

6. BETTER CARE FUND

REPORT OF: ASSISTANT CHIEF EXECUTIVE
Contact Officer: Jo Harper, Business Unit Leader for Performance and Partnerships
Email: jo.harper@midsussex.gov.uk Tel: 01444 477421
Wards Affected: *all*
Key Decision: No
Report to: Scrutiny Committee for Leisure and Community
2nd April 2014

Purpose of Report

1. The purpose of this report is to inform Members of changes taking place in the NHS which will have an impact on local health and social care services. It should be noted that, being related to health matters, the topic of this report is subject to formal scrutiny through the West Sussex Health and Adult Social Care Select Committee (HASC). However, given the anticipated local public interest, it is felt important that District Council Members are also provided with an update report for your information.

Summary

2. The Better Care Fund is a national programme which requires all Clinical Commissioning Groups and County/unitary councils to transfer a specified allocation of existing health and social care resources to establish a new fund. The fund will be earmarked for transforming local health services, with a focus on provision of services in primary care and community settings. This programme mainly affects county/unitary councils and NHS bodies, but also has an impact on district councils as it changes the way in which disabled facilities grants are funded.
3. This report provides Members with an early update on the introduction of the Better Care Fund and an initial outline of how it is being addressed in West Sussex.

Recommendations

4. **The Committee is recommended to:**
 - i. **note the report;**
 - ii. **note that the Cabinet Member for Health and Community represents the Council on the West Sussex Health and Wellbeing Board; and**
 - iii. **consider whether further reporting is required.**
-

Background

5. Over the past two years significant changes have taken place in the NHS. West Sussex Primary Care Trust (PCT) has been disbanded, with responsibility for health commissioning being passed to 3 Clinical Commissioning Groups (CCGs) in West Sussex – Coastal, Crawley and Horsham/Mid Sussex. At the same time, responsibility for 'public health' has moved to West Sussex County Council and the County Council is also responsible for various aspects of health commissioning, where this is closely related to social care (such as services for older people, people with learning disabilities, mental health problems, substance misusers, provision for respite care etc).

6. In 2012, in line with the requirements of the structural changes to the NHS, a Health and Wellbeing Board was established for West Sussex. The Board is a partnership body, with no budget holding responsibilities. It is responsible for improving the *co-ordination* of commissioning across NHS, social care and public health services. It is made up of Elected Members (from both county and district councils), senior representation from the NHS, social care and the voluntary sector¹. The Mid Sussex District Council Cabinet Member for Health and Community provides Member representation on the Board for the West Sussex district and borough councils. A report on the Better Care Fund was considered by the Health and Wellbeing Board on 30th January 2014.
7. Alongside these local structural changes, NHS England has made some funding changes that will affect how local health services are commissioned. One of these changes, the introduction of the Better Care Fund, is the subject of this report.
8. Members should be reminded that, since the introduction of the Local Government Act 2000, responsibility for health scrutiny now lies with County/Unitary councils. In West Sussex, the health scrutiny function is carried out by the West Sussex Health and Adult Social Care Select Committee (HASC). This is a WSCC Select Committee whose membership has been extended to include representatives from district and borough councils and other relevant public bodies. This Council is represented on this group by the Chair of the Health Panel. The Health Panel is an informal Mid Sussex Member group which works in an advisory capacity to the Cabinet Member for Health and Community. As health scrutiny is the responsibility of HASC, this report can be for noting only.

The Better Care Fund

9. The purpose of the Better Care Fund is to enable the pooling of budgets between health and social care, so that services can be developed and delivered in a more integrated way which will be better for the customer. However, the Better Care Fund is not 'new' money. It has been brought together from a number of funding streams, as follows:
 - i. Some funds which had already been allocated for transfer from the NHS to local authorities in 2014/15 and a further transfer that has been required to be made in 2015/16
 - ii. Funds which the CCGs had already been required to identify in their budgets for 'reablement'²
 - iii. Funds identified in CCG budgets for carers
 - iv. Capital funds including the disabled facilities grant that hitherto has been paid to districts and boroughs.

¹ For full list of membership of the Health and Wellbeing Board, see appendix A

² Reablement means the provision of personal care, help with daily living activities and other practical tasks, usually for up to six weeks, aimed at encouraging service users to develop the confidence and skills to carry out these activities themselves and continue to live at home. It tends to be provided to people who have just been discharged from hospital or are otherwise entering the care system following a crisis.

