

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** *Slough Wellbeing Board*

**DATE:** 26<sup>th</sup> March 2014

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**WARD(S):** All

### **PART I**

#### **FOR DECISION**

#### **BETTER CARE FUND AND LOCAL DELIVERY PLAN**

##### **1. Purpose of Report**

- 1.1. This report updates the Slough Wellbeing Board (SWB) on developments of the Better Care Fund (BCF). It also outlines the implications, benefits and risks of the BCF and requests sign off for the final Slough BCF delivery plan (Annex 1 – to follow).
- 1.2. The draft delivery plan, as discussed and agreed at the SWB held on the 29<sup>th</sup> January 2014, was submitted to NHS England on the 14<sup>th</sup> February 2014 and, at the date of submitting, this report feedback on the plan had not yet been received. Any feedback received will be provided verbally at the March 2014 SWB meeting.

##### **2. Recommendation(s)/Proposed Action**

- 2.1 The SWB is asked to note the benefits of the BCF planning for Slough and future planned activity.
- 2.2 The SWB is requested to agree the sign off for the final Slough BCF delivery plan to be submitted to NHS England on the 4<sup>th</sup> April 2014.

##### **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 SJWS 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.

#### 3.1.1 Priorities:

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

3.1.2 It will do this by promoting people's wellbeing, enabling people and families 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.

3.1.3 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 2011 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 Slough's over-reliance 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 Directors 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.

#### 3.1.4 **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.

3.1.5 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.

3.1.6 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).

## **Children**

3.1.8 Slough also has a relatively young population with a higher than average % of the population who are under 19s

The JSNA identifies the following needs for children in Slough:

- Birth rates in Slough are the fifth highest in England and 56.4% of all births in Slough are now to women whose country of origin is not the UK.
- 20% of all Non elective admissions relate to children
- Two of the four avoidable admissions categories linked to the national criteria for the Better Care fund relate to children
- 48.8% of children speak English as a second language
- Slough has higher than average children's outpatient appointments per 1,000 patients
- There has been a 39% increase in rates of looked after children in Slough since 2007
- 19.8% of children live in a household with no wage earner.
- The carers strategy particularly highlights children and young people as a group that needs support.- Slough has a 12% children aged 0-24 as a total of all carers providing unpaid care
- At least 23% of all hospital activity in Slough is generated by children (excluding maternity services). A significant amount of this is non elective activity
- Slough CCG spends a total of £5.3m within Wexham on paediatric services in which £3.12m is in non elective activity

3.1.7 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**

4.1 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

4.2 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

4.3 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.

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

<b>Risk</b>	<b>Mitigating action</b>	<b>Opportunities</b>
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.
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. CCG looking to recruit Slough BCF Programme Manager	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' (BCF).

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 funding of the Care Bill 2013-14 will also form part of the responsibilities of the BCF. It was announced as part of the Spending Round that the BCF would include funding for some of the costs to councils resulting from care and support reform.

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. Slough's chosen measure is *improving the health-related quality of life for people with long-term conditions*.

5.3 Each upper tier Health and Wellbeing Board will be required to sign off the BCF plan for its constituent local authorities and CCGs.

## **6. Local Context**

6.1 The initial estimate for Slough's allocation of the BCF was £7.030.

6.2 After the Autumn Statement this was revised to £8.762m.

6.3 In the final BCF delivery plan Slough has agreed on a pooled budget of £6.058 million for 2014/15 and £9.762 million for 2015/16.

6.4 The minimum amount required for BCF pooled budgets by NHS England is £2.28 million for 2014/15 and £8.762 million for 2015/16. This is detailed in the tables below.

Table 1. Describes the funding identified for Slough through the national formula

<b>Better Care Fund Planning Announcements Slough CCG and Slough BC</b>				
<b>DESCRIPTION</b>	<b>Original Estimate</b>	<b>Revised Estimate</b>		
		<b>Local Authority</b>	<b>NHS</b>	<b>TOTAL</b>
	£'m	£'m	£'m	£'m
<b>Pass Through Funding</b>				
2013/14 S256 Funds	1.850		1.850	<b>1.850</b>
2015/16 Government Transfers Capital	0.670			
2015/16 Disabilities Facilities Grant		0.407		<b>0.407</b>
2015/16 Social Care Capital Grant		0.287		<b>0.287</b>
<b>Total</b>	<b>2.520</b>	<b>0.694</b>	<b>1.850</b>	<b>2.544</b>
<b>Impacting CCG Budgets</b>				<b>0.000</b>
2014/15 Additional S256 Transfer	0.380		0.430	<b>0.430</b>
Carers Break Funding	0.250			<b>0.000</b>
Re-ablement Funding	0.280			<b>0.000</b>
Core CCG Funding	3.600		5.706	<b>5.706</b>
Difference between s256 & 15/16 BCF			0.082	<b>0.082</b>
<b>Total</b>	<b>4.510</b>	<b>0.000</b>	<b>6.218</b>	<b>6.218</b>
<b>GRAND TOTAL</b>	<b>7.030</b>	<b>0.694</b>	<b>8.068</b>	<b>8.762</b>

Table 2 describes the funding that Slough CCG and Slough Borough Council will be contributing to the BCF over the next two years.

