacy, safeguarding and other measures in the Care Bill.

- 5.2 The Spending Review also agreed that £1bn of the total £3.8bn available nationally would be linked to achieving outcomes. These outcome measures are:
- Delayed transfers of care;
 - Emergency admissions;
 - Effectiveness of re-ablement;
 - Admissions to residential and nursing care;
 - Patient and service user experience
 - And one further locally agreed outcome measure from a pick list provided by NHS England. Sloughs suggested chosen measure is *improving the health-related quality of life for people with long-term conditions*.
- 5.3 The purpose of the BCF is to create a health and ASC pooled budget which brings together services for adults in order to improve integrated and holistic working and improve outcomes for service users. The use of the funding is subject to the following national conditions:
- A jointly agreed local plan;
 - protection for social care services (not spending);
 - local plans to include 7-day working in health and social care to support patient discharge and prevent unnecessary admissions at weekends;
 - improved data sharing between health and social care, using the NHS patient number;
 - joint assessments and care planning;
 - one point of contact (an accountable professional) for integrated packages of care;
 - risk-sharing principles and contingency plans in place if targets are not met – including redeployment of the funding if local agreement is not reached; and
 - agreement on the consequential impact of changes in the acute sector.
- 5.4 The outline timetable for developing the pooled budget plans in 2013/14 is as follows:
- August to October: Initial local planning discussions and further work nationally to define conditions etc
 - November/December: NHS Planning Framework issued
 - December to January: Completion of Plans
 - February: SWB agreed plan submitted to NHS England
 - March: Final plans agreed.
 - April: Final plans submitted to NHS England.
- 5.5 Each upper tier Health and Wellbeing Board will be required to sign off the BCF plan for its constituent local authorities and CCG's.

- 5.6 The Department of Health is considering what legislation may be necessary to establish the Better Care Fund, including arrangements to create the pooled budgets and the payment for performance framework. Options are also being explored for any required legislation within the Care Bill, with further details being made available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected and will be helpful in taking this work forward. The above is in reference to Sections 75 and 256 of the National Health Service Act 2006.
- 5.7 The BCF planning and context also aligns well with the annual Winter Planning process, the NHS Call to Action with its vision for large scale reshaping in the planning and delivery of health services based around the growing pressures of an ageing population, a rise in long term conditions and rising patient expectation, and the forthcoming Care Bill which focuses on integrated health and ASC services, improved holistic working and improved service user personalisation. This provides a good opportunity at a local level to forward plan and align planning for all four of these agendas.

6. Local Context

- 6.1 The initial estimate for Slough's allocation of the BCF was £7.030. After the Autumn Statement this was revised to £8.762m. This is detailed in the table below.

Better Care Fund - Planning Announcements

Slough CCG and Slough BC

	<i>Slough 1st Est.</i>	Slough Revised LA	Slough Revised NHS s.256	Slough Revised NHS balance	Slough Revised
	<i>£m</i>	£m	£m	£m	£m
Pass through					
2013/14 s256 money	1.850		1.850		1.850
2015/16 Govt Transfers (capital (2/3rds of which	0.670				
2015/16 Disabilities Facilities Grant		0.407			0.407
2015/16 Social Care Capital Grant		0.287			0.287
	2.520	0.694	1.850	0.000	2.544
Impacting CCG Budgets					
2014/15 additional s256 transfer	0.380		0.430		0.430
Carers break funding	0.250				
Reablement funding	0.280				
Core CCG Funding	3.600			5.706	5.706
Difference between historic s256 and 15/16 BCF alloc				0.082	0.082
	4.510	0.000	0.430	5.788	6.218
Total	7.030	0.694	2.280	5.788	8.762

Minimum BCF with UA in 2015/16

- 6.2 In 2014/15 the existing £900m s.256 transfer to Local Authorities for social care to benefit health, and the additional £200m, will be distributed using the same formula as at present and will mean £1.85m plus an additional £0.430m for Slough.
- 6.3 For 2015/16 the minimum BCF for Slough will be £8.762m. 50% of the pay-for-performance element for the BCF will be paid at the beginning of 2015/16, subject to Slough Wellbeing Board adopting a plan that meets the national conditions by April 2014, and on the basis of 2014/15

performance. The remaining 50% will be paid in the second half of the year and will be based on performance against nationally and locally determined metrics. The detail of how this will work is still being agreed nationally and will include any locally agreed measures.

