Better Care Fund

Shropshire Clinical Commissioning Group & Shropshire Council Joint Strategic Position Paper

Background

The Better Care Fund (formerly the Integrated Transformation Fund) was announced in the spending review in June 2013. The Fund was described as an opportunity to create a shared plan for the totality of health and social care activity and expenditure that would have benefits beyond the mandated pooled fund (section 256 agreement) and would encourage Health and Wellbeing Boards to extend the scope and plans for these budgets. The Fund would not constitute new funding but would bring together NHS and Local Government resources already committed to existing core activity requiring Councils and CCG's to redirect funds into shared activities and programmes that will deliver better outcomes for individuals.

There is a requirement for joint plans to be approved through local Health and Wellbeing Boards and be agreed between CCG's and the Local Authority. Health and social care providers should also be closely involved in plan development.

The plan, which must be submitted to NHS England by 14 February 2014, should clearly demonstrate how its meets all of the national Better Care Fund conditions, set out in a later section of this document, include outcomes and benefits of the schemes involved and confirm how the associated risks to existing NHS service will be managed.

Context

There are a number of future pressures that threaten to overwhelm health and social care services and Shropshire is no exception in this. Whilst more people are living longer, many people are spending more years in declining health. This places significant demand on health and social care services and highlights the importance of healthy lifestyles. Many of the causes of poor health and early death are largely preventable. Furthermore the population is ageing and we are a seeing significant increase in the number of people with long term conditions, coupled with rising public expectations. The resulting increase in demand combined with rising costs threatens the financial stability and sustainability of current health and social care provision.

Preserving the values that underpin a universal health service which is free at the point of use will mean fundamental changes to how we deliver and use health and care services in the future. In addition the social care services available from the Local Authority will require a fundamental redesign and new operating model to ensure that resources are available to meet the needs of those with most need. The new operating model currently being developed by Shropshire Council will see a greater focus on prevention and reablement as required by the Care Bill as well as developing individual and community capacity and resilience to ensure that scarce resources are allocated to those in greatest need.

Staffordshire and Lancashire Commissioning Support Unit's Outcome Benchmarking Report for Shropshire, (published September 2013 for 11/12 data) highlights areas where the CCG is performing well and outlines areas where Shropshire CCG could focus its commissioning to improve the health of people of Shropshire and reduce pressure on acute services. The following table sets out the predominate themes for consideration at a glance.

However clarification on the implications of the performance position for the development of the Better Care Fund is still unclear and further information has been sought. It should also be noted that Shropshire's overall performance position being rated as good provides an additional challenge in that continuing to demonstrate improvements becomes harder to achieve :

Shropshire Clinical Commissioning Group – Outcomes benchmarking Report Summary

ITF Outcomes	Indicator	Current position
Reducing number of years of life lost by the people of England from treatable conditions (inc: cancer, stroke, heart disease respiratory disease, liver disease) (Preventing people dying prematurely)	Potential years of life lost – female Potential years of life lost – male Under 75 mortality rate – CVD Under 75 mortality rate – respiratory Emergency admissions for alcohol related liver disease Under 75 mortality rate from cancer	Getting better Getting better Getting worse – Hosp deaths going down over last 3 years Getting worse – Hosp deaths show slight increase over 3 yrs Getting worse – Hosp admissions show slight reduction over 3 years Getting better
Improving the health related quality of life of the 15 million+ people one or more long term conditions (Enhancing Quality of Life for people with Long Term Conditions)	Unplanned hospitalisation for chronic ambulatory care sensitive conditions Unplanned hospitalisation for asthma, diabetes and epilepsy under 19's	Getting better Getting better
Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital (Helping people to recover from episodes of ill health and injury)	Emergency admissions for acute conditions that should not usually require hospital admissions Emergency readmissions within 30 days of discharge from hospital Patient reported outcome measures for elective procedures Emergency admissions for children with lower respiratory tract infections	Getting better – Hosp admissions showing slight increase over 2yrs Readmissions showing slight reduction over 2 yrs
Increase the proportion of older people living independently at home following discharge from hospital	Readmission over 65 Reablement measures	
Reduce the proportion of people reporting a very poor experience of inpatient care (Ensuring that people have a positive experience of care)	Friends and Family Test – reported to Urgent Care Board	Better than the national average
Reduce the proportion of people reporting a very poor experience of primary care (Ensuring that people have a positive experience of care)	Patient overall experience of GP surgery Patient experience of primary care OOH Patient experience of dental service	Getting better
Making significant progress towards eliminating avoidable deaths in our hospitals	Standardised Hospital Mortality indicator	

