

Division(s):

CABINET –18 MARCH 2014

BETTER CARE FUND

Report by Director for Social & Community Services

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 (as an integral part of the Oxfordshire Clinical Commissioning Group's Strategic and Operational Plans) by 4 April 2014.
2. It is a Government requirement that plans are agreed by the Health and Wellbeing Board prior to submission, as well as the County Council and Oxfordshire Clinical Commissioning Group. The Health and Wellbeing Board met on 13 March 2014 and the outcomes of this discussion will be reported verbally to Cabinet at the meeting. The Clinical Commissioning Group Governing Body is meeting on 27 March 2014.

Background to the Fund

3. 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.
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.
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 (also on the agenda of this meeting for approval). 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 £356,000 from Swindon Clinical Commissioning Group as Shrivenham is in their area and £415,000 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.
9. The proposals were agreed in principle by the Chairman and Vice-Chairman of the Health and Wellbeing Board prior to submission to NHS England 14th February as part of the assurance process. Some minor changes have been made as a result of feedback, and further work has been done to refine the financial and performance elements of the plan, but the proposals remain largely unchanged.

Our Approach

10. Attached as appendices are the national templates that set out the Better Care Fund plan for Oxfordshire, including narrative, financial and performance information.
11. 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.
12. 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.
13. 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.
14. 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.
15. 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

16. 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.

17. 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

18. 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. It is therefore proposed that the plan will be brought back to the Health and Wellbeing Board in March 2015 prior to implementation.

19. The proposals 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 fund emerging priorities, and allow further investment in areas that are proving particularly effective in achieving the outcomes in the fund.

20. Progress in implementing the Better Care Fund Plan will be monitored through the outcomes reporting to 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.

Transfer of Funds in 2014/15

21. There is an existing section 256 agreement to transfer funds from health to social care to support the delivery of social care objectives, approved by the Health and Wellbeing Board in July 2013. The value of this transfer was £8.2m in 2013-14, and in particular the funding is targeted towards Priority 6 of the outcomes in the Joint Health & Wellbeing Strategy. It is used to fund a range of activity including the alert service, crisis response, care homes, home support, equipment and to protect spending in adult social care.
22. The value of this transfer will increase in 2014-15 to £10.5m. This increase includes an additional £0.4m that will be used to fund intermediate care, and an additional £1.9m that will be used to protect spending in adult social care by investing further in equipment to support people to stay at home and in helping to discharge people from hospital as soon as possible. It will also essentially act as 'seed funding' to help prepare for the implementation of the full Better Care Fund plans from April 2015.
23. This transfer will be subject to a new section 256 agreement between NHS England and the County Council, and will be supported by the Clinical Commissioning Group through the close alignment with their strategic plans. Implementation will be monitored by the Older People's Joint Management Group and reported by exception to the Adult Health and Social Care Board and the Health and Wellbeing Board.

Financial and Staff Implications

24. The use of some of the funds in the Better Care Fund has already been agreed as part of the County Council budget and has been applied to provision of services. If the Cabinet, Health and Wellbeing Board or Clinical Commissioning Group choose to determine a different allocation, the services provided will need to alter which may require a reallocation of care packages and funding for other services.
25. The County Council and Clinical Commissioning Group have developed a coordinated approach to developing and agreeing this proposal to ensure that the benefits of the new fund agreement will be realised, whilst working within short timescales set by Government. There will be more scope for engagement and discussion in developing the proposals fully throughout the next 12 months, and in developing proposals for future years.

Recommendations

The Cabinet is **RECOMMENDED** to:

- (a) **Agree the Better Care Fund Plan for Oxfordshire for submission to NHS England by 4th April 2014, subject to subject to the inclusion of any necessary changes which may be required following consideration by the Health and Wellbeing Board and Clinical Commissioning Group**

Governing Body as agreed by Chairman (Leader of the Council) and Vice Chairman (Clinical Chair of the Clinical Commissioning Group) of the Health and Wellbeing Board.

(b) In so doing, to agree the use of the Health Transfer to Social Care Funding in 2014/15 as set out in the financial template, and for this to form the basis of a section 256 agreement between the County Council and NHS England as agreed by the Director for Social & Community Services following consultation with the Cabinet Member for Adult Services.

(c) To receive an updated plan in March 2015 prior to implementation, reflecting performance in 2014/15 and any emerging pressures and priorities.

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Background papers: None

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March 2014