AGENDA ITEM 5

BOROUGH OF POOLE

CABINET

9 SEPTEMBER 2014

BETTER CARE FUND RE-SUBMISSION: REPORT OF THE VICE-CHAIRMAN OF HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

1. PURPOSE

To consider the recommendations of the Health and Social Care Overview and Scrutiny Committee.

2. DECISION REQUIRED

2.1 That Cabinet note and comment on the implications of the revised Better Care Fund conditions Plan and approve the revised Better Care Fund Plan.

3. BACKGROUND INFORMATION

3.1 I chaired the Meeting of the Health and Social Care Overview and Scrutiny Committee on 8 September 2014 that considered the report of the Strategic Director regarding the Better Care Fund Re-Submission.

3.2 Members considered the implications of the revised Better Care Fund conditions and the updated draft Better Care Fund Plan. The Better Care Fund Planning Template Part 1 was explained by the Strategic Director – People Theme.

3.3 Member's comments included GP availability and due to GPs not working at weekends, emergency admission levels increased, placing Poole Hospital under immense pressure. A Member also commented on the Ambulance Service and queried whether this was changing to incorporate dealing with people in their own homes. The Head of Commissioning and Improvement advised Members that the Ambulance Service had been expanded to treat people in their own homes with paramedics using Hear and Treat and See and Treat methods. A Member commented that it was critical that diseases such as e-coli and meningitis, did not go undiagnosed and GPs are fundamental in making decisions on people's treatment.

3.4 Members commented that the Better Care Fund was an extremely complex topic and suggested that it would be useful to spend time in a future Committee going back through the Better Care Fund in greater detail as they did not have time to fully consider implications. A Member suggested that a separate seminar on this topic, open to all Members, would be extremely useful to enhance Member understanding.

3.5 A Member enquired about the position of Bournemouth Borough Council and Dorset County Council with regard to the Better Care Fund. It was explained that the Borough of Poole were meeting with both Authorities at the Health and Well-being Board on Wednesday 17 September 2014 to discuss financial implications. All the three Councils had challenges in the 2015/16 budget and therefore funding in social care. Currently it is the intention that more resourcing of adult social care initiatives will be from pooled budgets in 2016 but this is dependent on transformation change including the use of expenditure and on acute services.

3.6 Members commented that Members of the Public needed to be made aware of the changes. It was noted that although the 111 telephone service had largely been a success, Members of the Public still visited the Accident and Emergency Unit for non-urgent treatment, if GP's were not available, especially at weekends.

3.7 Members acknowledged the realisation of improvements across health and social care on benefits including reduced demand on health service, improved outcomes for patients and increased efficiencies were required.

4. CONCLUSION

4.1 I request that Cabinet approve the recommendations as set out in 2.1 above, which were unanimously supported by the Health and Social Care Overview and Scrutiny Committee.

Councillor Carol Evans
Vice-Chairman (In the Chair) - Health and Social Care Overview and Scrutiny Committee

CABINET 9/9/14 FOR INFORMATION

AGENDA ITEM 5

BOROUGH OF POOLE

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

8 SEPTEMBER 2014

BETTER CARE FUND RE-SUBMISSION

STATUS –Strategic

1. PURPOSE

1.1 The purpose of this report is to present to Cabinet the revised Better Care Fund conditions and the updated draft Better Care Fund Plan

2. RECOMMENDATIONS

It is recommended that Cabinet:

2.1 Note and comment on the implications of the revised Better Care Fund conditions Plan and recommend approval of the revised Better Care Fund Plan.

3. BACKGROUND

3.1 The Health and Wellbeing Boards for both Bournemouth and Poole and Dorset had initially agreed to the large scale pooling of resources of £344M as part of the Better Care Fund submission for the 4th April 2014. More specifically this means aligned budgeting and use of Section 75 flexibilities which include:

- Pooled budgets;
- Lead commissioning;
- Integrated provision. □

3.2 In light of new guidance which tightens the parameters for the planning it is recommended that the committed pooled budget be set at the minimum level of £54.5M. The intention to align and pursue integrated provision of services mounting to £344M remains, but plans need to be at a robust level to meet assurance requirements.

