

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	BETTER CARE SOUTHAMPTON PROGRESS AND PERFORMANCE		
DATE OF DECISION:	29 JULY 2015		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Stephanie Ramsey	Tel: 023 8029 6004
	E-mail:	Stephanie. Ramsey @southamptoncityccg.nhs.uk	
Director	Name:	Dawn Baxendale John Richards	Tel: 023 8083 2602 023 8029 6923
	E-mail:	dawn.baxendale@southampton.gov.uk john.richards@southamptoncityccg.nhs.uk	
STATEMENT OF CONFIDENTIALITY			
None			

BRIEF SUMMARY

Over the last 18 months extensive work has been undertaken by the City Council working in partnership with Southampton City CCG and other stakeholders to develop Southampton's Better Care Plan, under the leadership of the Health and Wellbeing Board. The final plan was signed off by the Health and Wellbeing Board, Chief Executive of the City Council and Chief Operating Officer of the CCG on 19th September 2014 and submitted to Ministers. This has been approved following the Nationally Consistent Assurance Review which identified no areas of high risk within the plan and means that Southampton can now progress with full implementation of its plan. This includes the establishment of a Better Care pooled fund by 1 April 2015. The Board will receive a brief presentation to consider progress towards implementation and performance to date of Better Care Southampton.

RECOMMENDATIONS :

- (i) To note the progress with implementation and performance of Better Care Southampton.

REASONS FOR REPORT RECOMMENDATIONS

1. From 1 April 2015 Local Authorities and CCGs are required to establish a pooled fund under Section 75 of the NHS Act 2006 for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authority.
2. Southampton City has taken a more holistic approach to health and social care and proposes to fund and commission it in that way. The ambition is to encompass all services that fit within the scope of the Better Care model, eventually bringing together approximately £132m into the pooled fund. Approval to proceed with the pooled fund has been given by Health and Wellbeing Board, Full Council and Clinical Commissioning group Governing body.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. To pool only the minimum - this has been rejected on the basis that Southampton's Better Care Plan seeks to achieve a fully integrated model of health and social care. In order to achieve this ambitious transformation, it is considered necessary to bring together all of those health and social care resources associated with this vision and commission services in a fully integrated way, which is focussed on people's outcomes and needs in their entirety, as opposed to their health or social care in isolation.

DETAIL (Including consultation carried out)

Implementation of Better Care Southampton

4. Southampton's 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.
5. 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. The 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.
6. Southampton's plan has the following main schemes and work is in progress with each:
 - i. Local person centred coordinated care (clusters) - integrated multidisciplinary cluster teams providing integrated risk stratification, care coordination, planning, 7-day working.
 - ii. 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
 - iii. Community solutions and prevention - this scheme is aimed at building on and developing local community assets and supporting people and families to find their own solutions.
 - iv. 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.
 - v. Developing the market for placements and packages and further integrating approaches – 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.

7. The Health and Wellbeing Board will be given a presentation on the progress of implementation and performance of Better Care Southampton.
8. The Health and Wellbeing Board is asked to note the progress for implementation and Performance of Better Care Southampton. The Board may also wish to consider if there are any areas of work where they would like more detailed information.

RESOURCE IMPLICATIONS

Capital/Revenue

10. The minimum requirement for the Better Care Fund in 2015/16 is £15.325M Revenue and £1.526M Capital. The majority is existing funding sources included within either the Council or CCG 2014/15 budget. This funding is not new to the Health and Social Care system. However, under the conditions of the Better Care Fund, additional funding of £600,000 from within the pool will be provided to help meet the new responsibilities of the Council required by the Care Act 2014. This funding will come from the existing NHS resource and will therefore be a pressure to the CCG.
11. It is planned to place three of the five schemes into the pool from 1st April 2015. These schemes will incorporate approximately a further £45m of funding from the Council and the CCG bringing the total planned pool for 2015/16 to £61m. Currently £3.4m of the additional £45m is within an existing joint funding arrangement between SCC and SCCCG under a S75, S76 or S256 agreement. The funding for the first three schemes entering into a pooled fund arrangement will be Council £5.3m, (9%) and CCG £55.5m (91%). It should be noted that all figures in this report are based on 2014/15 budgeted levels for both the Council and CCG. The equivalent budgets for 2015/16, except for the minimum BCF provision, may vary subject to the relevant budget approvals for each organisation.
12. It should be noted that it is the commissioning budgets for services that are being pooled and that the services themselves and the associated staff will remain managed and employed as they are currently. Therefore the recommendations in this report have no TUPE implications.

Property/Other

13. The proposal should not have any property implications as it relates to commissioning functions. Any changes made to any service funded through the pooled fund which may have property implications will be subject to a separate report.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14. Section 75 of the National Health Service Act 2006
The pooled fund agreement will cover governance and technical aspects including accountability, financial reporting and the handling of overspends, underspends and savings requirements.

Other Legal Implications:

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

POLICY FRAMEWORK IMPLICATIONS

16. The decision sought is wholly consistent with the Council's Health and Wellbeing Strategy and other policy framework strategies and plans.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
------------------------------------	-----

SUPPORTING DOCUMENTATION

Appendices

1.	None.
2.	

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?	Yes
--	-----

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	
----	------	--