Shropshire Council Adult Social Care Outcomes Framework Measures – Monthly Data and Targets for 2013-14

Indicator	11/12 Result	Family Group Average (12/13)	12/13 Result	12/13 Q4 Target	Dec Q3 Data	Dec 13-14 Target	13/14 Target	Comments
1C: Proportion of people using social care who receive self directed support, and direct payments (NI 130).	3524		3096	3397	2653			DMT agreed the change in the construct of this measure from Sept data onwards - to exclude carers, professional support and equipment. Revised monthly targets have been agreed from October onwards, based on this revised construct. We are just below target.
	12,282		4172	7,548	3422			
	28.7%	**45.8%**	**74.2%**	**45.0%**	**77.5%**	**79.0%**	**80.0%**	
LI005 (Local): Proportion of people using social care who receive self directed support, and direct payments			**3025**		2577			We are above target and are on track to meet the end of year target. This measure includes only those people who are eligible for SDS (excludes additional cases, such as reablement, that are included in 1c).
			3026		2578			
	n/a	**n/a**	**99.97%**	**tbc**	**99.96%**	**94.5%**	**95.0%**	
1E: Proportion of adults **(aged 18-64)** with learning disabilities in paid employment (NI 146).	81		94		38	56	94	We are currently **below target,** and **not on track to meet our end of year target**. Teams are addressing the lists of reviews that are currently outstanding, which should improve our performance.
	768		765		609	655	765	
	10.5%	**7.3%**	**12.3%**	**12.0%**	**6.2%**	**8.5%**	**12.3%**	
1F: Proportion of adults in contact with secondary Mental Health services in paid employment (NI 150)	75							On-going discussions with Trust colleagues to secure monthly reporting for 2013-14. End of year target increased to 14%, based on our good 12-13 result.
	1005							
	7.5%	**9.4%**	**13.4%**	**10.0%**	**tbc**	**tbc**	**14.0%**	
1G: Proportion of adults **(aged 18-64)** with Learning Disabilities who live in their own home or with their family. (NI 145).	597		597	607	245	371	604	We are currently **below target,** and whilst current performance indicates that we are **not on track to meet our end of year target we are confident that following reviews in the final quarter of the year that the target will be achieved** . Teams are addressing the lists of reviews that are currently outstanding, which should improve our performance.
	768		765	768	609	655	765	
	77.7%	**68.6%**	**78.0%**	**79.0%**	**40.2%**	**56.6%**	**79.0%**	

What we want to achieve in Shropshire

Traditionally, in line with the National Health Service Act 2006, annually under a Section 256 Agreement, health monies have been transferred to Local Authorities to support Adult Social Care in relation to activities carried out by the Local Authority which relate to the health of individuals, the provision of health services or are of benefit to the wider health and care system in the area of the Local Authority. This arrangement will now be replaced by the Better Care Fund from 2015/16 with a transitional year in 2014/15

The Better Care Fund, whilst presenting significant challenges around developing more sophisticated arrangements for joint planning, sharing resources, (both financial and human across Shropshire CCG and Shropshire Council) and transforming services to create better outcomes for the population of Shropshire, also presents significant opportunities in these areas.

It is the aspiration of Shropshire Council and Shropshire CCG to utilise the opportunity the Fund presents to make transformational changes to the provision of local services which are founded on the best health and wellbeing outcomes for individuals. The context of other transformational activities around hospital provision and other developmental work around primary care and community services provides a suitable backdrop for this work to take shape. Workshops were held with Health and Wellbeing Board members and key stakeholder in November 2013 and January 2014 to discuss in detail and agree the local position in relation to implementation of the Fund. These workshops considered the guidance, financial analysis, current priorities and local context. The outcome of these workshops was agreement that the focus of the Fund would be broadly around the themes of: Prevention, Living Independently for Longer, Long Term Conditions and Managing and Supporting People in Crisis.

It is important that the development of the Better Care Fund fundamentally supports the key priorities set out in the JSNA, the Health and Wellbeing Strategy (both of which can be found in Appendix 1) and other key commissioning and business plans. In addition developments must be mindful of the particular current health and social care context in Shropshire relating to the Clinical Services Review and complement its development. An update on the contribution of the Better Care Fund to meeting these priorities will be brought to the Health and Wellbeing Board annually

Summary of guidance:

A number of guidance documents have been issued, links to which can be found at the end of this document. These documents set out a number of requirements that need to be delivered as part of the Better Care Fund. The latest guidance, issued in December 2013 translates these requirements in to six National Conditions

- Plans to be jointly agreed between CCG's and local Council's
  The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and Councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

- Protection for social care services (not spending)*
  Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with the 2012 Department of Health guidance.