3.3 A consolidated strategic financial overview across the health and social care system covering Bournemouth, Poole and Dorset is being developed to inform resource planning and monitoring across the eight partner agencies.

3.4 Better Together Programme resources will support the development of this overview working with existing finance leads from the partner agencies. The Finance sub group will oversee this work.

3.5 Previously, the Health & Wellbeing Board recognised the additional work was

required to develop a financial plan for the Better Care Fund which satisfactorily addressed the risks. As a result neither Dorset or Bournemouth and Poole Health and Wellbeing Boards could give full assurance that social care could be protected into the future especially from 2015/16 onwards. There were particular concerns expressed over the timescale to achieve the improved performance required and to achieve the movement of financial resources. The impact of the Care Act is also yet to be fully assessed with adequate national provision made.

3.6 Nationally there have been concerns raised at the financial and performance assumptions that lay behind the Better Care Fund. There has been a delay in signing off plans because of NHS England's concerns that the assumed savings from reduced hospital activity will not be realised so requiring CCGs to continue to fund hospital admission activity whilst also investing in BCF initiatives, so putting overall NHS finances at risk.

3.7 These concerns were raised with Ministers and the Secretary of State for Health responded by announcing some important changes to the BCF, two of which are critical:-

- The pay for performance element will be linked solely to reducing total non-elective admissions to hospitals in 2015/6
- Every Health and Well Being Board has been asked to resubmit their BCF Plan by 19 September 2014 which will be subject to a revised assurance process.

3.8 Subsequently Local Government concerns have also been relayed by Association of Directors of Adult Social Services (ADASS) to Ministers and Simon Stevens about the impact of these changes especially on reducing resources available locally to protect social care and prevention initiatives. Locally the funding for the three local authorities to protect adult social care has reduced from an intended £9M to £5M. The Clinical Commissioning Group (CCG) has needed to use £4M to passport for direct GP Commissioning at a local level.

3.9 Under the 'Everyone Counts' guidance NHS England instructed CCGs to support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding for practice plans to do so. Funding should equate to £50 for patients aged 75 and over in the population of the locality. GPs could propose this funding pay for new general practice services or be invested in their community services such as district nursing or emergency response nursing teams.

3.10 The Department of Health (DH) and Department for Communities and Local Government (DCLG) remain convinced that the shift to integrated care is the right way to deliver a sustainable health and social care system that can provide better quality care, improve outcomes for individuals, preserve people's dignity, by enabling them to stay in their own homes, and to receive care and support when and where they want and need it. The Government remains fully committed to the Better Care Fund and are clear that pooled health and care budgets will be an enduring feature of future settlements.

4. URGENT CARE AND BETTER CARE FUND SCHEMES

4.1 The pan-Dorset Urgent Care Board commissioned the Kings Fund to facilitate the development of a frail and elderly pathway as part of the wider urgent care strategy. The priority areas include:

i) Integrated locality teams
ii) Case finding and care planning through locality teams
iii) Rapid access to services when needed to include 7 day working
iv) Supporting changes in hospitals to facilitate the pathway eg rapid assessment, improved discharge planning and in ambulatory care.
v) Improved workforce planning across the health and social care system
vi) Customer journey planning to forecast demand

4.2 Successful pilot projects designed to alleviate winter pressures and provide proof of concept for new and enhanced services are continuing to be developed during 2014/15. Other services which resulted in positive patient outcomes are developing roll-out proposals to be considered by the Urgent Care Board in the autumn. These are:

- Red Cross Service - Supported discharge service (Poole);
- Roaming Night Sitting Service -Service visits patients over night who need support or advice following discharge from hospital (Dorset).
- Virtual Ward Models, currently running in Dorset County Hospital and Royal Bournemouth Hospital

4.3 A medium term Urgent Care Strategy is being developed which will include an action plan for the implementation of the strategy that links activities across the three major transformation programmes in relation to urgent and emergency care. A working group of officers from Poole, Bournemouth and Dorset LAs and the CCG have drafted templates that cover each local authority area but also take cognisance of the aims and objectives of the Better Together programme. The overarching business plan and Borough of Poole's template is appended (Appendix 1 – To follow).

