

Report to the *Economic Development and Enterprise Overview and Scrutiny Committee*

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Better Care Fund



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Introduction

This report has assimilated information from public reports and information provided by the Lead Manager to provide an overview of the Better Care Fund.

Background and Supporting Information

The Staffordshire Health and Social Care Economy is one of the eleven areas nationally identified as being challenged and with a need to focus on frail elderly.

The Better Care Fund (BCF) is a mandatory national programme, which requires every Health & Wellbeing Board area to establish a pooled budget, in order to reduce non-emergency hospital admissions and protect Adult Social Care.

The Better Care Plan was designed to focus on three target groups:

- Frail elderly,
- People with a long term condition (particularly those with dementia)
- and Carers.

Staffordshire's elderly population is due to grow much faster than the England average, whereas the number of working people will reduce.

The current and predicted costs relating to this population are shown in the table below:

	2012/13	2019/20	Growth
	(000s)	(000s)	(000s)
Social Care - Adults Aged 65 and over ¹	£158,731	£188,138	£29,407 (19%)
NHS – adults aged 65 or over	£688,362	£833,874	£145,512 (21%)

It sees closer working between health and social care as key to addressing the challenges faced by acute providers and encourages integrated approaches to preventing and managing demand.

What outcomes is the BCF seeking?

The BCF Plan seeks to achieve the national conditions:

- a. A reduction in non-elective admissions
- b. Protection of social care services to ensure that in a context of shifting towards prevention, essential social care services are protected
- c. Achievement of 7 day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- d. Data sharing between health and social care systems
- e. A common approach to the risk stratification of frail elderly populations and effective case management of those at high risk

The BCF Plan is consistent with the Health and Wellbeing Board Joint Health and Wellbeing Strategy. To support that strategy, the BCF has six priorities:

- a. Focussing on frail elderly pathways, as the core element of our quality and sustainability challenge. There is now a single agreed Frail Elderly Pathway across Staffordshire and Stoke-on-Trent across Health and Social Care as shown below
- b. Focus on those individuals who are already in the health and care system (e.g. in hospital, or receiving long-term care).
- c. Prioritising early intervention with people who are struggling to maintain their independence.
- d. Integrating commissioning – bringing together our combined commissioning activities and funding for care in community settings in a phased way.
- e. Integrating provision – reducing fragmentation, duplication, and hand-offs between professionals.
- f. Developing the concept of locality-based commissioning, with District and Borough councils playing key roles.

Investment areas

Scheme 1: Integrated Access to Care - Maximising Independence and Self-Help

BCF investment - £0

Promoting low level prevention, and self- and early help through joint effective marketing and communication campaigns building on foundations developed through public health.

Scheme 2: Integrated Local Community Teams - Managing Dependency on Services

BCF investment - £16.96m

To ensure that individuals within the community whose needs have increased receive integrated personalised care tailored to their needs and aspirations, to return them to ongoing stability without the need for acute intervention.

Scheme 3: Integrated Local Community Teams - Managing Safe Return to Steady State

BCF investment - £19.168m

Health and social care will work together to support individuals who have been admitted to the acute system in order to return them to the greatest level of independence within the community by ensuring that individuals are appropriately discharged following an escalated hospital need back to their place of residency, with care plans and receiving ongoing in-community support.

Schemes 4: Enabling Schemes

BCF investment - £9.556m

- 4.1: Disabled Facilities Grant - Providing home adaptations so that people with disabilities can remain living safely at home within their communities.
- 4.2: Adult Social Care Capital Grant - Providing capital funding to support development of personalisation, reform and efficiency.
- 4.3: Technology Enabled Care Services (TECS) and Assistive Technology - Providing Technology Enabled Care Services and Assistive Technologies so that people living in Staffordshire are supported to manage and improve their health and well-being.

4.4: Integrated Community Equipment Service (ICES) - Providing aids and equipment so that people with disabilities or recovering from healthcare interventions can remain safely at home within their communities.

Scheme 5: Continuing Healthcare (CHC)

BCF investment - £56.007m

Providing support to those patients requiring long term high cost care in their home (own, residential or nursing).

Scheme 6: End of Life

BCF investment - £1.516m

There are currently a number of services which provide end of life care to the registered population of South East Staffordshire & Seisdon Peninsula CCG. These services are subject to a review and will be considered as part of the overall model of care for the CCG.