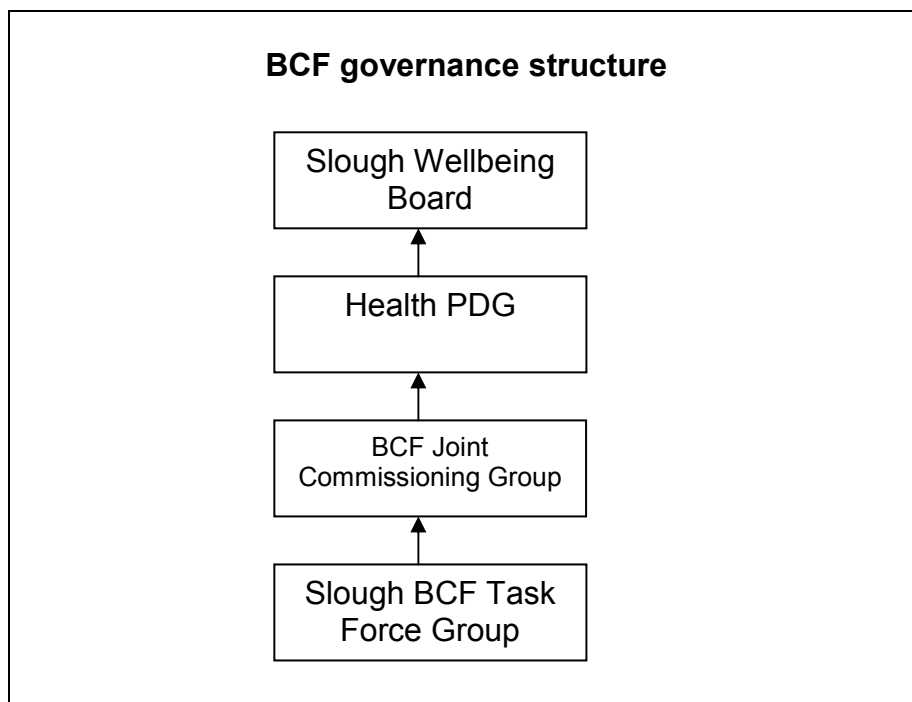
- 6.4 There are already a range of local integrated arrangements and services between SBC and Slough CCG and Berkshire Health NHS Foundation Trust (BHFT). These include:
- Joint Learning Disability Team
 - Joint Mental Health Team
 - Intermediate Care Services including the Recovery, Rehabilitation and Reablement service
 - Integrated Care Teams pilot project (multidisciplinary teams in GP practices focussed on supporting people with long term conditions)
 - Berkshire Equipment Service – where SBC hosts and manages the equipment contract on behalf of the Berkshire Unitary Authorities and the Berkshire CCG's.
 - Carers services
- 6.5 The current Section 256 of the NHS Act 2006 memorandum of agreement for transfer of allocation for social care outlines how the majority of NHS funds are transferred to SBC and how this funding is allocated for 2013/14.
- 6.6 The East Berkshire health and social care system has also received £6.644m from NHS England to enhance capacity in the urgent and emergency care system over the 2013 winter period. In Slough (and nationally) it has been acknowledged that additional community and acute capacity for the winter period is required to ensure effective, safe, quality services for patients.
- 6.7 In June 2013 the local Urgent Care Programme Group (with representation across East CCG's, acute and community NHS, ambulance and unitary authorities) approved an A&E Recovery and Improvement Plan to improve performance and is continuing to monitor delivery. This recovery plan set out the actions put in place to meet a key NHS Constitution requirement to ensure 95% of patients can be seen in A&E at Wexham Park within four hours over the winter period.
- 6.8 In October, November and December 2013 Wexham Park achieved the 95% standard
- 6.9 The Heatherwood and Wexham Park Winter Programme has a budget of £6,644,540. Projects have started across three workstreams with the following allocation of the funding;

W1	Urgent Care access	£1,834,540
W2	Wexham Park patient flow	£3,470,000
W3	Supporting discharge	£1,340,000
TOTAL		£6,644,540

- 6.10 The BCF task force plans to utilise the learning from the Winter Planning process and subsequent delivery and activity to support the BCF delivery plan.

7. Current BCF planning activity

- 7.1 The Slough BCF taskforce group has been meeting fortnightly since September 2013 in order to agree and plan the use of the BCF funding and jointly agree the BCF delivery plan. This group is led by the Assistant Director of Adult Social Care, Commissioning and Partnerships, the Director of Strategy and Development for East Berkshire CCG's and Policy Manager (Health and Social Care).
- 7.2 A joint SBC and CCG workshop was held on 2nd December 2013 to introduce the BCF, review current funding and performance and discuss initial ideas about how the funding can be implemented across Slough. This workshop was attended by the Chair of the CCG and the Leader of the Council.
- 7.3 A further BCF engagement workshop, hosted by the Slough Wellbeing Board, is taking place on 24th January 2014. This workshop is being facilitated by The Kings Fund. The aims of this workshop will be to ensure wider engagement in the development of integration between the NHS and Social Care in Slough, confirm our vision, and ask attendees to consider and contribute to shaping the use of the funding and the agreed outcomes for Slough. The target audience for this workshop is SWB members, Lead Members and Councillors, health and ASC professionals, health and social care providers, service users and carers and voluntary and community sector organisations.
- 7.4 The local Slough BCF delivery plan will be updated following comments and feedback from the 24th January BCF workshop. An updated version of the plan will be presented at the 29th January 2014 SWB meeting.
- 7.5 Further engagement with service users will also be carried out by utilising the Slough CCG "Call to Action" engagement events that are planned, and will be taking place across the borough and a sponsor group will be developed following the BCF workshop.
- 7.6 The Wellbeing board may wish to consider the governance implications of managing the BCF on behalf of Slough community and to ensure a fit for purpose Board by April 2015. In the interim the following is a suggested structure:



