

Division(s):

CABINET – 16 SEPTEMBER 2014

BETTER CARE FUND

Report by Director of Adult Social 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 by 19 September 2014. This is an update to the plan previously agreed by Cabinet and the Health and Wellbeing Board in March 2014, to reflect updated Government guidance and requirements issued in July and August 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.

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.

Updated Approach

9. Oxfordshire previously 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 is 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 County Council, Clinical Commissioning Group, Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Trust have worked together to develop an updated Better Care Fund plan in response. This is still being finalised and will be submitted as an addenda in advance of the meeting.
14. 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.
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, 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

16. Further detailed work will be required throughout 2014/15 to develop the proposals within the plan further. The plan will also be reviewed and updated to reflect performance in the year, and any emerging pressures and priorities.

17. 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.

Recommendation

The Cabinet is RECOMMENDED to:

Agree the Better Care Fund Plan for Oxfordshire for submission to NHS England by 19th September 2014, 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.

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Background papers: None

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