

Governing Body Meeting in Public

Date of Meeting	15 January 2014	Agenda Item	7
Paper Number	62/14	Strategic Objective Number	
Author	Julie Curtis Interim Director of Delivery	Sponsor	Maggie Maclsaac Chief Officer
Title	Better Care Fund (Formally known as Integrated Transformation Fund) Briefing Paper		
Executive Summary	<p>This paper provides the Governing Body members with a progress report on the development of the Better Care Funds for NHS North East Hampshire and Farnham Clinical Commissioning Group. The June 2013 Spending Round announced that £3.8 billion would be utilised to deliver closer integration between health and social care. From April 2015 the Better Care Fund will be a pooled budget held between the Local Authorities and Clinical Commissioning Groups. By 2015/16 it is estimated that a total of £74.5M will be pooled with Hampshire County Council and the five Hampshire Clinical Commissioning Groups and a total of £64.6M pooled with Surrey County Council and the six Surrey CCGs. This equates to NHS North East Hampshire and Farnham Clinical Commissioning Group total commitment to the pooled budget from 2015/16 estimated at £6.9M (circa £5.3M across Hampshire and £1.6M across Surrey). Joint Better Care Fund Plans will be agreed and signed off by the respective Hampshire and Surrey Health and Well Being Boards ready for submission to NHS England on 15 February 2014. Better Care Fund Plans will include information on the following:</p> <ul style="list-style-type: none"> • Commissioning models to improve quality and outcomes through integrated working across health and social care • Financial/cost implications • Risk register • Equity Impact Assessments • Communications and Engagement Strategies 		
Actions/ Recommendations	<ul style="list-style-type: none"> • Note the progress made on developing the Joint Better Care Fund Plans • Discuss the proposed North East Hampshire and Farnham Clinical Commissioning Group Integrated Out of Hospital Care Model in section 5 • Note the next steps in section 6 • Continue to receive Progress Reports on the Better Care Fund at each Governing Body meeting until April 2014. 		
Other Committee(s) where this paper or supporting information have been considered	<ul style="list-style-type: none"> • Senior Management Team (From August 2013) • Governing Body Seminar 23 October 2013 • Governing Body Meeting in Public 13 November 2013 • Governing Body Seminar 11 December 2013 • Clinical Executive Meeting 30 October 2013 • Hampshire Integrated Steering Group (From August 2013) • Surrey Whole Systems Partnership Group (From September 2013) 		
Date	19 December 2013		

**Better Care Fund (formally known as the Integrated Transformation Fund)
NHS North East Hampshire and Farnham Clinical Commissioning Group
Governing Body Briefing Paper**

1. Introduction

- 1.1** This briefing paper provides a progress report on the development of the national Better Care Fund (previously referred to as the Integrated Transformation Fund) and the implications for NHS North East Hampshire and Farnham Clinical Commissioning Group.
- 1.2** The June 2013 Spending Round announced that £3.8 billion would be utilised to deliver closer integration between health and social care. The Better Care Fund is 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”. The Better Care Fund will be a pooled budget held between the Local Authorities and Clinical Commissioning Groups.
- 1.3** The Fund will be an important enabler to take the integration agenda forward at scale and pace and will act as a significant catalyst for change to improve outcomes for patients and service users and carers.
- 1.4** Currently £859 million nationally is transferred from the NHS to Local Authorities. In 2014/15 an additional £241 million nationally will be transferred directly from NHS England to Local Authorities under the current regulations. From 2015/16 this collective funding together with the remaining balance of £1.9B nationally will form the Better Care Fund. This represents a total of 3% of Clinical Commissioning Groups commissioning budgets pooled with the Local Authorities from 1 April 2015.
- 1.5** The pooled budget with local government will not come into full effect until 2015/16 and its use is being prescribed nationally. It is a requirement to develop joint plans through all agencies with the final sign off being undertaken by the Health and Well Being Board by 15 February 2014.
- 1.6** The current guidance available to date provides some detail of how the funding should be deployed and all plans must include and deliver the following:
- 1.6.1** Significant catalyst for change
 - 1.6.2** Support and accelerate local integration of health and care services through joint commissioning and partnership working
 - 1.6.3** Facilitate the provision of:
 - More joined up care for patients with complex needs through service transformation
 - Increased care in the community
 - 1.6.4** Help address demographic pressures in adult social care
 - 1.6.5** Delivery of improvement across health and social care and benefits including reduced demand on health services, improved outcomes for patients and increased efficiencies
- 1.7** There are specific conditions placed on the use of the Better Care Fund and current guidance includes the following nationally prescribed conditions:

