SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 6 October 2014

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PART I
CONSIDERATION AND COMMENT

BETTER CARE FUND PLAN 2015/16

1 Purpose of Report

1.1 This report updates the Health Scrutiny Panel on developments of the Better Care Fund (BCF). It also outlines the implications, benefits and risks of the updated BCF submitted to NHS England on 19th September 2014.

2 Recommendation

The Panel are asked to note the report and the Better Care Fund Plan (parts 1 and 2) contained in the appendices outlining current progress to date and future planned activity.

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 and are 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 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

3.1.7 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

3.1.8 The BCF plan 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 plan seeks to 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 Act 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
- Costs arising from the escalation of non-elective admissions into the acute sector hospitals

4.2 Change in policy and the late release of guidance for the BCF has meant little time to carry out a more detailed analysis of financial implications. Building the evidence case for financial benefits of our proposed schemes will be part of the next steps beyond submission. Financial 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.

The BCF Plan has identified £1.158m contingency monies within the pooled budget to cover areas of risk including failing to achieve the target of 3.5% reduction of non-elective admissions (the 'Payment for Performance' element within the BCF) together with a further £483k for additional protection of social care services.

(b) Risk Management

4.3 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.
Timetable for delivery	Timetable agreed with SWB, CCG and SBC. On track to meet all deadlines.	Improved joint working.
Project Capacity	CCG have recruited BCF Programme Manager for Slough	Improved joint working and better value for money.
Acute Sector.	Ensure that Acute Health Sector are part of planning and delivery of BCF priorities.	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 December 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 social care 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 Act 2014 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 Key outcome measures for the BCF are:

- Reducing emergency admissions;
- Reducing delayed transfers of care;
- Increasing the effectiveness of re-ablement;
- Reducing admissions to residential and nursing care;
- Improving 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 Key conditions to be met as part of the BCF plan are:

- A jointly agreed local plan approved by each areas Health and Wellbeing Board
- Protection for social care services (not spending);
- 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 substantive change in policy that occurred in July 2014 is that, of the £1.9bn additional NHS contribution to the BCF, £1bn will be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions.

5.5 The intention of this policy change is to ensure that the risk of failure for the NHS in reducing emergency admissions is mitigated, and CCGs are effectively compensated for unplanned non elective activity.

5.6 Unplanned admissions are the biggest driver of cost in the health service that the BCF can affect. As such, Ministers are clear that plans will need to be revisited to demonstrate clearly how they will reduce total emergency admissions, as a clear indicator of the effectiveness of local health and care services in working better together to support people's health and independence in the community.

5.7 By way of example, Hospital Episodes Statistics data suggests that around 380,000 admissions each year, or 7% of all emergency admissions, are caused by a fall, of

which about two-thirds relate to people over 65 years of age. There is good evidence that a substantial number of these could be prevented through BCF funded services.

5.8 Health and Wellbeing Boards are invited to agree a target reduction in total emergency admissions with a minimum target level being 3.5% and for Slough this is recommended to be 3.5%.

5.9 The funding corresponding to any reduction forms one element of the pay for performance fund. The outstanding balance will be spent by CCGs on 'NHS commissioned out-of-hospital services' as part of the BCF plan.
For the proportion of the £1bn funds linked to a reduction in total emergency admissions, money will be released from the CCG into the pooled budget on a quarterly basis, depending on performance. These payments start in May 2015 based on Quarter 4 performance in 2013/14. The remaining proportion of the £1bn will be released to the CCG upfront in Quarter 1 in 2015/16.

5.10 If the locally set target is achieved then all of the funding linked to performance will be released to spend on agreed BCF activities. If the target is not achieved, then the CCG will retain the money proportional to performance, to be spent by the CCG in consultation with the Wellbeing Board.

5.11 The updated BCF plan will be expected to clarify the level of protection of social care from the £1.9bn NHS additional contribution to the BCF, including that at least £135m has been identified for implementation of the Care Act. For Slough we have confirmed the protection of social care services to a level of £3.84m with the minimum value for the meeting Care Act responsibilities of £317,000.

6. Local Context

6.1.1 In the final BCF plan Slough has agreed on a pooled budget of £5,612 million for 2014/15 and £8.762 million for 2015/16. £8.762 is the minimum amount required for BCF pooled budgets by NHS England for 2015/16.

Organisation	**Contribution 2015/16 (£000's)**
Slough Borough Council	£689
CCG funds to social care	£3,425
CCG contribution excluding s256	£4,648
TOTAL	£8,762

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

"My health, My care: Slough health and social care services 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."

6.3 Slough's BCF delivery will centre on the following four priority areas:

Proactive Care

Identifying those people in our community who are most vulnerable and supporting them through care planning and providing access to an accountable professional. Also will include the targeting of effective intervention and support to those who most benefit and most at risk of ill health.

A Single Point of Access

Establishing and running a single contact point (with a single phone number) for accessing a range of short term health and social care services that will support those in crisis and direct them into the right services in a co-ordinated and timely way.

Integrated Care Services

In support of the above having greater co-ordination of the range of services locally that support people in crisis or short term need. This includes the wider integration of local care teams and services where appropriate and will bring greater benefit.

Strengthening Community Capacity

Greater utilisation and development of the voluntary and community sector through a more co-ordinated and integrated commissioning approach under a potential prospectus approach that will help deliver better outcomes for vulnerable people by supporting them within the community.

6 Conclusion

The updated BCF plan provides a strengthened opportunity for improved partnership working, jointly delivered services and improved outcomes for service users. It enables SBC, Slough CCG, the acute sector and the community healthcare sector the opportunity to meet the increasing health and social care needs of the residents and patients of Slough in a more integrated and cost effective way.

7. Appendices Attached

'A' - Better Care Fund planning template – one
'B' - Better Care Fund planning template – two

8. Background Papers

Better Care Fund Planning Guidance, Templates and Allocations