

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 20 January 2015

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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 progress of the Better Care Fund (BCF). It also outlines the national assurance process for sign off of the plan following submission to NHS England on 19th September 2014 and the preparations for implementation including establishing the pooled budget from 1st April 2015.

2 Recommendation

The Panel are asked to note the report and the current progress to implementation and future planned activity and receive a further progress report after April 2015.

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 BCF plan addresses 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 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 meant little time to carry out a more detailed analysis of financial implications ahead of the submission date. Building the evidence case for financial benefits of each of our proposed schemes is now part of producing detailed business cases and the project planning work. Financial risks are identified within the project planning process and will be managed within the overall Pooled Budget (section 75) agreement by the 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 plan 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

No Human Rights implications arise.

There are legal implications arising from the establishment of a Pooled Budget under section 75 of the NHS Act 2006. The Slough legal team are providing support with this.

The Care Act 2014 provides the legislative basis for the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities to be made mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

(d) Equalities Impact

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and

urgent health demand. Impact assessments will be undertaken within project planning to ensure that there is a clear understanding of how various groups are affected.

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.

6. Local Context

6.1 In the final BCF plan Slough has agreed on a pooled budget of £8.762 million for 2015/16. This is the minimum amount required for 2015/16 by NHS England.

Organisation	Contribution 2015/16 (£000's)
Slough Borough Council	£694
Slough CCG Includes funds to social care £5,122 other £2,946	£8,068
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:

6.3.1 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.

Outline and progress update

A falls project is underway which is using GP data to identify people who may present risk factors that could mean they are at risk of a fall. High risk groups are being reviewed and assessed for that risk and if necessary referred on to the Falls clinic or other appropriate service. A risk register is developed to monitor on an ongoing basis.

The ‘Adjusted Clinical Groups’ (ACG) tool is being used to support case finding and risk stratification activity. This takes GP practice data and is able to carry out disease and risk profiling of patients so as to give predictive models of the probability of an admission to hospital in the next 12 months. We are identifying both the practices and prevalent conditions (and co-morbidities) to where the greatest impact could be made through revised care pathways and remodelling community based support through for example a ‘virtual ward’.

A community paediatric respiratory service is being designed with a specific focus on asthma which will be supported by two specialist nurses. This will support newly diagnosed children in the community or follow up after an in-patient stay. It will also support long term management plans and provide education and support to GP practices.

A similar project is being scoped and planned for addressing gastrointestinal disorders in children and young people as this is also a cause of a significant number of unplanned admissions.

6.3.2 A Single Point of Access into Integrated Care Services

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. Through this there will be greater co-ordination of the range of services locally that support people in crisis or short term need. This will lead into the integration of local care teams and services where appropriate and will bring greater benefit.

Outline and progress update

These two workstreams are being brought together with the creation of a Single Point of Access being the first phase in the integration of services. A working group is now established to start to scope and plan the work. Initially this will be focusing on accessing urgent assessment and care through professional referral and then extended to include non-urgent/short term. This will bring together the two main points of entry currently within SBC Reablement, Rehabilitation and Recovery service and the Berkshire Health Foundation Trust Health Hub.

6.3.3 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 based approach to help deliver better outcomes for vulnerable people by supporting them within the community. This will encourage contribution from the community and voluntary sector to integrated care services locally and improving and maintaining the health of Slough residents.

Outline and progress update

This workstream is being designed and scoped but will be managed in two phases. The first of which will be:

- Developing information and advice services (linked to new Care Act responsibilities)
- A 'Connecting' service navigating to local voluntary sector services, peer support networks (linked to Single Point of Access above)
- Greater support for people with Personal Budgets and Direct Payments
- Making greater use of volunteers in recruiting, matching and capacity building

Phase two is a wider recommissioning project with the voluntary and community sector under a prospectus model through which the sector will be invited to bring forward ideas and costed proposals of ways in which it can help meet local health and social care needs and priorities.

This workstream also includes commissioning a range of support for Carers which enables them to continue in their caring role and maintaining health and wellbeing.

7. Outcome of the National Assurance Process

- 7.1 Following submission of the Better Care Fund plan on 19 Sept 2014 it was then subject to a National Consistent Assurance Review process whereby the quality of the plan and the risks to delivery were assessed.
- 7.2 Judgements on these indices were then brought together to place each Health and Wellbeing area's plan into one of four categories: - 'Approved', 'Approved with support', 'approved subject to conditions' or 'Not approved'. Slough's plan was 'approved with support'. This gave approval for us as a local area to take full responsibility for the BCF budget.
- 7.3 With the 'approval with support' further time-bound actions were required to provide further clarification and evidence on some areas within the plan to increase confidence that the plan will be delivered without further support being required. This evidence was subsequently submitted on 28 November following which the plan was finally classified as 'approved' on 19 December 2014.

8 Conclusion

The updated BCF plan and its approval by the National Programme provides us with assurance and confidence that our plan is a clear and ambitious programme which will transform local services and improve the lives of local people. We have now 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.

9. Appendices Attached

None

10. Background Papers

[Better Care Fund Planning Guidance, Templates and Allocations](#)

[Slough Better Care Fund Plan](#)

[NHS Mandate 2015-16](#)