4.4 One of the key national conditions attached to the BCF is to protect social care services. Funding currently allocated under the Social Care to Benefit Health grant has been used to enable the Borough of Poole to sustain the current level of eligibility criteria and to provide timely assessment, care management and services to individuals who have substantial or critical needs. This will need to be at least maintained, or increased, within the funding allocations for 2014/15 and beyond if this level of offer is to be maintained, both in order to deliver 7 day services and in particular as the new Care Bill requires additional assessments to be undertaken for those people who did not previously access Social Services.

4.5 With the changes to the Better Care Fund, it is imperative that the Strategy focuses on high impact areas of activity. These have been identified as follows for BCF schemes which require an impact sign-off by the Acute Hospital Trusts:

i) **Locality Working –** The intention is to accelerate the work programme for locality multi-disciplinary teams (MDT) working through GP localities/practices, maximising the use of incentives for providers

through the primary care Direct and Enhanced Services (DES) and older people plan and investment and NHS providers urgent care Commissioning for Quality and Innovation (CQUIN) payments, and investment in district nursing- to undertake risk stratification, (including systematic case finding, with intelligence from all sectors primary/community/secondary care, domiciliary care and South West Ambulance Service Trust (SWAST); Multi Disciplinary Team (MDT) meetings, targeting case management/care co-ordinators for high risk patients/ frailty assessments/ implementing anticipatory care plans for over 75's and sharing of these across sectors.

ii) **Co-ordinated support and in-reach into care homes**

iii) **Emergency department attendance avoidance programme (minor injuries and illness) –** primary care/secondary care workforce integration, service model changes, potential for primary care clinical triage at the front door, including reviewing the Out of Hours (OOH) offer to consider open access;

iv) **Ambulance service conveyances reduction** - diagnostic work to identify high impact changes to increase see and treat and reduce conveyances, also review of outcomes of 111 contacts and potential to link 111 with access to Single Point of Access (SPA).

v) **Hospital at Home** – shared care services between outreach secondary care advanced practitioners and community intermediate care service to support higher acuity patients in crisis, e.g. comprehensive geriatric assessment; management of Urinary Tract/Chest infections - hydration and Intravenous/antibiotic therapies; people with falls who have mild cognitive impairment.

vi) **Care overnight** – expansion of the DCC pilot providing night visiting, also linking up with primary care Out of Hours and night nursing.

5. LEGAL AND RISK IMPLICATIONS

5.1 Borough of Poole Officers, together with colleagues from Bournemouth and Dorset LAs are working with the CCG to

- Agree a target measure and actions for the reduction in emergency admissions of at least 3.5% from the level that would otherwise have been anticipated in 2015/16, and
- Agree the benefits and financial assumptions that would accrue from such a reduction.

This will form one element of the pay for performance fund. The balance will have to be spent on NHS commissioned services, which can include Section 75 agreements with local authorities. This could also mean that the additional resources to promote integration in 2015/16 are reduced.

5.2 The reductions in unplanned admissions will now be the sole indicator underpinning the pay for performance element of the BCF. Performance against other BCF metrics will no longer be linked to payment although evidence of strong local ambition against them will be included in the assurance process of plans. See Appendix 1 which summarises the assurance timetable.

5.3 The legal framework for entering in agreements is covered under the Health Act Flexibilities to pool funds and share information. The transfer of monies will be covered under s256 of the Act.

5.4 The performance related payment element of the BCF will pose a significant risk to the Council and the CCG. Risks have been identified as well as mitigating actions which will be part of the final submission to the Health and Wellbeing Board.

5.5 This shift of focus has meant we have needed to revisit the other BCF metrics to either reflect different levels of investment or resource availability as well as responding to feedback from the previous NHS England assurance process.

6. EQUALITIES IMPACT

6.1 An Equalities Impact Assessment will be required on the impact of any service redesign/decommissioning that arises through the implementation of the jointly agreed plan.

7. FINANCIAL IMPLICATIONS

7.1 The planned expenditure linked to the BCF is built into the budget planning process for the CCG and the Council and the performance related payment element of the BCF does pose a financial risk to the Council if the agreed targets are not met.

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Background Papers

CABINET 9/9/14 FOR INFORMATION

Better Care Fund – Revised Planning Guidance (NHS England Publications Gateway Reference No. 01977)