- 1.7.1 Plans to be jointly agreed
 - 1.7.2 Protection for social services (rather than spending) with the definition determined locally
 - 1.7.3 7 day working in health and social care to support discharge and prevent unnecessary admissions
 - 1.7.4 Better data sharing between health and social care based on NHS number
 - 1.7.5 Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.
 - 1.7.6 Agreement on consequential impacts of changes in the acute sector
- 1.8 Early guidance indicates a proportion if the fund is performance related. There is a requirement for 25% of the health contribution to be held back and paid on the delivery of performance metrics.

The Better Care Fund national Measures include:

- 1.8.1 Delayed Transfers of Care
 - 1.8.2 Avoidable Emergency Admissions
 - 1.8.3 Admissions to residential and nursing care
 - 1.8.4 Effectiveness of reablement
 - 1.8.5 Patient / service user experience
- 1.9 In addition to the national measures there is requirement for local areas to choose one additional indicator that will contribute to the payment-for-performance element of the Fund.

2. Local Implications

- 2.1 We continue to work in collaboration with Hampshire County Council and Surrey County Council and all the associated Clinical Commissioning Groups. In essence the processes across the two counties are similar and we can benefit from our involvement in multiple systems.
- 2.2 By 2015/16 it is estimated that a total of £74.5M will be pooled with Hampshire County Council and the five Hampshire Clinical Commissioning Groups and a total of £64.6M pooled with Surrey County Council and the six Surrey Clinical Commissioning Groups. This equates to NHS North East Hampshire and Farnham Clinical Commissioning Group total commitment to the pooled budget from 2015/16 estimated at £6.9M (circa £5.3M across Hampshire and £1.6M across Surrey). The table below provides details of the breakdown by County Council area and the estimated contribution to the pooled budget from NHS North East Hampshire and Farnham Clinical Commissioning Group.

Area	2013/14 Current Expenditure	2015/16 Planned Transfer to BCF	BCF Funding to be identified
Hampshire Wide Total	£17.0M	£75.0M	£52.0M
NEH&F CCG Hants Contribution	£1.0M	£5.3M	£4.3M
Surrey Wide Total	£14.0M	£65.0M	£51.0M
NEH&F CCG Surrey Contribution	£0.5M	£1.6M	£1.1M

NEH&F CCG Total	£1.5M	£6.9M	£5.4M
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2.3 We are required to develop two 2 year Better Care Fund Plans for agreement at the Hampshire Health and Well Being Board (11 February 2014) and the Surrey Health and Well Being Board (6 February 2014). Final Plans will be submitted to NHS England by 15 February 2014. An outline of the sections included in the national Better Care Fund Planning Template is included in appendix 1 for information. The formulation of plans is still in early stages and at this point we still do not have all the details to complete the final plans. Final Better Care Fund plans will include the direction of travel between now and April 2015 and beyond.

2.4 We are required to produce a “local” Clinical Commissioning Group Better Care Fund Plan that will be included in the wider Local Authority level Better Care Fund Plan. A high level proposal is included in section 4.

2.5 The following sections provide details of the processes across the two counties and an initial proposal of NHS North East Hampshire and Farnham Clinical Commissioning Group local Better Care Fund Plan based on our Five Year Strategy and commissioning ideas for 2014/15.

