

OXFORDSHIRE HEALTH AND WELLBEING BOARD – 8 JANUARY 2015

BETTER CARE FUND

Purpose

1. The purpose of this paper is to seek agreement on the proposed use of the Better Care Fund in Oxfordshire, prior to submission to NHS England by 9 January 2015.
2. It is a Government requirement that plans are agreed by the Health and Wellbeing Board prior to submission.

Background to the Fund

3. The Better Care Fund will total approximately £37.5 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.
4. 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.
5. 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 (approx. £1.35m).
6. 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. 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.
7. 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.
8. 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.

Context in Oxfordshire

9. Oxfordshire originally submitted a proposed Better Care Fund Plan on 4th April 2014, following agreement by County Council Cabinet, Clinical Commissioning Group Governing Body, and the Health and Wellbeing Board.
10. Subsequently, there was much debate nationally about the likely impact of Better Care Fund plans on NHS providers of acute services, and in particular the extent to which they would reduce emergency admissions to hospital.
11. The Department of Health therefore requested updated plans be submitted to more fully address these concerns by 19 September 2014, and issued updated guidance and technical requirements in July and August 2014.
12. The most significant change was the requirement to include a performance-related funding element for achieving a reduction in emergency admissions to hospital during 2015/16. The guidance also retains an emphasis on the need to protect adult social care services, and how the increased costs of implementing the Care Act from April 2015 will be met.
13. The Board discussed the Better Care Fund at the specially arranged meeting in September. The Board agreed that it was not possible to submit a credible plan by the deadline set by Government due to the specific financial challenges in the county, the timetable for introducing outcome based contracting, and recent increases in the rate of emergency admissions.
14. An overview paper was submitted to Department of Health, setting out the local health and social care system's support for the principles of the Better Care Fund, the challenges faced locally and the commitment of all partners to work together to address them. The paper also provided a summary of the work already underway to address the national conditions set in the Fund, and a timetable by which a more detailed plan would be developed.
15. The national assurance process of Better Care Fund Plans announced the Oxfordshire is one of five areas where a Better Care Fund Plan has not been approved (along with Essex, Northamptonshire, Lancashire and London Borough of Hillingdon). The decision was in line with our expectations given the decision not to submit a full plan in September.
16. Oxfordshire has therefore been required to produce a fully developed plan for submission by 9 January 2015. This plan will then be subject to another national assurance process to grant approval in time to begin implementation in April.

Better Care Fund Plan for Oxfordshire

17. The proposed Better Care Fund Plan for Oxfordshire responds to Government guidance and requirements, and sets out how Health & Social Care will work together in Oxfordshire to improve services for local people.

18. The proposed plan is attached in two parts:
- Appendix A (narrative template including detailed schemes) and
 - Appendix B (quantitative template including expenditure, benefits and performance metrics).
19. The four key organisations (County Council, Clinical Commissioning Group, Oxford University Hospitals Trust and Oxford Health NHS Foundation Trust) have worked closely together in developing and agreeing the proposed Better Care Fund Plan for Oxfordshire. We have also drawn extensively on the support provided by the National Better Care Fund programme.
20. We are proposing that 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.
21. The shared vision in the plan is:
- To support and promote strong communities so that people live their lives as successfully, independently and safely as possible. We believe that people themselves, regardless of age or ability, are best placed to determine what help they need. The role of health and social care commissioners and providers is to ensure that everyone who needs it has access to the right care, in the right place, at the right time, first time.*
22. The plan also identifies 8 key design principles, and 11 schemes that will be the focus of how the Better Care Fund money will be spent in Oxfordshire:

Principles	Schemes
1. Integration	1. Expanding emergency medical units (EMUs).
2. Enhancing self-management	2. Enhancing reablement services.
3. Rapid access to community/primary care based urgent care 24/7	3. Reducing delayed transfers of care.
4. Care closer to home	4. Ambulatory emergency care pathways.
5. Ambulatory Emergency Care	5. Integrated neighbourhood teams.
6. Reducing delayed transfers of care	6. Care closer to home (advance care plans/EoLC and proactive medical support to care homes).
7. The Oxfordshire Joint Older People's Strategy (Outcomes-based Commissioning) 2012-2016	7. Hospital at Home.
8. Protecting Adult Social Care	8. Oxfordshire Care Summary: proactive care planning.
	9. Protecting Adult Social Care.
	10. Care Act Implementation.
	11. Carers Breaks.

23. 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, and that are included in the Oxfordshire Joint Health and Wellbeing Strategy:

- 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

24. The plan identifies a number of risks that will need to be managed. These risks reflect the combination of relatively low resources, relatively low use of bed based care but increasing demands. More information was set out in the paper that was considered by the Board at its meeting in September 2014. To help manage this situation, a System Leadership Group is being established. More details are set out in the draft Better Care Fund Plan. We shall also need to consider how we use the limited resources available in Oxfordshire for health and social care to best effect building on the work that we have already done in pooling significant resources already.

Next Steps

25. The agreed plan will be submitted to NHS England on 9 January 2015, and will then be subject to a full national assurance process.

26. Correspondence from NHS England has stressed that if a plan is not agreed locally in the required timescales, or NHS England do not approve it following submission in January, they have the power to withhold or recover funding or to direct the Clinical Commissioning Group to spend it in a particular way. This only applies to funding routed directly through the Clinical Commissioning Group (approx. £33m), so would not include the Disabled Facilities Grant and Social Care Capital Grant funding (approx. £4m) that will be paid directly to Oxfordshire County Council.

27. Assuming that the plan is approved, work will continue to develop full implementation plans for each of the schemes by April 2015.

28. This work will also align closely to the development of a Single Health and Social Care Plan for Oxfordshire, which will be key in setting out how organisations will respond jointly to the challenges facing the local system.

29. Progress in implementing the Better Care Fund Plan will be monitored through the outcomes reporting to Health and Wellbeing Board, and through the

performance reports presented to the Older People's Joint Management Group on a regular basis. It is also proposed that the plan will be brought back to the Health and Wellbeing Board in March 2015 prior to implementation.

Recommendations

- 30. The Health and Wellbeing Board is RECOMMENDED to agree the Better Care Fund Plan 2014/15 and 2015/16 for submission to NHS England by 9 January 2015, subject to the inclusion of any changes following the meeting, as agreed by the Chairman and Vice-Chairman of the Board.**

JOHN JACKSON
Director of Adult Social Services
Oxfordshire County Council

David Smith
Chief Executive
Oxfordshire Clinical Commissioning Group

Background papers: None

Contact Officer:
Ben Threadgold, Policy and Performance Service Manager,(01865) 328219

January 2015