

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

1 MAY 2014

BETTER CARE FUND

Purpose

1. The purpose of this paper is to update the Committee on the proposed use of the Better Care Fund in Oxfordshire, and how it aligns with other key plans covering health and social care in the County. Plans were submitted to NHS England (as an integral part of the Oxfordshire Clinical Commissioning Group's Strategic and Operational Plans) on 4 April 2014 following agreement by the Health and Wellbeing Board, the County Council and Oxfordshire Clinical Commissioning Group.

Background to the Fund

2. The Better Care Fund will total approximately £37 million in Oxfordshire from 2015/16 onwards, and is not new money as it will be reallocated from within the health and social care system.
3. However, a significant proportion may be newly accessible to adult social care, and can be used to protect services where it can also be demonstrated that there are benefits to health.
4. The remainder of the Better Care Fund includes existing funding for carers breaks, reablement and capital (including Disabled Facilities Grants), and these will be protected. It also includes some elements of funding to meet the impact of changes on adult social care proposed in the Care Bill.
5. The Better Care Fund forms a key element of the Clinical Commissioning Group's planning framework, and links closely to the operational and strategic plan (also on the agenda of this meeting). The proposed plan also aligns closely to the Joint Health and Wellbeing Strategy 2012-2016, Joint Strategic Needs Assessment, Older People's Joint Commissioning Strategy 2013-2017 and the Directorate Business Strategy for Adult Social Care 2014/15-2017/18.
6. It is important to understand that the resources for the Fund have to come from existing spending on health and social care. This will be a significant challenge for the health and social care system in Oxfordshire given the current pressures it faces.
7. There is an element of the Better Care Fund for Oxfordshire that comes from other Clinical Commissioning Groups. This reflects differences in County and Clinical Commissioning Group boundaries, and includes £353,000 from Swindon Clinical Commissioning Group as Shrivenham is in their area and £424,000 from Aylesbury Vale Clinical Commissioning Group as Thame is in their area.

Discussions have been held with both Groups, and proposals in our plans have been aligned with their intentions to ensure that both areas benefit equally and are not adversely affected by falling across more than one Better Care Fund plan.

Our Approach

8. Attached as appendices are the national templates that set out the Better Care Fund plan for Oxfordshire, including narrative, financial and performance information.
9. The focus of the Better Care Fund is predominantly on meeting the needs of older people, given this is the most significant pressure facing both health and social care in Oxfordshire. However, some cross-cutting initiatives will benefit adults of all ages including people with mental health needs.
10. It is proposed that over time the Clinical Commissioning Group and the Council create a Joint Commissioning Unit, better able to target services to give the greatest impact on outcomes, produce financial efficiencies by reducing duplication and focusing on value for money for every pound spent.
11. We will also develop and implement a single assessment process reducing the need for people to be assessed more than once when transitioning between health and social care services and making the process smoother for service users.
12. It is proposed that the Council front line social work and occupational therapy teams join up with the community provision delivered by Oxford Health and further develop links with primary care including GPs. This will avoid duplication, reduce waste and bureaucracy, minimise delays in care and give people the right support at an earlier stage so they are less likely to experience worsening of their condition. This is not a new development – it reflects discussions that have been taking place over the last two years. It is also reflected in one of the targets in the current Health and Wellbeing Strategy.
13. There are a number of key performance indicators already identified as priorities in Oxfordshire that are required to meet Government guidance on the outcomes the Fund should achieve:
 - Reduce the number of older people per year permanently admitted to a care home Increase proportion of people who complete reablement who need no on-going care
 - Reduce the number of patients delayed for transfer or discharge from hospital so that Oxfordshire's performance is out of the bottom quartile
 - Reduce the number of emergency admissions to hospital for older people aged 60+
 - Achieve above the national average of people very satisfied with the care and support they receive from adult social care
 - Achieve above the national average of people satisfied with their experience of hospital care

- Achieve above the national average of people 'very satisfied' with their experience of their GP surgery
- Increase the proportion of older people with an ongoing care package supported to live at home

14. Most of these are already within the Joint Health and Wellbeing Strategy, and the target for reablement will be added when the Strategy is refreshed later this year to ensure alignment.

15. We are therefore proposing the Fund is used to invest in the following areas:

- Information and advice
- Equipment and assistive technology
- Creating a more personalised approach to home support which will include removing short visits for personal care for older people
- Integrated support for hospital admission avoidance
- Investment in Carers Breaks jointly funded and accessed via GPs
- Support to people with dementia
- Reablement and rehabilitation
- Support for people to die at home / in residential care when this is their choice

16. Further detailed work will be required throughout 2014/15 to develop these proposals fully, including quantifying the financial benefits of each. The plan will also be reviewed and updated to reflect performance in the year, and any emerging pressures and priorities. Our proposals therefore include a contingency of approximately £4.6m, equivalent to just over 1% of the total fund. It is intended that this will be used to manage risks, fund emerging priorities, and allow further investment in areas that are proving particularly effective in achieving the outcomes in the fund.

17. It is recognised that because the resources for the Fund have to come from existing spending on health and social care, this will be a significant challenge for the health and social care system in Oxfordshire given the current pressures it faces. We also recognise the need for further alignment of plans across the whole health and social care system, so we working with our key providers to consider how best to ensure:

- Good governance of the Better Care Fund and in particular the role of the Joint Management Group for Older People in identifying and managing the risks of reliance upon reduction in acute activity to pursue developments through the Better Care Fund
- Good programme oversight of the initiatives set out in the Better Care Fund plan and in particular the role of the Whole Systems Programme Board in ensuring that, when taken as a whole with the work streams of the Older People's Programme and the Urgent Care Improvement Plan, the Better Care Fund initiatives are complementary to the remainder of the work on the urgent care pathway. There will also be alignment with the Adult Services Improvement Programme and implementation of the Care Bill.
- Production of high quality business cases for the initiatives in the Better Care Fund so that they demonstrate 'clear benefits to the wider health and social

care sector and reduce costs in acute health care' and their subsequent monitoring and evaluation and where and how they are best signed off.

18. The work to agree the above arrangements has been scheduled to be completed in the first quarter of 2014/15.

19. Progress in implementing the Better Care Fund Plan will be monitored through the Health and Wellbeing Board, Adult Health and Social Care Partnership Board and through the performance reports presented to the Older People's Joint Management Group on a regular basis.

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