

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	Health Select Commission
2. Date:	Thursday 13 March 2014
3. Title:	Better Care Fund
4. Directorate:	Neighbourhoods and Adult Services

5. Summary

The £3.8bn Better Care Fund was announced by government in the June 2013 spending round, providing a catalyst for local authorities and Clinical Commissioning Groups to transform and integrate health and social care.

The Better Care Fund does not offer any new money, but provides a single pooled budget made up from money already in the system, to support health and social care services to work more closely together in local areas.

This report outlines the requirements of the fund and describes how Rotherham has developed a local plan to meet these.

6. Recommendations

That the Health Select Commission:

- Notes the work undertaken to develop a local Better Care Fund plan and the agreed actions
- Receives the final Better Care Fund plan once submitted in April 2014

7. Background

The £3.8bn Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas.

The BCF does not offer any new money to local authorities or Clinical Commissioning Groups. The purpose of this fund is to provide an opportunity to improve lives of some of the most vulnerable people in our communities, by giving them more control, placing them at the centre of their care and ensuring services are integrated and working together for the benefit of the person.

7.1 National Conditions

The funding must be used to support adult social care services in each local authority, which also has a health benefit. Local authorities and clinical commissioning groups will need to demonstrate how the funding transfer will make a positive difference to social care services and outcomes for service users. However, beyond this broad condition there is some flexibility for local areas to determine how the investment in social care services is best used.

Other than protecting social care services, plans should:

- Be jointly agreed between the council and CCG, and in agreeing plans, areas should engage with local providers likely to be affected by the fund
- Demonstrate how 7-day services will be provided to support patients being discharged and prevent unnecessary admissions
- Demonstrate how local areas will improve data sharing between health and social care, based on use of the NHS number
- Demonstrate a joint approach to assessments and care planning, and identify which proportion of the population will receive case-management and a lead accountable professional, and which will receive self-management support
- Identify what the impact will be on the acute sector

The Health and wellbeing board has responsibility for signing off the local plan.

7.2 Developing the Rotherham BCF Plan

The local BCF plan has been developed by a small multi-agency task group of the Health and Wellbeing Board (HWB), supported by an officer group.

The terms of reference of the task group were:

- To work with members of the HWB to understand and interpret the requirements of the BCF
- To develop a local jointly agreed vision for integration
- To develop the first draft plan to be signed-off by the HWB and submitted to NHS England by 14 February
- To do any necessary further work to ensure the final plan is adopted by April 2014

7.3 Local definition, vision and principles

Definition

The Health and Wellbeing Board agreed to adopt the nationally recognised definition of integration (developed by 'National Voices'):

"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me"

Vision

The Rotherham BCF Plan contributes to achieving the overarching vision of the Health and Wellbeing Board: *To improve health and reduce health inequalities across the whole of Rotherham.*

More specifically, the actions in the BCF plan contribute to 4 of the strategic outcomes of the Health and Wellbeing Strategy:

- **Prevention and early intervention:** Rotherham people will get help early to stay healthy and increase their independence
- **Expectations and aspirations:** All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community
- **Dependence to independence:** Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances
- **Long-term conditions:** Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life

The local vision for integration is based on the experiences, values and needs of our service users, patients and carers. Through mapping these and understanding the journeys people take in and out of health and social care, a number of 'I statements' have been identified which demonstrate the outcomes local people want from integrated, person-centred services. These statements will be monitored to ensure the plan is achieving them; specifically how this will be undertaken is currently being developed ('I statements' are outlined on page 6 of the BCF Template part 1).

Principles

The principles of the BCF are also taken from the local Health and Wellbeing Strategy, demonstrating how the BCF actions will contribute towards the wider local vision.

In the strategy, under each of the strategic outcomes, there are a set of 'principles' which the BCF actions are aligned to, for example:

To deliver our vision on 'Prevention and Early Intervention' -

- We will coordinate a planned shift of resources from high dependency services to early intervention and prevention, and;
- Services will be delivered in the right place at the right time by the right people

How they align can be seen in Appendix 2 - BCF Action Plan.

