

## BETTER CARE FUND: UPDATE

<b>Relevant Board Member(s)</b>	Councillor Ray Puddifoot MBE Councillor Philip Corthorne
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Gary Collier, Adult Social Care Directorate
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	<p>This report provides an update following the Board meeting on 11 December 2014, where it was noted that there were no longer any reasons preventing the Chairman and the Chairman of Hillingdon Clinical Commissioning Group's (HCCG) Governing Body signing off an amended plan.</p> <p>Since the Board's December meeting, the plan has been resubmitted to NHS England (NHSE) and formal notification was received on 6 February 2015 that the plan had been approved without conditions.</p> <p>This result means that the Council and its partners are now able to focus on the implementation of the locally agreed plan without further involvement from NHS England (NHSE) or NCAR.</p> <p>This report provides the board with the final plan as submitted through delegated powers. It also describes the next key steps, which include the development of an agreement under section 75 of the National Health Service Act, 2006 to give legal effect to the financial arrangements. .</p>
<b>Contribution to plans and strategies</b>	The Better Care Fund (BCF) is a mandatory process through which existing Council and HCCG budgets will be pooled and then reallocated on the basis of an approved plan intended to achieve closer integration of health and social care activities. This is intended to lead to improved outcomes for residents.
<b>Financial Cost</b>	There are no financial costs associated with the recommendation.
<b>Ward(s) affected</b>	All

### RECOMMENDATION

**That the Health and Wellbeing Board notes the final Hillingdon BCF plan as submitted and now approved.**

## INFORMATION

### Supporting Information

#### Changes to Hillingdon's BCF Plan

1. The key issues that required attention in the final plan were:

- **Early Supported Discharge Scheme:** The funding for this scheme, which referred to the Homesafe Service provided by Hillingdon Hospital, was not included within the plan and it has therefore been removed. However, the Homesafe Service is an important part of the Hillingdon approach to intermediate care provision and its relationship with other intermediate care services to develop a more integrated approach to service delivery continues to be considered under the BCF scheme 3: Rapid response and joined up intermediate care.
- **Development of ICT interoperability between health and social care:** This has been included within a broader ICT project intended to deliver interoperability between IT systems across NHS, Council and third sector partners. This is on the basis that it is a key enabler to the delivery of models of care and not itself a model of care scheme.
- **New Care Act Implementation scheme:** The key focus of this new scheme is the delivery of the Council's new responsibilities under the 2014 Act, primarily in respect of carers which has an impact on health. This includes: a) increasing preventative services; b) developing integration and partnerships with other bodies; c) providing quality information, advice and advocacy; d) ensuring market oversight and diversity of provision; and e) strengthening the approach to safeguarding adults.
- **Pay for Performance Metric (P4P):** A nationally set target of reducing emergency admissions of the whole population by 3.5% had previously been set by NHSE and payment of the performance element of the BCF was dependent on achieving this. Hillingdon has managed to negotiate a revised reduction target of 3.5% of emergency admissions of the 65 and over population to reflect the focus of our plan being older people. The performance element of the BCF based on the revised target is £660k. As this sum has already been included within the plan to cover the cost of pre-existing NHS contract commitments, achieving the target will not make new money available to the Board. If the target is not achieved, then this will be released by HCCG to cover the costs of emergency admissions.
- **Reablement target:** NHSE did not consider the target for the proportion of older people (65+) still at home 91 days after discharge from hospital into reablement sufficiently ambitious and a revised target of 95.4% (previously target was 89.2%) was agreed. This will entail an additional 11 people per week being supported by the Reablement Team from the hospital; it currently stands at 25 per week.
- **Delayed transfers of care (DTC) target:** The 2015/16 reduction target has been reduced from 968 days or 44.3% to 737 or 18.2%. The change reflects the fact that the original target was based on 2013/14 activity and pre-dated the considerable increase in hospital activity from the summer of 2014.

- **Better care at end of life:** The bereaved carers' views on the quality of care in the last 3 months of life metric has been removed. This is because the information is obtained from a national survey that is unable to give a local breakdown because due a small sample size.
- **Governance arrangements:** Reference to the Health and Wellbeing Board has been amended to reflect its key role in agreeing and monitoring delivery of the BCF plan and governance arrangements have been streamlined so that the day to day management of the pooled budget lies with a core officer group comprising of the Corporate Director of Finance, Corporate Director of Adult Social Care, HCCG Chief Operating Officer, the HCCG Chief Finance Officer and the Council's Head of Policy and Partnerships.

### **Revision to Care Act Scheme (Scheme 7) Metrics**

2. The metrics in the scheme approved by the Chairman and the Chairman of the HCCG Governing Body on 9 January 2015 included an overall quality of life metric reported through the Adult Social Care outcomes framework. However, carers' related questions are tested as part of a separate national survey that will not be undertaken until November 2016, which will be too late to test the impact of the BCF scheme.