10. For the West Sussex area the Better Care Fund will produce an allocation of around £57m in 2015/16. However, it is important to note the Fund is not new money. It is currently allocated to existing services. Most significantly, the transfer of funding referred to in the bullet points above from the NHS to local authorities will result in the diversion of £30m from the three CCGs in West Sussex to the Better Care Fund.
11. The expectation of central government is that the Better Care Fund will be 'the trigger for radical transformation' that will 'support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings'. A key element of achieving this may well be a shift of resources into social and community care, from services currently provided in acute hospital settings.
12. It is acknowledged by the Health and Wellbeing Board that there will be a need to work closely with providers (e.g. the hospital trusts) to avoid 'undue instability' during this period of change.
13. Although there may be some anxiety about the level of disinvestment in hospital services required by the Better Care Fund, the aim of the programme is not to reduce services, but to bring them closer to the population, to make them more accessible and responsive to patients' needs.

How will the Better Care Fund be used?

14. A project group (made up of officers from WSCC and the 3 CCGs in West Sussex) has been established to decide how the Better Care Funds should be allocated in West Sussex. This work is still in its early stages, as the guidance on the Fund was not issued by NHS England until very late in 2013. However, some basic principles have been drawn up, as follows;
 - i. that services be co-designed with patients, clients and carers;
 - ii. look beyond short term pressures;
 - iii. rest upon a shared vision of what future services should look like;
 - iv. to use the 3% that the Better Care Fund represents to deliver system-wide sustainability;
 - v. strive for equity of service across West Sussex;
 - vi. the development of pooled budgets to ensure that monies follow people to wherever their care is provided;
 - vii. programmes of work will be outcome driven;
 - viii. a plan for CCGs and local authorities will be developed, building on existing programmes.
15. The Health and Wellbeing Board in January 2014 agreed an overall strategic direction for the Better Care Fund in West Sussex as follows;

“We believe that the Better Care Fund should be used for genuine transformation of the health and social care system in West Sussex, not to plug a gap in the social care of health budgets brought about by increasing demand and reducing budgets. This transformation is not about reducing admissions to hospital, but rather about changing the whole system so that it is focused on supporting people wherever possible with person-centred professionally led primary / community / social care, with the goal of living as independently as possible.”

16. NHS England have imposed 6 national conditions on the Better Care Fund. These are;
 - i. Plans have to be jointly agreed and signed off by the Health and Wellbeing Board, following agreement by each of the relevant individual funding bodies, (i.e. WSCC and the three CCGs in West Sussex).
 - ii. That there should have been full engagement with those local providers likely to be affected by the plans;
 - iii. Protection for Social Care Services;
 - iv. 7 day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
 - v. Better data sharing between health and social care;
 - vi. A joint approach to assessments and care planning;
 - vii. Agreement on the consequential impact of changes in the acute sector (e.g. hospitals).

What will happen next?

17. As was mentioned earlier, deliberations about how the Better Care Fund will be used, and how the disinvestment from acute hospitals will be achieved, were at a very early stage when it was reported to the Health and Wellbeing Board in January 2014. However, NHS England has set very tight timescales for the work and therefore by the time this report is being considered by Members, a final submission to NHS England on local plans will be imminent (the deadline being 4 April 2014).
18. Following an assurance process involving NHS England and the Local Government Association, the CCGs and WSCC will be moving quickly to start the implementation of their plans.
19. The report to the Health and Wellbeing Board in January 2014 stressed that ‘a key component of the successful delivery of the Better Care Fund is effective public engagement’. To this end, the Cabinet Member for Health and Community attends regular liaison meetings with representatives from the Horsham and Mid Sussex CCG at which the developing plans are discussed. It is hoped that a verbal update on this can be provided by officers on this as part of this Committee’s meeting.

What will this mean for Mid Sussex?

20. As explained above, at the time of writing it is too early to be able to provide Members with full details of the proposals relating to the Better Care Fund. However, there are two areas where reassurance can be provided; in relation to disabled facilities grants, and in some aspects of the local CCG’s plans.

Disabled Facilities Grants

21. During 2014-15 the Government will continue to provide DFG funding direct to District and Borough Councils as they do now. The Government has also made clear that during 2015-16 it expects upper tier authorities to passport the DFG grant it provides to ensure it is used for its intended purpose, and West Sussex County Council has agreed to this. However, work will be undertaken across West Sussex over the next year to establish whether DFGs can be administered or procured in ways that better dovetail with other health and care interventions, and that deliver better value for money. The outcome of this work will be reported back to this Committee.