7.4 Consultation

In developing a plan, there was a requirement to demonstrate how service users, patients and providers had been engaged in the planning process, and in developing the local priorities. A number of methods were used:

- Healthwatch Rotherham were commissioned by the Health and Wellbeing Board to consult with the local community and engage them in the envisaged transformation of services
- Rotherham council consulted with a group of mystery shopper volunteers regarding the proposed vision, priorities and their views of health and social care services
- Responses from a range of consultation exercises and surveys previously completed were collated, and used to help shape the local vision and priorities, including; Joint Health and Wellbeing Strategy consultation, Adult Social Care User Survey, Annual Survey of Adult Carers in England, health inequalities consultation and staff consultation regarding the hospital admission to discharge process
- The Rotherham CCG Patient Participation Network undertook a consultation exercise as part of developing their 5 year plan, through this they identified a number of priorities that could be addressed as part of the Better Care Fund
- Full discussions on the BCF have taken place at The Adults Partnership Board and Urgent Care Board, and local health providers understand that Rotherham CCG has identified a range of services which will be transferred into the Better Care Fund, and that the commissioning arrangements for these services are going to change significantly
- The Rotherham Health and Wellbeing Board also includes the main local health providers (Acute and Community Foundation Trust and Mental Health Trust) as well as representation from the voluntary sector (Voluntary Action Rotherham), this has ensured that they are fully signed up to the principles and vision of the BCF and are aware of the potential impact on services and the local community

Further detail on the consultation activity can be found in Appendix 1 – findings from consultations.

7.5 BCF Action Plan and Measures

The action plan (Appendix 2) demonstrates the specific actions that will be delivered locally as part of the BCF. These actions are shown aligned to 4 strategic outcomes from the Health and Wellbeing Strategy, demonstrating how they will help achieve these. The actions in the plan also demonstrate how locally these contribute to the 6 national conditions.

Measures

Local plans have to deliver against 5 nationally determined measures:

- **Admissions into residential care** - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000
- **Effectiveness of reablement** - Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services
- **Delayed transfers of care** - Delayed transfers of care from hospital per 100,000 population (average per month)
- **Avoidable emergency admissions**
- **Patient and service user experience**

Plus one locally agreed measure, which meets specific criteria. Rotherham has chosen 'emergency readmissions' for this purpose.

BCF Template 2 outlines the detail and metrics submitted as part of the plan. These metrics are based on the national guidance which provides a statistically significant target. Further detail on these are currently being considered by the task group and supporting officers ready for the final April submission.

7.6 Next steps

The first draft plan was submitted to NHS England on 14 February 2014. Formal feedback will be received shortly after the 28 February.

The task group and officer group will continue to meet throughout March to develop the plan further, based on feedback received. A final plan will need to be submitted 4 April.

8. Finance

The BCF does not offer any new money to the council or CCG. It is made up of already allocated spend, which has been identified for including in the pooled budget.

The Rotherham BCF minimum requirement for 2015/16 is **£20,318,000.00**.

The total amount agreed by the council and CCG is **£22,055,000.00**.

Detail of how this money is being used to deliver the BCF actions is shown in BCF Template 2.

9. Risks and Uncertainties

The timescale for producing a strategic plan to deliver the BCF has been tight, however, the CCG, local authority and providers need to work collaboratively within the timescale to ensure the plan is right for the Rotherham population,

Not working quickly on this, and having a final agreed plan by 4 April, which the Health and Wellbeing Board signs up to, will result in us not being in a position to meet the requirements of the BCF.

10. Policy and Performance Agenda Implications

The NHS together with local authorities face an unprecedented level of future pressures, driven most importantly by an ageing population and increase in those with long-term conditions. Locally the JSNA tells us that the number of people aged over 65 will increase from 45,100 (2011) to 54,100 in 2021, and the number of people over 85 will increase from 5,500 to 7,100. Although people will tend to remain healthy for longer than they do now, over 65s with a limiting life-long illness or disability is higher in Rotherham than the England average (61% compared with 53%), and this is projected to rise.

These factors present major challenges and implications for health and social care services within a changing financial environment. Locally the Health and Wellbeing Strategy sets out the Health and Wellbeing Board's joint priorities, which includes 'prevention and early intervention', 'dependence to independence', 'expectations and aspirations' and 'long-term conditions', all of which have a crucial role in ensuring actions are delivered to deal with some of these challenges.

The HWB will play a leading role in developing the strategic plan for integration and will therefore need to ensure its priorities, as set out in the HWB strategy, continue to drive the work needed to deliver the expected outcomes of the BCF.

11. Background Papers

BCF Template part 1 (**attached with report**)

BCF Template part 2 (**attached with report**)

Appendix 1 – findings from consultations (**attached with report**)

Appendix 2 – BCF action plan (**attached with report**)

Appendix 3 – Health and Wellbeing Strategy

Appendix 4 – Rotherham Joint Strategic Needs Assessment

<http://www.rotherham.gov.uk/jsna/>

Appendix 5 – information sharing protocol

11. Contacts

Tom Cray

Strategic Director, RMBC

tom.cray@rotherham.gov.uk

Kate Green

Policy Officer, RMBC

Kate.green@rotherham.gov.uk