Scheme 7: Carers (Inc. Carers Breaks, Mental Health Carers Support and Information for Carers) (Includes Dementia Carer Cafes)

BCF investment - £0.792m

Jointly commissioning improved outcomes for carers through a Whole Carers System Redesign, which includes the re-commissioning of Carers Breaks and wider universal carers support.

Scheme 8: Care Act Implementation Funding

BCF investment - £0.738m

A formal change programme to ensure robust and effective implementation of the Care Act. Work is under way to support all partners to understand their responsibilities within the Care Act and the changes which will need to be implemented.

Protection of Adult Social Care

The Better Care Plan identifies that an additional saving of £16.9m is required to have been secured across the system as a whole in 2015/16 to ensure that the costs of the Care Act are covered and the protection of Social Care is demonstrated.

The SCC and the CCGs considered the savings requirement over a three year period (2015/16 - 2017/18) and have agreed:-

- a. That CCGs commit a resource of £6.9m in real cash in 2015/16 (comprising £1.9m for Care Act Revenue implementation and £5m to protect social care)
- b. That both parties commit to identify and deliver savings over a three year period to protect social care and support CCG financial recovery, to be shared on a 50/50 basis with CCGs

Partners continue to explore options to improve performance in other areas to generate the remaining savings needed in order to protect adult social care. An example of these options is given below:

- Assistive Technology – there is potential to harness opportunities, particularly in telehealth, to improve outcomes for people and generate savings for the BCF partners.
- Risk Stratification - there is potential to achieve a more in depth understanding of the needs of our population which will lead to more appropriate services and more effective use of resources.
- Community Risk Intervention Teams – by involving the Fire & Rescue Service and other agencies in the response to falls there is the opportunity to reduce emergency admissions to hospital.

- Community Nursing Task Force – by using community nursing specifically to address the issue of Urinary Tract Infections in nursing home residents there is the potential to significantly reduce non-elective hospital admissions.

It is worth noting that these options still require considerable additional work to explore and confirm their potential to generate savings for the partners. Alongside the development of outlines for these opportunities, further discussions with the Pan-Staffordshire Transformation Programme will be required to agree how this work should be delivered.

Governance and Performance Reporting

The Health and Well Being Board is responsible for the overarching accountability for the delivery of the integrated commissioning programme.

Partnership Board

- The Partnership Board will report to and obtain input and approval from the Health and Wellbeing Board where it is required to do so in respect of the delivery of the Better Care Fund Plan and Individual Schemes.
- Consider business cases put forward by the Delivery Group and Task and Finish Groups in order to take decisions on new Individual Schemes and changes to existing Individual Schemes.
- Attendance of the partnership board consists of at least one Council representative and each CCG's representative.

Delivery group

- The objective of the Delivery Group is to ensure the delivery of current existing schemes and to lead on the development and implementation of new Individual Schemes, including the preparation of business cases for submission to the Project Board and any other requirements as set out by the Project Board from time to time to enable the Project Board to meet the Outcomes.
- Attendance of the delivery group consists of at least one Council representative and one representative of each CCG

The BCF Support Team required that all BCF areas review and revise, if necessary, their targets for reduction in non-elective admissions. As a result of changes in CCG operating plans made after the submission and approval of the BCF Plan, Staffordshire's reduction in non-elective admissions target has been reduced from 3.5% to 1.2%. It is worth noting that Staffordshire are not unique in making such an adjustment.

How are partners involved

In addition, below the HWB, the Joint Transformation Board which represents SCC, CCGs, Stoke-on-Trent City Council, District and Borough Councils and providers will provide a forum for all partners to jointly oversee the delivery of the BCF work in Staffordshire.

Furthermore we recognise that District and Borough Council's will have an important role to play in the delivery of the BCF Plan and our wider work around integrated commissioning. Local commissioning boards have been established to ensure a strong connection to the powerful local knowledge and impact of District and Borough Councils.

Locality commissioning boards (LCBs) follow a district footprint and are generally hosted by the district/borough council. Through the Locality Commissioning Boards there aims to be alignment of outcomes and resources in the form of locality commissioning prospectuses. This alignment includes public health commissioners, the police and crime commissioner, other county council commissioners, CCG commissioners and district council commissioners.