- As part of local plans, 7 day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends*

  Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement.

- Better data sharing between health & social care, based in the NHS number (it is recognised that progress on this issue will require the resolution of some Information Governance issues by the DH)

  The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

  Local areas should:

  - confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
  - confirm that they are pursuing open APIs (ie. systems that speak to each other); and
  - ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care -there will be an accountable professional*

  Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out its ambition for the NHS in the Mandate (The Mandate: A Mandate from the Government to NHS England. April 2014 to March 2015). That GPs should be accountable for coordinating patient- centered care for older people and those with complex needs. A link to the Mandate can be found at the end of this paper

- Agreement on the consequential impact of the changes in the acute sector*

  Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in.

  Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

In addition to the National Conditions there is a further requirement to meet National Metrics. The five National Metrics underpinning the Fund will be:

- admissions to residential and care homes;
- effectiveness of reablement;
- delayed transfers of care*;
- avoidable emergency admissions*; and
- patient / service user experience.

Further to these metrics, local areas will need to choose one additional indicator. Local areas must select one of the metrics set out in the menu below or agree a local alternative.

NHS Outcomes Framework	
2.1	Proportion of people feeling supported to manage their (long term) condition
2.6i	Estimated diagnosis rate for people with dementia
3.5	Proportion of adults with fragility fractured recovering to their previous level of mobility/ walking ability at 30/120 days
Adult Social Care Outcomes Framework	
1A	Social care related quality of life
1H	Proportion of adults in contact with secondary mental health services living independently with or without support
1D	Carer reported quality of life
Public Health Outcomes Framework	
1.18i	Proportion of adult social care users who have as much social contact as they would like
2.13ii	Proportion of adults classified as "inactive"
2.24i	Injuries due to falls in people aged 65 and over

Those National Conditions and National Metrics marked with an * will form the basis for the performance monitoring for 2014/15 and therefore the performance related payment element of the Fund, along with the selected local indicator, as set out in the later finance section.

Phases of Implementing the Better Care Fund

The initial phase of work will establish those programmes of development that are already in train and where joint arrangements are already in place or are already being developed that can be supported to achieve impact in year 1. These will consider the geography and rurality aspects of Shropshire, recognising that some work will need to be adapted to reflect variations in local need, as well as the performance requirements of the National Conditions, National Metrics set out above and locally agreed targets. This will include work around Reablement, Locality Commissioning priorities to meet the differing needs of communities, an Integrated Community Service and Long Term Conditions

Those services identified for inclusion in the Fund in 2014/15 are identified as follows:

Prevention:

- Carers Support and Liaison
- Think Local Act Personal and citizen engagement
- Access to employment and leisure activities for people with Learning Disabilities
- Locality Commissioning
- Improved care service monitoring (safeguarding)
- Falls prevention

Living Independently for Longer

- Maximising Independence – Hospital discharge/ admission avoidance
- Handyman Scheme
- Telecare
- Support for Adults with learning Disabilities
- Supported Living for people with learning Disabilities/ Mental Health
- PATH House supported living
- Jointly funded staff to support learning disabilities services
- Community and Care Co-ordinators
- Continuing Care respite
- Crossroads care attendants scheme
- Children and families – short breaks/ Summer play schemes/ Hope House
  Mental Health Carers Network and Carers Support
- End of Life Care – Hospice at Home service
- Carers Link Workers
- Primary Care carers support worker
- Substance Misuse carers support
- Age UK

- Compassionate Communities

Long term Conditions (including Dementia)
- Enhancing preventions services (LTC)
- Services for people with Dementia
- Supported Housing (The Willows, Oak Paddock, 64 Abbey Foregate)

Managing Patients in Crisis
- Crisis Resolution
- Integrated health and social care pathway
- Mental health and Learning Disabilities Respite
- Escalation beds
- Independent Living Partnership
- PATH House

Supporting People After Crisis
- Increased social work capacity
- Rehabilitation beds
- START (Short Term Assessment and Reablement Team)
- Home from Hospital
- Stroke Association
- Social work input to support early discharge
- Step down START beds
- Headway (Acquired Brain Injury Support)
- Integrated Care Service

Phase two will look at longer term more fundamental transformation work. Detailed plans for this work and consideration of the full National Conditions, National Metrics and local indicator will be carried out during 2014/15 and recommendations for 2015/16 will be presented to the Health & Wellbeing Board in September 2014 for agreement.