3. Better Care Fund Plan Development Across Hampshire

3.1 We continue to work in collaboration with all Clinical Commissioning Groups and the County Council in Hampshire. Progress is good and we have agreed the following shared vision:

3.1.1: Our vision for care and support is for a simple, seamless and “*joined up*” health and care journey through the system for people and communities. We have adopted the National Voices definition of integrated care as meaning person-centred, coordinated care in the statement: ***“I can plan my care with people who work together to understand me and my carer (s), allow me control, and being together services to achieve the outcomes important to me”.***

3.2 We are working together to ensure the services that we commission:

- Continue to break down barriers between all aspects of health and social care so they work together seamlessly;
- Avoid gaps and duplications at every step;
- Help people take more control of their own health and care, from staying well to supporting them in managing their own needs;
- Deliver care in the most appropriate place.

3.3 In 2015/16 no new money will be available to either health or social care to transfer into the Better Care Fund pooled budget. It is not necessary that the Better Care Fund is made up from “cash” as there is the ability to “transfer” the costs of current services into the pooled budget. Therefore, in order to maximise outcomes yet minimise risk the broad approach taken in Hampshire is to transfer service expenditure into the Better Care Fund.

3.4 Based on the aims and objectives of the Better Care Fund, agreement has been reached on which priorities should be included and excluded as shown below:

3.4.1 Inclusions

Initial key priorities have been drawn together and we will continue to clarify the services included in the Better Care Fund from the following adult population groups:

Initial Phase: Year 0 - 1

- Older people with longer term conditions including people with dementia and carers.

Phase 2: Years 2 – 3

- People with learning disabilities.
- People with mental health needs.
- Adults with long term conditions
- Adults whose needs may require access to NHS continuing care.

Phase 3: Years 4 - 5

- Young people in transition including those who require complex rehabilitation.
- Children whose needs may require access to NHS continuing care.

3.4.2 Exclusions

Exclusions will be further refined to reflect any additional guidance. At the present time services for children / paediatrics and services for adults that are specialist and acute hospital based in nature are excluded. However there is active support to include appropriate children's services in a Better Care Fund type arrangement in the future as shown under phase 3 above.

3.5 Services to be included in the Better Care Fund

3.5.1 Currently health services contribute £17M under Section 256s to Hampshire County Council. This is based on historic funding levels. All services currently funded from Section 256 money have been reviewed and where it meets the inclusion criteria above it has been included in the pooled budget arrangement. The same approach has been taken with services funded under Section 75s.

3.5.2 Finance colleagues continue to review and validate the financial information for final inclusion in the Joint Better Care Fund Plan.

3.6 By 2015/16 it is anticipated that health services will contribute £75M and the County Council will contribute £98M to the pooled budget in Hampshire resulting in a total Better Care Fund of £173M. NHS North East Hampshire and Farnham Clinical Commissioning Group total contribution to the pooled budget is £5.3M. The funding will result in a joint commissioning budget made up from expenditure associated with a range of existing services. Consolidating adult health and social care services will result in stronger integrated care teams becoming the core delivery vehicle for person-centred, co-ordinated care. Through clinical leadership and engagement these teams will be rooted in our communities and have a strong capability to prevent and intervene earlier.

4. Better Care Fund Plan Development Across Surrey

4.1 The six Surrey Clinical Commissioning Groups and the County Council are currently in the process of agreeing the criteria for inclusion in the Better Care Fund. In the meantime due to challenging timescales we are working closely with nominated representatives from Surrey County Council to develop the joint Better Care Fund Plan for Farnham for inclusion into the wider Surrey Plan.

4.2 NHS North East Hampshire and Farnham Clinical Commissioning Group currently transfers £0.5M to the Surrey wide Partnership Funds under historic and legacy arrangements. It is estimated that we will contribute a total of £1.6M to the Surrey Better Care Fund by 2015/16.

5. NHS North East Hampshire and Farnham Clinical Commissioning Group Better Care Funds Plan Proposal

This section provides details of how we plan to successfully deliver integrated services to our population drawing from the five year strategy, commissioning ideas and stakeholder feedback. It is proposed that the model described below is included as part of the Clinical Commissioning Groups local contribution to the overall Better Care Fund joint plans.

