

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	BETTER CARE FUND – SOUTHAMPTON SUBMISSION		
<b>DATE OF DECISION:</b>	29 <sup>TH</sup> JANUARY 2014		
<b>REPORT OF:</b>	DIRECTOR OF PEOPLE, SOUTHAMPTON CITY COUNCIL AND CHIEF EXECUTIVE, SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

### **BRIEF SUMMARY**

In the statement on the next comprehensive spending review made 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 has been 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”. Local authorities and the clinical commissioning groups (CCGs) operating in their area are 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 attached to the performance-related elements will be met. The local plan has been developed and the first cut of the Better Care plan template is now submitted to the Health and Wellbeing Board for approval prior to submission by 14<sup>th</sup> February. The final revised submission of the Better Care Plan has to be submitted, as an integral part of the CCG’s Strategic and Operational Plan by 4<sup>th</sup> April 2014.

### **RECOMMENDATIONS:**

- (i) That the Better Care Fund proposals for Southampton be signed off for approval by the Cabinet and the CCG governing body;
- (ii) That authority be delegated to the Director of People and the CCG Chief Executive, in consultation with the Chair and Vice-chair, to make any drafting or other changes required prior to final submission of the Southampton Better Care Fund application.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. To meet the requirement of submitting a plan to the Department of Health by April 2014.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

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

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

3. At previous meetings the Health and Wellbeing Board has considered the government proposals for an Integration Transformation Fund. The government has now changed the name Integration Transformation Fund to the Better Care Fund, and this term is now used in this report and all subsequent documentation.
4. At the previous meeting on 27<sup>th</sup> November, the Board was informed of the stakeholder engagement activities underway, and members supported the details of strategic intent for developing an integrated health and social care system rooted in neighbourhoods and focussed on identifying need and intervening earlier. The Board approved a preliminary set of high level functions for integrated services, which were subsequently tested at a range of stakeholder events.
5. On 20<sup>th</sup> December 2013 NHS England published more detailed and updated guidance on the process for submitting proposals for local Better Care Fund proposals. This guidance has been incorporated into the work to develop the Better Care Fund project proposal for Southampton.
6. The guidance requires that Health and Wellbeing Boards provide the first cut of their completed Better Care Plan template by 14<sup>th</sup> February 2014. This plan will also be part of the CCG's Strategic and Operational Plan. All submissions across England will then be aggregated so that NHS England can identify where there are any particular areas where it has been challenging to agree plans for the Fund. There is then a requirement to submit a revised version of the Plan to NHS England by 4<sup>th</sup> April 2014. Recommendation (ii) proposes delegated power arrangements to enable any necessary changes to be made to the Southampton Plan.
7. The guidance identified 6 national conditions for access to the Fund:
  - a. Plans to be jointly agreed by the council and CCG and signed off by the Health and Wellbeing Board
  - b. Protection for social care services
  - c. 7-day services to support patients being discharged and prevent unnecessary admissions at weekends
  - d. Better data sharing between health and social care