The LCBs are focussing on commissioning and influencing activity that improves wellbeing in their local population. Older people are a target population in all localities and improvement in wellbeing in this group will support them to 1) connect – thus reducing social isolation, 2) be active – thus improving physical health particularly risk of falls, 3) keep learning – with a focus on self-care, 4) take notice – with a focus on noticing those in their community who need support and 5) give – thus developing community assets to address need.

Over the last couple of months a Staffordshire wide sub group reviewed 40 schemes across Staffordshire which we believed could prevent older people being admitted to hospital using a RAG rating, this rating considered deliverability and costs amongst other things. From this we highlighted 4 potential schemes where we felt there was potential to rollout across Staffordshire. The projects/services we evaluated, and how we considered they supported a range of priorities, for example supporting the local Staffordshire Living Well strategy, as well as their potential to support what older people want as referenced in national research.

The schemes that were evaluated crossed the spectrum of prevention and early intervention but were focused on the core BCF purpose of preventing older people from being admitted to hospital. From this we were then going to present a proposal to the BCF working group of the options that could be expanded Staffordshire wide.

The schemes that were chosen:

1. Warmer homes - reducing/preventing ill-health which occurs/is exacerbated as a result of cold homes and results in excess winter deaths, higher admissions to A&E, and other usages of health and care urgent services and institutional care
2. Risk stratification for example by SAFER (Tamworth and S Staffs) and in Stafford Healthy Homes – where data is gathered to target those at risk; people are then visited and offered a series of support/interventions to keep them independent.
3. Developing services and support systems for dementia , including Dementia Friendly communities and specific services for those who have dementia to stay well at home, for example in partnership with the Alzheimer's Society – a Dementia Support Service – which provides one-to-one support to people with dementia, carers and family members
4. Being active / active ageing for example through local Walking Programmes - Volunteer walk leaders, recruitment, support and development.

There was also discussion at the meeting about the potential benefits of effectively utilising Home improvement agencies and handypersons and the importance of DFG's. The next steps were for the shortlisted schemes to be presented to the Strategic Locality Leads Group and then to the BCF working group.

There is also the opportunity for residents to get involved

- Engaging Communities Staffordshire has been asked to develop the engagement around the new Better Care Fund.
- Because so much of the Better Care Fund is focused on the development of greater integration we consider it a vital piece of work.
- We will be supporting the people of Staffordshire to ensure they can have their voice heard via focus groups, public surveys and case studies. The feedback that we collect can be used to influence the upcoming implementation of the Better Care Fund.
- We will soon be rolling out our online public survey, this survey will enable you to have your say on the Better Care Fund in Staffordshire. You can also get involved in the conversation by joining us on Twitter @HWStaffordshire and using the hashtag #BetterCareStaffordshire.

Next steps for the Staffordshire BCF

The Collaborative Commissioning Congress meeting, which took place in August, considered the BCF in the context of the wider system change being planned for the Staffordshire Health Economy. It concluded that the scope of the BCF falls within that of the Pan-Staffordshire Transformation Programme and should be migrated to that programme, and should not be treated separately.

Specifically, the BCF falls within two of the three Pan-Staffordshire Transformation Programme workstreams; “High Risk and Independent” and “Receiving Care”. Officers from Staffordshire County Council, Stoke-on-Trent City Council and the Staffordshire CCGs are working together to scope these workstreams and to ensure that the BCF is appropriately planned within this programme.

Questions to be Addressed

Members may wish to consider the information provided in this report with a view to developing a range of questions to be directed to the BCF lead.

Outcomes

Members may wish to consider if Newcastle residents are receiving their share of the BCF.

Financial Constraints

The County Council entered into a pooled budget arrangement for the Better Care Fund, with £105m in the 2015/16 budget. Contributions are received from CCG partners primarily including £16.234m of S.256 funding previously transferred from the NHS to support Social Care activities.

The Council continues to receive Disabled Facilities Grant funding through the BCF which is vital to the delivery of mandatory grants to help the most vulnerable live in their own home.

Invited Partners/Stakeholders/Residents

This report has been written as an introductory item to enable Scrutiny members to consider the basic issues with a view to more in depth questions being developed to be directed to the BCF leads.

Relevant Portfolio Holder

Safer Communities

Appendices

None