<b>Proposed Better Care Fund for Slough 2014/15 &amp; 2015/16</b>		
<b>DETAIL</b>	<b>2014/15</b>	<b>2015/16</b>
<b>Health Budgets</b>	£'m	£'m
Carers	0.210	0.210
Community Equipment (s75)	0.583	0.583
Intermediate Care (s75)	0.857	0.857
CCG Matching Funding (s256)	0.430	0.430
Oaks EMI		0.076
Henley Suite		0.247
Foot Care		0.014
CCG Additional BCF Contribution		3.397
Ward 8 Rehabilitation	0.698	0.698
<b>Sub Total</b>	<b>2.778</b>	<b>5.788</b>
<b>Local Authority Budgets</b>		
S256 Funds continued from 2013/14	1.850	1.850
Additional s256 Transfer	0.430	0.430
Disabled Faculties Grant		0.407
Social Care Capital Grant		0.287
Intermediate Care	1.000	1.000
<b>Sub Total</b>	<b>3.280</b>	<b>3.974</b>
<b>GRAND TOTAL</b>	<b>6.058</b>	<b>9.762</b>

6.5 These budgets have been agreed to deliver the Slough BCF vision of:

*“My health, My care: Slough health and social care service will join together to provide consistent, high quality personalised support for me and the people who support me when I’m ill, keeping me well and acting early to enable me to stay happy and healthy at home.”*

6.6 Since the last report to the Slough Wellbeing Board a number of changes have been added to the plan. These include:

- Additional budget from the CCG
  - Community equipment that is already transferred to the Council - £0.583m
  - Intermediate care that is already transferred to the Council – 0.857m
  - Match funding of the additional S256 funding (this is new investment - £0.430m
  - Ward 8 rehabilitation funding - £0.698m
- Additional budget from SBC - £1m
- Amended the aims and objectives of the plan after the January Wellbeing Board workshop
- Agreement to include meeting the health needs of children in relation to reducing admissions to hospital
- Agreement to use the additional investment in a number of areas of need. These include:
  - Infrastructure to support the delivery of the BCF delivery plan
  - Sustainability of our developing integrated care services including an improved falls service and the continuation of some of the services that have had an impact over the winter period (and were funded by temporary winter pressures funding).
  - Improving the health and well being of our residents living in care homes
  - Supporting the reduction of admission to hospital of children and young people

6.7 Slough’s BCF delivery will focus on the following three strands:

- Self care and prevention services across adults and children and families
- Improved care co-ordination.
- Maintaining and promoting independence.

6.8 BCF Programme Delivery Boards will be set up to deliver the agreed aims and objectives for each of these three strands.

6.9 The benefits for services users of these integrated services for each strand are as follows.



#### 6.9.1 **Self care and prevention:**

This programme will focus on the information, advice and support available to residents to manage their condition to remain as safe and independent for as long as possible. Service users will have improved access to:

- Psychological Therapies
- Information and Advice services (e.g. primary care, NHS 111)
- Smoking Cessation
- Falls Prevention
- Structured patient medication for long term conditions
- Social Marketing Campaigns
- Support to carers
- Admission avoidance for children and young people

#### 6.9.2 **Care Co-ordination:**

This programme will focus on integrating care for residents who require more specialist clinical and social care support to maintain independence either in a community care setting or in their own home. Benefits to services users will include:

- Improved and integrated case management including individuals at high risk of admission
- Joint health and social care assessments
- A single access point to health and social care services and shared care records
- Improved medicines management
- Integrated Care Teams
- Improved end of life care
- Improved sensory services