6. Our Integrated Out of Hospital Care Model

6.1 Aims

Our aim is to reduce dependency on health and care services, and to design services so that they are complementary to the care that individuals provide for themselves and to their natural world of family, friends, carers and associates.

6.2 Desired Outcomes

The outcomes we are seeking for patients, commissioners and the taxpayer include:

6.3 A local health and social care system in which individuals:

- Are supported to manage their own health and conditions
- Are able to stay well, and maintain their independence in their own home for longer
- Experience joined up and co-ordinated care, with excellent customer service
- Experience reduced duplication and waste

6.4 A local health and social care system where earlier intervention and more effective out of hospital care leads to:

- Earlier identification of need and support for patients in their community
- Patients are safer in their communities
- Decrease in demand on primary care for minor ailments
- Fewer hospital attendances, admissions and readmissions
- Fewer long term care placements, eg nursing home, Continuing Health Care
- Hospital care focussed on those with greatest need
- Reduced burden of clinical need, fewer patients with long hospital stays
- More satisfying jobs for health and social care staff
- Better value for taxpayers and a more affordable service

6.5 Models of Care to Deliver Improved Integrated Out of Hospital Services:

- A significantly greater investment in prevention and in earlier intervention for those at risk of becoming unwell.
- The health and social care system will systematically identify those at higher risk, intervene earlier to manage that risk.
- By providing more support for patients and their carers, and by harnessing the potential of the third sector, we will be able to support individuals to stay healthy and manage their own care at home.
- We will enter into a pilot to test how we offer Personal Health Budgets to patients who are eligible for Continuing Health Care. By 1 April 2014 Patients eligible for Continuing Health Care have a right to ask for a Personal Health Budget and by 1 October 2014 should be routinely offered a Personal Health Budget. We will phase the introduction of Personal Health Budgets to our patients from December 2013.

6.6 A new model of integrated primary and community care:

- We will work with local patients and clinicians to design local integrated Care Teams to include GP Practices, Community Services, Mental Health Service, Social Care and the Voluntary Sector. We aim to pilot one team in one area by January 2014.
- We will trial the production of Personal Care Plans in the Integrated Care Teams Pilot. Care Plans will be co-produced between the patients and their professional key worker.
- We will work with local patients, clinicians and social care professionals to redesign services for frail elderly people who require support to remain at home. Discussions have commenced and redesign workshops are in the planning stage. We aim to introduce improved experiences for frail elderly patients throughout 2014/15.
- We will introduce new integrated services to support patients at the end of life and their families and carers from April 2014.

6.7 A comprehensive range of community based services offering safe, excellent and effective alternatives to hospital, available 24/7. As a result fewer individuals will be admitted to hospital:

- We will work closely with all health and social care commissioners and providers to deliver greater levels of community based rehabilitation and reablement in order to break the vicious circle of admission, discharge and readmission.
- Working in collaboration with local Care Homes we will roll out improvements for residents to ensure they receive the correct nutrition and hydration to prevent ill health.

6.8 Excellent hospital care focussed on delivering the very best care to those individuals with the most acute, specialist or complex needs.

- Patients will experience timely discharge from hospital once the acute phase of their illness is completed. We will work in partnership with all agencies to achieve access to services across 7 working days
- Through transformation of community services and through greater integration of services in A&E, that only those patients whose needs cannot be safely met in the community, are admitted to hospital

7 Next Steps

- 7.1** Continue to develop and align the two Better Care Fund Plans for the population of North East Hampshire and Farnham
- 7.2** Continue to review and validate the current health expenditure transferred to the County Councils under S256 and S75
- 7.3** Identify financial and service risks associated with the planned approach
- 7.4** Continue to develop Communications and Engagement Strategies for all major stakeholders
- 7.5** Continue to work with local providers to formulate and confirm the actions in the two year Better Care Fund plans
- 7.6** Agree NHS North East Hampshire and Farnham Clinical Commissioning Group financial contribution to the overarching county wide Better Care Fund Plans by end of January 2014
- 7.7** Ensure the Better Care Fund planning approach is fully integrated and reflected in the Clinical Commissioning Group 2 Year Operating Plan and 5 Year Strategy Plan