3. New metrics are proposed that allow a more effective appraisal of the schemes' impact on the quality of life for carers. The measures would be tested in Q4 2015/16 by means of a survey of people receiving a carer's assessment during 2015/16. The change to the metrics also reflects feedback from stakeholders, e.g., Healthwatch, and the comparisons are set out below:

<b>Scheme 7 Current and Proposed Metrics</b>	
<b>Current Metrics</b>	<b>Proposed</b>
<ul style="list-style-type: none"> <li>• Proportion of Carers who have found it easy or difficult to find information and advice about support services or benefits.</li> <li>• Proportion of Carers who report that they have been included or consulted in discussions about the person they care for.</li> <li>• The proportion of people who use services who say that those services make them feel safe and secure.</li> </ul>	<p>a) Improvements against the results of the 2014 Carers Survey in the following domains:</p> <ul style="list-style-type: none"> <li>i. <i>Control</i>: how much control the carer has over their daily life;</li> <li>ii. <i>Personal care</i>: whether the carer feels that they have enough time to look after themselves in terms of getting enough sleep and/or eating well;</li> <li>iii. <i>Social participation</i>: whether the carer feels that they have enough social contact with people they want to be with;</li> <li>iv. <i>Encouragement and support</i>: whether the carer considers that they have enough support in their caring role.</li> </ul>

### **Section 75 Agreement**

4. The 2015/16 BCF Plan is intended as a prototype to give both the CCG and the Council experience of a much closer working relationship. Using powers under the 2006 National Health Service Act, NHSE makes the release of the £15,642k under its direct control, conditional on a pooled budget being established between the Council and HCCG under a section 75 agreement.

5. Cabinet will be asked at its March meeting to approve the s.75. HCCG's Governing Body meeting on 27 March will also be asked to approve the s.75.

6. The key features of the draft Agreement are as follows:

- *Agreement duration*: this will be for one year from 1 April 2015 to 31 March 2016;
- *Hosting*: it is proposed that the Council will host the pooled budget but this will be the equivalent of a joint bank account for 2015/16;
- *Contracts*: no contracts will transfer during 2015/16;
- *Provider payments*: as no contracts will be transferring responsibility for paying, providers will remain as in 2014/15;
- *Risk share*: each organisation will manage its own risks for the purposes of the 2015/16 agreement;
- *Dispute resolution*: any disputes will be referred to the Chairman of the Health and Wellbeing Board and the Chairman of the HCCG Governing Body and will be final and binding.

### **Community Equipment**

7. Community equipment is currently covered by a s.75 agreement that expires at the end of March 2015. It is proposed that this be allowed to lapse and that the Council transfer its budget for its contract with the community equipment provider, currently Medequip Assistive Technology Ltd, within the scope of the BCF s.75 during 2015/16.

### **Implementation**

8. The Hillingdon BCF Plan reflects activities that were required and, in some cases, were underway. The key deliverables against the seven schemes have been reflected in the refreshed Joint Health and Wellbeing (JHWB) Strategy Performance report also on the Health and Wellbeing Board agenda for 17 March 2015. Progress against the BCF will be included as part of JHWB strategy performance reports to subsequent Boards.

### **Future Integration**

9. As the country approaches the 2015 General Election, all the major parties have expressed a commitment to continued integration between health and social care. Taking this into consideration, officers from the Council and HCCG propose to work together with partners to develop further integration proposals that could benefit residents for the Board's future consideration. Early exploration of the options would mean that Hillingdon would be well placed to take advantage of any opportunities presented by future Government initiatives or requirements intended to support the independence and wellbeing of residents through closer integration.

## Financial Implications

10. A summary of the key components in the final BCF financial plan for 2015/16 are set out below:

<b>Key components of funding 2015/16</b>	<b>£000's</b>
NHS Commissioned Services funding	9,372
Non elective saving/Performance Fund	660
Care Act New Burdens Funding	838
Protecting Social Care funding	7,121
<b>Overall BCF Total funding</b>	<b>17,991</b>

11 The proposed funding to protect Social Care is estimated to be £7,121k, made up of the current section 256 funding of £4,772k and capital funding of £2,349k. In addition there is a contribution of £838k to support the implementation of the Council's responsibilities under the Care Act.

12. The funding retained by the CCG to commission services is £9,372k, together with the performance payment of £660k arising from the nationally set target to reduce emergency admissions of the 65 and over population as set out in the report.

## **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendation?**

13. The Council and its partners will be able to proceed with the implementation of the BCF Plan which should deliver better outcomes for residents through the closer integration of health and social care.

### **Consultation Carried Out or Required**

14. The draft plan has been developed with key stakeholders in the health and social care sector and through engagement with residents.

15. A priority going forward is to develop a stakeholder engagement strategy to ensure that residents and other stakeholders develop an understanding of what the Better Care Fund and the wider Integrated Care in Hillingdon means for them. The target is to have a strategy completed in March 2015.

### **Policy Overview Committee comments**

16. None at this stage.

## **CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance comments**

17. Corporate Finance has reviewed the report and concurs with the financial implications' comments above.

## Hillingdon Council Legal comments

18. The Borough Solicitor confirms that the proposed agreement between the Council and the CCG complies with the requirement of Section 75 of the National Health Service Act 2006 and The NHS Bodies and Local Authorities Partnership Regulations 2000 (as amended). There are no legal impediments for the agreement being concluded.

## **BACKGROUND PAPERS**

The following papers can be accessed at <http://www.hillingdon.gov.uk/article/28647/Introducing-the-Better-Care-Fund>:

- a) [BCF Plan Part 1](#) (Dated 23.01.2015)
- b) [Annex 1 Part 1](#) (Dated 07.01.2014)
- c) [Annex 2: THH provider commentary](#) (Dated 24.12.2015)
- d) [Annex 2A: CNWL provider commentary](#) (Dated 07.01.2014)
- e) [Annex 2B - H4A provider commentary](#) (Dated 07.01.2014)
- f) [BCF Plan Part 2](#) (Dated 23.01.2015)
- g) [HWB P4P Metric](#) (Dated 07.01.2015) - Added as national average emergency admission cost figure in BCF Plan Part 2 template could not be altered.
- h) [Health Impact Assessment](#)
- i) [Equality and Carers' Impact Assessment](#)