#### 6.9.3 **Maintaining and recovering independence:**

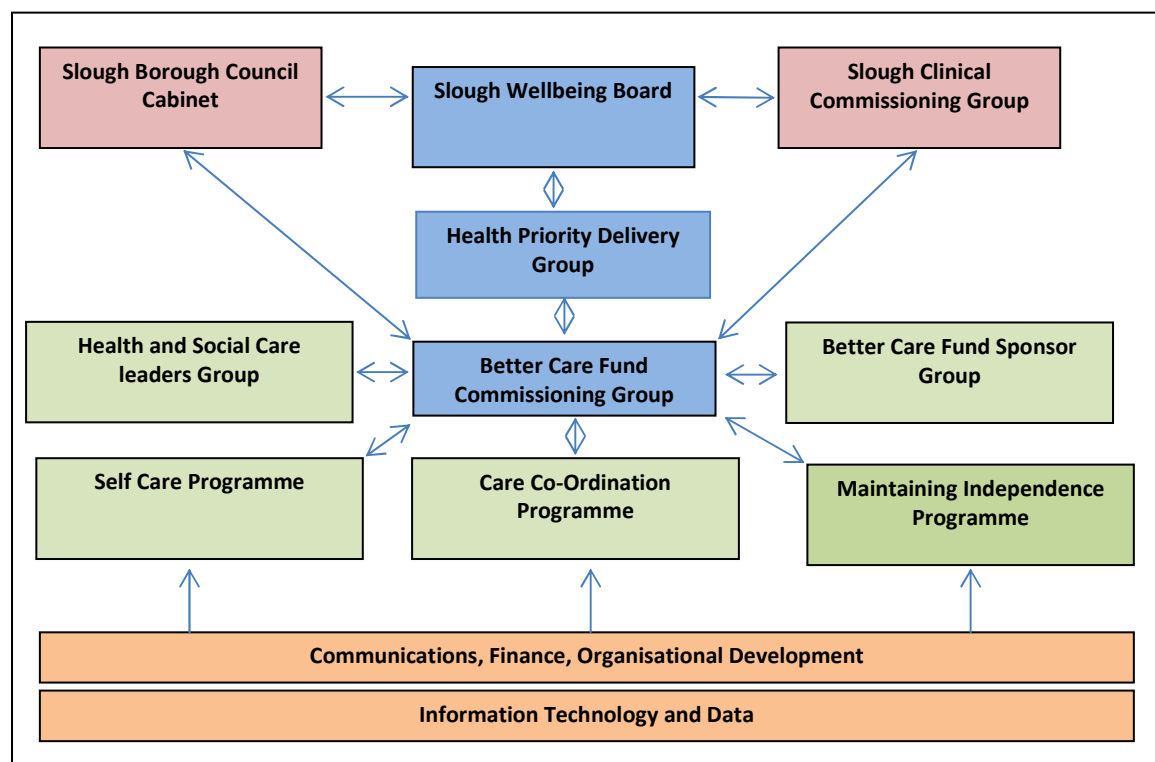
This programme will focus on supporting patients to maintain their independence and to recover quickly after a period of ill health. Benefits to services users will include:

- A multi-disciplinary discharge team at Wexham Hospital
- Access to 24/7 intermediate care and reablement services
- Improved quality of nursing and residential home placements
- Continuing Healthcare
- Early Supported Discharge schemes
- A rapid assessment process

#### 6.9.4 The wider benefits of implementing the BCF delivery plan are as follows:

- Protection of social care services
- Improved 7 day health and social care services
- Data sharing
- Joint assessment

6.10 The Governance arrangements for delivery of the BCF are as follows:



6.11 The final BCF delivery plan will be submitted to NHS England on 4<sup>th</sup> April 2014.

6.12 Once Section 75 and 256 agreements to manage are developed, further sign off will be required by the SWB, the CCG Governing Body and the SBC Cabinet.

## 7. Benefits, implications and risks

7.1 The Council and the CCG will be in a formal partnership for management of the funds and services will need to be managed jointly with shared risks and shared opportunities. It is planned that SBC will be the host organisation of the S75 Partnership Agreement under NHS Act 2006.

7.2 The following benefits for Slough and the SWB of implementing the BCF are as follows:

- Jointly agreed planning and objectives between health and social care.
- Improved transparency over data, budgets and use of funding.
- Clear and robust governance arrangements with joint management of existing and any new risks and issues.
- Clear local leadership.
- A focus on the key priority issues for Slough for the two main public bodies.
- A strong focus on outcomes.
- Better joint understanding of the needs of the Slough population.
- Improved value for money and use of resources. With a focus of resources on where this makes the biggest difference.
- Less duplication of effort, time and resources leading to further efficiencies and to support the delivery of existing efficiency savings.

- Working in partnership to meet increasing demand/complexity against the backdrop of reducing funding.
- Improved opportunities for joint commissioning.
- Provision of Veto by voting members of BCF Commissioning Group.

7.3 The following general risks for Slough and the SWB are as follows:

- A possible loss of autonomy for the SWB and CCG. This will be mitigated by agreed plans and the ability to review the objectives and BCF funding allocation annually by each party, and by financial modelling and planning being undertaken over the coming months to track planned investments, and where the benefits of these investments will be delivered.
- Decisions on funding and services could not be made unilaterally.
- A loss of boundaries between the use of funding for health and social care.
- The background effect of efficiency savings for both SBC and CCG could lead to a loss of focus and delivery for only one partner.
- Not delivering to agreed BCF outcomes.

7.4 If the BCF delivery plan is not agreed there will be a continued pressure on NHS acute services; and on Slough CCG and SBC regarding demand for services that the sole agencies will have difficulty providing alone.

## **8. Comments of Other Committees / Priority Delivery Groups (PDG's)**

The Health PDG will discuss the final BCF delivery plan at the meeting on 20<sup>th</sup> March 2014. Any feedback from the Health PDG will be provided verbally at the March 2014 SWB meeting.

## **9. Conclusion**

The BCF delivery plan and funding provides a real opportunity for improved partnership working, jointly delivered services and improved outcomes for service users. It enables SBC and Slough CCG 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.

## **10. Appendices Attached**

“1” - BCF delivery plan template (to follow).

## 10.1. **Background Papers**

- '1' - The Care Bill; reforming care and support, department of health, ADASS South East TASCK Network, 30<sup>th</sup> 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](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/>