

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	BETTER CARE SOUTHAMPTON UPDATE		
<b>DATE OF DECISION:</b>	3 <sup>RD</sup> DECEMBER 2014		
<b>REPORT OF:</b>	DIRECTOR OF QUALITY AND INTEGRATION, INTEGRATED COMMISSIONING UNIT		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Stephanie Ramsey</b>	<b>Tel: 023 8029 6941</b>
	<b>E-mail:</b>	<b>Stephanie.ramsey@southampton.gov.uk</b>	
<b>Director</b>	<b>Name:</b>	<b>Alison Elliott, Director of People John Richards, Chief Executive</b>	<b>Tel: 023 8083 2602 023 8029 6923</b>
	<b>E-mail:</b>	<a href="mailto:Alison.Elliott@southampton.gov.uk">Alison.Elliott@southampton.gov.uk</a> <a href="mailto:John.richards@southamptoncityccg.nhs.uk">John.richards@southamptoncityccg.nhs.uk</a>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

### **BRIEF SUMMARY**

Southampton submitted its initial Better Care Fund (BCF) local plan on 4 April 2014. Since then there have been some changes to the national policy framework underpinning Better Care and further national guidance has been issued by the Local Government Association and NHS England. Health and Wellbeing Boards were required to submit revised plans by 19 September 2014.

NHS England confirmed on 29<sup>th</sup> October 2014 that the Southampton Better Care Fund (BCF) local plan was "Approved with Support". This report outlines the implications of this and provides progress update on the implementation of the plan. As part of Better Care there is a requirement to develop a pooled fund which needs to be in place to be in place from April 15 and the timeline for the approval of this is also included within the report.

### **RECOMMENDATIONS:**

- (i) That the Health and Wellbeing Board notes the approval of Southampton's Better Care Plan, following the Nationally Consistent Assurance Review (NCAR) process.
- (ii) That the Health and Wellbeing Board notes the progress made towards the implementation of Better Care Southampton.
- (iii) That the Health and Wellbeing Board approves the Section 75 pooled fund agreement at the 28 January 2015 meeting.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. As part of comprehensive spending review in summer of 2013 the Chancellor of the Exchequer announced that nationally a sum of £3.8 billion would be set aside for 2015/16 to ensure closer integration between health and social care. This funding was described as "a single pooled budget for health and social

care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities. It should be noted that this is not new money; the funding will be top sliced from existing budgets. Local authorities and the clinical commissioning group (CCGs) were required to submit a plan setting out how the pooled funding will be used to improve outcomes for patients, drive closer integration and identify the ways in which the national and local targets would be met.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. None. Each Health and Wellbeing Board in England is required to submit and deliver a plan developed jointly by the council and CCGs.

## **DETAIL (Including consultation carried out)**

### **3 Summary of Southampton's Better Care Fund Plan**

- 3.1 Better Care Southampton plan was approved by the Health and Wellbeing Board in March 2014, with strong stakeholder support. The re-submission followed the same direction of travel.
- 3.2 The vision for Better Care is to completely transform the delivery of care in Southampton so that it is better integrated across health and social care, delivered as locally as possible and person centred. People will be at the heart of their care, fully engaged and supported where necessary by high quality integrated local and connected communities of services to maintain or retain their independence, health and wellbeing. Neighbourhoods and local communities will have a recognised and valued role in supporting people and there will be a much stronger focus on prevention and early intervention.
- 3.3 Our overall aims are:
  - Putting people at the **centre of their care**, meeting needs in a holistic way
  - Providing the **right care, in the right place at the right time**, and enabling people to stay in their own homes for as long as possible
  - Making **optimum use of the health and care resources** available in the community, reducing duplication and closing gaps, doing things once wherever appropriate
  - **Intervening earlier** in order to secure better outcomes by providing more coordinated, proactive services
- 3.4 There are 6 main schemes:
  - **Local person centred coordinated care** - integrated multidisciplinary cluster teams providing integrated risk stratification, care coordination, planning, 7 day working – this will impact on those people most at risk who will benefit from case and disease management, roughly 5% of our population (around 12,000 people), but also support those at more moderate risk (35,500 people) who would benefit from supported self-care. The majority of this target group will be older people (65+) and those with multiple long term conditions.

- **Long Term Conditions pathways** – key areas of focus are COPD, given the high proportion of respiratory admissions, and diabetes.
- **Integrated discharge, reablement and rehabilitation** service, including greater use of telecare/telehealth. This scheme is aimed at helping people to maintain their independence at home, in the community, intervening quickly where required to prevent deterioration, as well as supporting people’s recovery and reablement following a period of illness. The scheme will particularly focus on reducing long term admissions to residential and nursing homes and preventing delayed transfers of care.
- **Community development** – this scheme is aimed at developing local community assets and supporting people and families to find their own solutions. This is key to the overall development of our local person centred coordinated care model.
- **Supporting carers** – this scheme recognises the important role that carers have in supporting older people and those with multiple long term conditions in the community and supports the overall model and ambitions of local person centred coordinated care. This will support the new eligibility framework within the Care Act where, for the first time, councils will be under a duty to provide support for carers who have eligible needs.
- **Developing the market for placements and packages** – this includes work to develop the market to provide greater opportunity and choice, encourage a recovery/reablement focus and support people to remain as independent as they can be in their own homes.