Finance and Performance (payments)

Nationally the Better Care Fund provides £3.8 billion worth of funding in 2015/16 to be spent locally on health and social care to drive closer integration and improve outcomes for patients, service users and carers. This is not new money, but builds on the previous Section 256 Agreements supporting the transfer of Health monies to Local Authorities.

The Better Care Fund allocations for Shropshire 2014/15 and 2015/16 are set out in the table below

Contributor	**2014-15 £'000**	**2015-16 £'000**
CCG	6,151	19,296
LA	0	2,155
Total	**6,151**	**21,451**

The financial analysis of these funds for both 2014/15 and 2015/16 can be found in the following two tables

Minimum required Grant	**2014-15 £**
Existing NHS to Social Care	4,989,000
Additional transfer 14-15*	1,162,000
Minimum Requirement 14-15**	**6,151,000**
Additional Funds to transfer in 14-15***	
Carers Breaks	788,707
Reablement	1,646,000
Pathhouse s256	217,000
Jointly funded staff s256	140,000
Falls Prevention (SLA with SCHT)	233,180
Childrens Special Placements pool	TBC
Disabled Facilities Grant (LA)	TBC
Social Care Capital Grant (LA)	TBC

*Use of this to be confirmed – but will include resource to support the coordination and governance of the fund
** Section 256 with NHS England
*** Budgets held within CCG/LA

Minimum Required pooled Fund	**2015/16 £**
Existing NHS to Social Care	4,989,000
Additional Transfer 14/15	1,162,000
Carers Breaks	788,707
Reablement	1,646,000
Disabled Facilities Grant (LA)	1,379,000
Social Care Capital Grant (LA)	776,000
PATH House	217,000
Jointly Funded Staff	140,000
Balance to be identified	10,353,293
Minimum Requirement 15/16*	21,451,000**

*£19.4m transferred into Pool by CCG, £2.1m transferred into Pool by LA
** Includes Performance payment of £5.7m

As the information above demonstrates, the fund presents some financial challenges particularly in a context of diminishing budgets across the local health and social care economy in Shropshire. The final target allocations review for CCG's has been published and identifies Shropshire as currently being funded at 4.6% (£16m) above its fair share target. This has led to the CCG receiving the lowest amount of uplift available for 2014-15 and 2015-16 (along with 64% of other CCGs). Both the Clinical Commissioning group and the Cou ncil are exploring avenues for lobbying the Government regarding rural issues and the relevance of this in making funding decisions.

Planning for these financial challenges, identification of the Better Care Fund unallocated £10.3 million for 2015/16 and the associated work streams, will form the basis of the development work undertaken in the first half of the 2014/15 financial year. This will include on going work to identify joint funding arrangements that currently sit outside the Fund and the resultant plan will be presented to the Health and Wellbeing Board in September 2014

The latest guidance states that £1bn of the £3.8bn Fund will be linked to achieving outcomes. This equates to £5.7m for Shropshire. Half of this will be released in April 2015 dependent on achievement of the required outcomes and a further proportion in October 2015 as set out below. If the

performance measures are not met, the funding will remain in the local health economy but it is not yet clear how it will be distributed or who will make the decision on any redistribution

When	Payment for Performance amount (National)	Paid For:
April 2015	£250m	Progress against four of the national conditions: - Protection for adult social care services - Providing 7 day services to support patients being discharged and prevent unnecessary admissions at weekends - Agreement on the consequential impact of changes in the acute sector: - Ensuring that where funding is used for integrated packages of care there will be an accountable lead professional.
	£250m	Progress against the local metric and two and two of the national metrics: - Delayed transfers of care: - Avoidable emergency admissions; and
October 2015	£500m	Further progress against all of the national and local metrics.

The Better Care Fund Task and Finish Group has created a shortlist from the Local Indicator list, noted earlier in the paper and one indicator is required to be selected

- Proportion of people feeling supported to manage their (long term) condition
- Estimated diagnosis rates for people with dementia
- Proportion of adults classified as "inactive"

This shortlist was considered during a Health and Wellbeing Board Better Care Fund Workshop in January 2014. It is recommended that the final selection of the local indicator be devolved to the Task and Finish Group based on what available data, current level of performance, ability and scope to improve.