- e. A joint approach to assessments and care planning and where the funding is used for integrated packages of care there will be an accountable professional
  - f. Agreement on the consequential impact of changes in the acute sector
8. Nationally £1 billion of the £3.8 billion for 2015/16 will be linked to achieving better outcomes, and ministers have now agreed the basis on how the payment for performance element of the Fund will work. Half of the £1 billion will be released in April 2015. £250m will depend on progress against conditions b, c, e and f above and another £250m will relate to performance against a number of national and locally determined measures. The 2 national measures to be taken into account at that stage are delayed transfers of care and avoidable emergency admissions. The remaining £500m will be released in October 2015 and relate to further progress against the national and locally determined measures. The other national measures to be used at this stage are:
- admissions to residential and care homes
  - effectiveness of reablement, and
  - patient service user experience
9. Reduction in injuries due to falls in people aged 65 and over has been identified as the one local metric from the Public Health Outcomes Framework. The guidance states that local areas should set an appropriate level of ambition for improvement, and in signing off the local plans, Health and Wellbeing Boards should be mindful of the link to the level of ambition on outcomes that CCGs have been asked to set as part of their wider strategic and operational plans. In agreeing specific levels of ambition for the metrics, Health and Wellbeing Boards are advised to be mindful of the following factors:
- Having a clear baseline against which to compare future performance
  - Understanding the long-run trend to ensure that the target does not purely reward improved performance consistent with trend increase
  - Ensuring that any seasonality on the performance is taken into account
  - Ensuring that the target is achievable, yet challenging enough to incentivise an improvement in integration and improved outcomes for users.
10. The submitted plans will be subject to an assurance process involving NHS England and the Local Government Association, with ministers giving the final sign-off to plans and the release of performance-related funds. Sanctions for under-performance against the plans will not result in performance related funding being withdrawn in 2015/16, but this may be brought into force in subsequent years. For 2015/16 if an area fails to deliver 70% of the levels of ambition set out in each of the indicators in the plan then a recovery plan will be required developed with the support of a peer review process involving NHS and local government organisations in neighbouring areas. The process

will be co-ordinated by NHS England with the support of the LGA.

### **Southampton's Better Care Plan**

11. The Southampton Better Care Plan is attached at Appendix 1, and is submitted to the Board for consideration and sign-off. The details of the plan are not re-iterated in this covering report, as the plan is a detailed stand-alone document. However, the Board is asked to note the following key points underpinning the plan:
  - The 3 core components identified to develop integrated care are:
    - Local co-ordinated care
    - Responsive discharge and reablement to support timely discharge and recovery
    - Building capacity in a number of critical elements of the system
  - There has been substantial stakeholder engagement in developing the plan
  - A five year plan has been developed that goes beyond the initial vision required by NHS England for 2015/16 that can deliver real transformation to the widest possible range of people
12. It is vital that the Health and Wellbeing is in agreement with the level of ambition set out in the plan, as it will form a major stand for delivering a number of ambitions set out in the Joint Health and Wellbeing Strategy.
13. The metrics, activity and finance are still being developed and will be finalised for the full submission in April. Prior to final submission the plan will be reconsidered by the Health and Wellbeing Board and be submitted to Cabinet and CCG Governing Body for organisational agreement.

Engagement with local providers likely to be impacted on by the use of the fund has been an important aspect of the Local plan development. Providers, along with community, voluntary sector and public representatives have contributed to the shared view of the future shape of services. This has included work to ensure that the implications for local providers are fully understood

### **RESOURCE IMPLICATIONS**

#### **Capital/Revenue**

14.

<b>£1.9 billion existing funding continued from 14/15 this money will already have been allocated across the NHS and social care to support integration</b>	
£130 million Carers' Breaks funding	£350 million capital grant funding (including

	£220m of Disabled Facilities Grant).
£300 million CCG reablement funding.	£1.1 billion existing transfer from health to social care.
<b>Additional £1.9 billion from NHS allocations Includes funding to cover demographic pressures in adult social care and some of the costs associated with the Care Bill. Includes £1 billion that will be performance related, with half paid on 1 April 2015 (which we anticipate will be based on performance in the previous year) and half paid in the second half of 2015/16 (which could be based on in year performance).</b>	

2014/15 will be a lead in and planning year. 2015/16 full level of funding will be released.

### Property/Other

15. None.

### **LEGAL IMPLICATIONS**

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

16. The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to encourage and support integrated working.

#### **Other Legal Implications:**

17. None

### **POLICY FRAMEWORK IMPLICATIONS**

18. None

**KEY DECISION?** Yes

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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### **SUPPORTING DOCUMENTATION**

#### **Appendices**

1.	Better Care Fund Plan – Completed template
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#### **Documents In Members' Rooms**

1.	None
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#### **Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes
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**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	
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