Key Projects for the Horsham and Mid Sussex CCG

22. The Horsham and Mid Sussex CCG has already started to articulate, prior to announcements about the Better Care Fund, their plans and aspirations for health services in the Horsham and Mid Sussex areas. The key strands of these are;
- i. Establishment of Multi-disciplinary Teams / Proactive Care – This programme is already well underway in the Mid Sussex area. Its purpose is to bring together within single, locally placed teams, all the relevant staff needed to address the health and social care needs of frail older people and those with long term conditions. Teams include some or all of the following; Practice Nurses, Community Nurses and Matrons, Therapists, Mental Health Workers, Social Care Workers, Generic Care Assistants / Workers, Care Coordinators or Case Managers. By working together under single management, the team provide support mechanisms which more effectively maintain and maximise independence for older people, to live in their own homes and to avoid hospital admissions wherever possible.
 - ii. Managing long term conditions – The CCG has developed a programme which is intended to empower people with Long Term Conditions to take control of their conditions, as research has shown that this improves people's sense of wellbeing as well as reducing ill-health. The programme will use motivational coaching techniques to identify what is important to that individual patient (rather than what the medical professional thinks is important for them). The purpose is to help people make informed choices, support them to achieve personal goals and nurture independence through the use of assisted technologies and improved health education. Alongside this the CCG will be looking to increase the proportion of care that can be delivered closer to, or at, the patients home. There are approximately 1,200 people from the Horsham and Mid Sussex areas that will benefit. Six health coaches are being employed to deliver the programme.
 - iii. Infrastructure plans – These plans are being developed to ensure that the area has the right buildings in the right places to enable local delivery of health services in a primary care / community setting.
23. Good relationships have been established with the Horsham and Mid Sussex CCG. Members may recall that Dr Minesh Patel, Clinical Leader and Chair of the CCG, gave a presentation to which all Members were invited in January 2013 about the CCG's future plans. He has indicated a willingness to do so again, at a suitable juncture in the future.

Policy Context

24. The Council's priorities include 'Healthy Lifestyles' and 'Opportunities and quality of life for all' meaning that, although not legally responsible for the scrutiny of local health services, the Council has a role to play, through its 'strong community leadership' priority, in ensuring local health and wellbeing services are meeting the needs of local communities and that, in planning for the future, local health infrastructure is sufficient to meet the district's changing needs.

Financial Implications

25. There are no direct financial implications arising from this report

Risk Management Implications

26. There are no specific risk management implications for the council arising from this report

Equality and Customer Service Implications

27. As reported to the West Sussex Health and Wellbeing Board in January 2014, the public sector equality duty will apply to all funding decisions and strategies and will need to be a key factor in the allocation of funds and the setting and monitoring of outcomes related to the Better Care Fund.

Other Material Implications

28. None

Background Papers

Report to West Sussex Health and Wellbeing Board, 30th January 2014.

Members of the West Sussex Health and Wellbeing Board (as of 3rd March 2014)

MEMBERS:

West Sussex County Council (X9)

- Peter Catchpole (Cabinet Member for Adult Health and Social Care)
- Peter Evans (Cabinet Member for Children and Families – Start of Life)
- Christine Field (Cabinet Member for Community Wellbeing) (Chairman)
- Stuart Gallimore (Director of Children's Services)
- Amanda Rogers (Director of Adults' Services)
- Judith Wright (Director of Public Health, Commissioner Health and Social Care)

West Sussex District and Borough Councils (X2)

- Christopher Snowling (Cabinet Member for Health and Community, Mid-Sussex District Council)
- Nigel Lynn (Chief Executive, Arun District Council)

Surrey and Sussex Local Area Team of the NHS England (X1)

- Andrew Foulkes (Medical Director) or Julia Dutchman Bailey (Director of Quality and Performance/Chief Nurse)

West Sussex Clinical Commissioning Groups (X7)

- Katie Armstrong (Clinical Chief Officer, West Sussex Coastal Clinical Commissioning Group (CCG))
- Amit Bhargava (Clinical Chief Officer, Crawley CCG)
- Sue Braysher (Chief Operating Officer, Crawley CCG)
- Marie Dodds (Chief Operating Officer, Coastal CCG)
- Alan Kennedy (Chairman, Horsham and Mid Sussex CCG)
- Andrew Williamson (Interim Chairman, Coastal CCG)
- Minesh Patel (Clinical Chairman, Horsham and Mid-Sussex CCG)

Voluntary Sector (X2)

- Christine Hardisty (East Grinstead Council for Voluntary Service)
- Martin Pearson (4SIGHT)

Healthwatch (X1)

- Frances Russell (Chairman, Healthwatch)