#### 4. **Plan approval**

- 4.1 Southampton’s Better Care Plan has been approved with support following the Nationally Consistent Assurance Review (NCAR) process. The confirmation letter, Appendix A, states that there are no areas of high risk in the plan and as we should progress with plans for implementation. Although the areas of support the review identified are essential to successful delivery in the medium term NHS England do not consider them as material at this stage.
- 4.2 Ninety-seven per cent of areas across the country are approved (about 30 per cent with some conditionality) and only five are not approved.
- 4.3 Ongoing support and oversight of the BCF plan will be led by NHS England Regional/Area Team along with Local Government Regional peer rather than the BCF Taskforce from this point onwards. An update on the outstanding actions had to be submitted by 14th November and further feedback is awaited.

## 5 **Section 75 development – pooled fund**

- 5.1 Local areas are required to set up a single pooled budget and for Southampton City the minimum value of the pooled fund is £15.325m. None of this is new money. Approximately £7m will be the existing Carers, Reablement and Social Care Transfer Grants, £908k will be the Disabilities Facilities Grant, £618k the Social Care Capital Grant and the remaining million will come from existing CCG commissioning budgets.
- 5.2 However, local areas had local discretion to agree how much funding to allocate and encouraged to use this opportunity to achieve transformational change. Southampton intends to take a holistic approach to out of hospital health and social care and fund and commission it in that way. Our ambition is to encompass all services that fit within the scope of the Better Care model and current modelling suggests a total pooled fund of £131,060m. The split between the forecast contributions are currently 57% CCG and 43% LA.
- 5.3 Work is currently underway to develop a Section 75 with both local authority and health legal and finance expertise. The work is being overseen by the Integrated Commissioning Board. This will require sign off by Health and Wellbeing Board, Cabinet and CCG Governing Body in January 2015.
- 5.4 The pooled fund agreement will cover governance and technical aspects including accountability, financial reporting, how overspends, underspends and savings requirements will be handled. Partners need to ensure they have an agreed risk management strategy at the outset for how risks will be managed.
- 5.5 It is proposed a phased approach is adopted, whereby pooled funds are established within the S75 Partnership Agreement as and when schemes have been fully worked up. The schemes are as outlined in 3.7 above. This would mean that from 1 April 2015 the full £131,060m is not pooled but the amount of funding pooled is incrementally increased over the lifetime of the Agreement. (This approach would need to be mindful of the budgets that are mandated to be included from 1 April 2015.)

## 6. **Progress**

- 6.1 There is already significant momentum in delivering the Better Care programme.
- The 6 local cluster areas, based around GP practice populations, through which integrated care will be delivered are progressing with cluster leadership teams in place
  - Pilot of elderly care nurse role to support primary care in work with patients over 75 years of age
  - Purchase of additional reablement and domiciliary care for the remainder of 2014
  - BCF newsletter being sent to all stakeholders
  - Work underway with Community navigator role
  - New geriatric fracture clinic will start to see patients over 75 years old with a fracture – early Dec

- Partnership development between Age UK, Solent and Active Options to provide exercise classes and Southampton City Council housing
- Significant work has been done across the system on reviewing discharge processes. The trusted assessor model is being rolled out with inreach coordinators and discharge facilitators being trained to assess, restart and set up simple packages. Discharge to assess is also being implemented with 12 beds commissioned in the nursing home sector to support this.
- A concept paper for a more integrated model of rehabilitation and reablement is currently being consulted on.
- The domiciliary care tender is progressing with a new framework due to go live in February 2015.

6.2 As well as being the key programme for strategic change in our local health and social care system, the Better Care plan is also pivotal to operational resilience this winter and improving ED performance. With this in mind, Southampton received a visit on 30 October from the Cabinet Office Implementation Team, which provides confidential advice to ministers. The visit was highly successful and a copy of our presentation is attached at Appendix 2. It describes the broad range of initiatives underway or starting soon and their intended impact.

6.3 Key performance indicators progress:

- On track - Permanent admissions of older people (65 and over), to residential and nursing care homes by 100,000 population, although costs are not reducing
- Slippage - Delayed Transfers of Care (delayed days) from hospital per 100,000 population (average per month)
  - Non Elective Admissions (Rate per 100,000)
  - Local Priority: Injuries due to falls in people 65 and over

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

7. Southampton intends to take a holistic approach to out of hospital health and social care and fund and commission it in that way. Our ambition is to encompass all services that fit within the scope of the Better Care model. Current modelling suggests a total pooled fund of £131.060m. The split between the forecast contributions are currently 57% CCG and 43% LA.
8. A draft Section 75 agreement is being compiled. The finalised pooled fund agreement will progress through appropriate organisational approval. The fund will be developed in a phased approach

### **Property/Other**

9. None

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

10. NHS England Publications Gateway Ref. No.00314 and Ref.No, 02396

**Other Legal Implications:**

11. None.

**POLICY FRAMEWORK IMPLICATIONS**

12. Align with Health and Wellbeing Strategy and Council's Policy Framework Plans

**KEY DECISION?** Yes

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
------------------------------------	-----

**SUPPORTING DOCUMENTATION**

**Appendices**

1.	NHS England assurance letter - Publications Gateway Ref. No. 02396
2.	Briefing on Better Care for Cabinet Office Implementation Team

**Documents In Members' Rooms**

1.	None
----	------

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
--	----

**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

1.	None	
----	------	--