Outcomes and Benefits

Rather than the development of a separate set of outcomes, it is proposed that the outcomes of the Better Care Fund will support the priorities set out in the Health & Wellbeing Strategy and JSNA (Appendix 1)and contribute to the delivery of the themes of Prevention, Living Independently for Longer, Long Term Conditions and Managing and Supporting People in Crisis. Further to this it is anticipated that there will be organisational benefits from developing closer working between the Clinical Commissioning Group and the Council.

Consultation and Engagement

Work on consultation and engagement will be on going and will include building on existing work in areas related to the Fund. Consultation and Engagement will take place within available resources and will be carried out via a range of methods/ media. Key areas that will be included within the consultation and engagement process will be:

- 7 day working including agreement on a definition of what this is in Shropshire – This is currently in development and a review of the current baseline position is underway.
- The Clinical Commissioning Group has already begun to factor the Fund into contract discussions with providers and this work will continue
- Making it Real Board – Making it Real (MIR) is a practical tool that has been developed nationally by service users and family carers. It is designed to be used with service users and family carers

to help organisations check their progress with personalisation and community based support, to identify areas for change and develop actions. Shropshire Council are using Making it Real to assist in building on the progress made with the transformation of adults' social care through their Live Life Your Way initiative. The Making it Real outcomes will be the focus of Shropshire Council's approach for improving adult social care in the coming years and are also relevant to improving health outcomes

- Patient and Public Engagement – developing awareness and opportunities to comment on and mould the development of the Fund will be built into existing arrangements for engagement across the Clinical Commissioning Group and Council, with plans for any specific early events agreed by the end of this financial year.

Risk and Risk Register

The Better Care Fund Task and Finish Group recommend that they develop a Better Care Fund risk register which will be shared with the Health and Wellbeing Board with the first draft presented to the health and Wellbeing Board in March 2014

Reporting and Governance

At the Health and Wellbeing Board Better Care Fund Workshop in January 2014 it was agreed that Governance for the Better Care Fund would sit with the Health and Wellbeing Board. It was also agreed that The Task and Finish Group would continue to meet and would make more detailed recommendations regarding governance at the Health and Wellbeing Board in March 2014, ensure regular reporting to the Health and Wellbeing Board was built into the requirement. It was also agreed that there would be links to the Health Overview and Scrutiny Committee and that both the Local Authority and Clinical Commissioning groups would retain their statutory responsibility via their own Board structures.

Further to this at the Health and Wellbeing Board Better Care Fund Workshop in January 2014 it was agreed that a post to manage and support the day to day work created by the Better Care Fund would be necessary and that this would be funded from within the identified Better Care Fund Resources. It was proposed that the Task and Finish Group work up this proposal and draft a job description for the post to be presented to the Health and Wellbeing Board Green paper meeting in February 2014

Appendix 1

JSNA priorities
http://shropshire.gov.uk/media/73886/Shropshire-JSNA-Summary-Document-2012.pdf

Shropshire Health & Wellbeing Strategy in Summary

Outcomes	Priority
1. Health inequalities are reduced	i. Work with partners to address the root causes of inequalities such as education, income, housing, access to services.
2. People are empowered to make better lifestyle and health choices for their own, and their family's health and wellbeing	ii. Support more people to have a healthy weight.
3. Better emotional and mental health and wellbeing for all	iii. Improve the emotional wellbeing and mental health of children and young people. iv. Make Shropshire a 'dementia friendly county' to support earlier diagnosis and improved outlook for people with dementia.
4. Older people and those with long term conditions remain independent for longer	v. Increase the availability and use of aids and adaptations, including remote support over the telephone or internet. vi. Prevent isolation and loneliness amongst older people, those with long term conditions, and their carers.
5. Health, social care and wellbeing services are accessible, good quality and 'seamless'.	vii. Develop collaborative commissioning between the local authority and the Clinical Commissioning group. viii. Make it easier for the public and professionals to access information, advice and support.

Link to better Care Fund Guidance

http://www.england.nhs.uk/wp-content/uploads/2013/12/bcf-plann-guid.pdf

Link to the NHS Mandate 2014-2015

https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015

Glossary

SCHT	Shropshire Community Health Trust
DMT	Directorate Management Team
BCF	Better Care Fund (formerly the Integrated Transformation Fund)
SDS	Self Directed Support
JSNA	Joint Strategic Needs Assessment
DH	Department of Health
LTC	Long Term Conditions
SLA	Service Legal Agreement
START	Short term assessment and reablement Team