7.7 The timeline for sign off and agreement of the BCF delivery plan is as follows:

1	Slough CMT	18 th December 2013
2	Health PDG	9 th January 2014
3	Health Scrutiny	13 th January 2014
4	SWB* * Sign off of delivery plan	29 th January 2014
5	Slough CCG Governing Body	4 th February 2014
6	Submission of initial delivery plan to NHS England	15 th February 2014
7	Commissioners and Directors	25 th February 2014
8	Final submission of delivery plan to NHS England	4 th April 2014
9	SBC Cabinet	14 th April 2014

7.8 Once Sec 75 and 256 agreements are developed, further sign off will be required by the SWB, the CCG Governing Body and the SBC Cabinet.

8. **Implications**

8.1 **SBC:** The Council will be in a formal partnership with the Slough CCG and management of the funds and services will need to be managed jointly with shared risks and shared opportunities. It is planned that SBC will also be the host organisation of the S75.

An increasing number of the services that SBC commissions or delivers will be commissioned jointly or on behalf of the CCG to deliver more integrated services and supports. This will also mean that some of our current SBC staffing will be working as part of an integrated health and social care service. The HR implications are unknown at this stage as formal proposals for the format of any integrated services have not been finalised. At present SBC staff working in already integrated services are still employed by SBC but form part of a multi-disciplinary team under a partnership agreement.

- 8.2 **Slough CCG:** It is expected that the BCF will lead to more of the CCG's commissioned services being commissioned jointly with SBC to deliver more integrated services. It is also the intention of the BCF to support CCG's and local councils to move funding from NHS acute services to more integrated community health and social care services.
- 8.3 **NHS Acute Services:** The intention of the BCF is to support the CCG in transforming the way that it supports people to receive more community services and to be less reliant on acute hospital services. This will mean over the next few years a move of CCG funding from acute hospital services to community health and social care services.
- 8.4 **Community Services:** The BCF will lead to an increase in the volume of community services but these will need to be developed to be provided in a more integrated way.
- 8.5 The BCF provides SBC and Slough CCG with the opportunity to meet the increasing health and social care needs of the residents and patients of Slough in a more integrated way, is patient and person centred and is focussed on early intervention and prevention and is not crisis and acute care dominated.

9. Comments of Other Committees / Priority Delivery Groups (PDG's)

The Health PDG noted the BCF report and current activity at the meeting on 9th January 2014. It was agreed that further updates would be received at future meetings and that the Health PDG be kept up to date as part of the BCF governance structure.

The Health and Overview Scrutiny Committee received the BCF report on 13th January 2014 and Members discussed a number of issues including what could be learned from international experience on the transition from acute services to the community; the measures to reduce emergency admissions to A&E; and the timescale for developing the delivery plan.

The board also agreed:

- (a) That the report and the appendices setting out the implications for the Council of the Care Bill, the actions taken so far, and the lead officers that will be responsible for implementing the legislation be noted.
- (b) That the background to the Better Care Fund and current and future planned activity be noted.

- (c) That the sign off timetable for the Better Care Fund Plan be noted.

10. **Conclusion**

Board members are asked to agree the BCF Delivery Plan, note the BCF report, the chosen local outcome measure and the following:
As a minimum, we will need to include the funding that has been identified for Slough in our plans for the BCF. But as part of work over the coming months we will be identifying what other funding and services, beyond the minimum, we can include that will lead to increased benefits for SBC and the Slough CCG. This will ensure that we are in a position to use our funding more effectively, whilst improving health and social care outcomes.

At present the BCF focuses on meeting the needs of adults, but as Slough has a high incidence of children being admitted into hospital care for avoidable conditions (16% higher than the national average), the board may wish to consider a focus on prevention and support for families and children within the BCF developments.

11. **Appendices Attached**

“1” - BCF delivery plan template

12. **Background Papers**

- ‘1’ - The Care Bill; reforming care and support, department of health, ADASS South East TASCK Network, 30th October 2013
- ‘2’ - Delivering better services for people with long-term conditions – Building the house of care, The Kings Fund
- ‘3’ - Co-ordinated care for people with complex chronic conditions
- ‘4’ - Next Steps on implementing the Integration Transformation Fund (LGA and NHS England)
- ‘5’ - Planning for a sustainable NHS: responding to the ‘call to action’ (NHS England)
- ‘6’ - Integrated Care and Support: Our Shared Commitment (DoH)
- ‘7’ - <http://www.local.gov.uk/care-support-reform>
- ‘8’ - http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE
- ‘9’ - <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>