

Title of paper: Better Care Fund (BCF) Report

Meeting: Governing Body

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Purpose	To Agree	
	To Advise	
	To Note	

Development

This report is based on national guidance.

Executive Summary and Key Issues

This paper provides an update on the development of Better Care Fund (BCF) proposals for Surrey Downs CCG working with Surrey County Council and Surrey CCGs where aspects of the BCF are better co-ordinated at a pan-Surrey level.

This paper also requests governing Body authorisation for the Chair or Chief Officer to approve the draft Surrey BCF submission on behalf of Surrey Downs CCG.

The BCF is a single pooled budget designed to be spent locally to support health and social care services to work more closely together to:

- Improve outcomes for people
- Drive closer integration between health and social care
- Increase investment in preventative services in primary care, community health and social care
- Protect and sustain social care services

Working closely with SCC the CCG has proposed 5 schemes to for inclusion into the fund.

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- 1) An enhanced, developed primary care service operating in networks of practices
- 2) Ensure improved patient experience and outcomes within the continuing care assessment process
- 3) An Urgent Care and Discharge System that works to enable people to return home earlier in their recovery pathway
- 4) Facilitate rapid discharge for those people with high risk of hospitalisation through a more responsive and effective Intermediate Care/Reablement teams
- 5) Integrated services to reduce admission (Enhanced Case Management)

Draft plans are required to be submitted to NHS England by the 14th February, final plans are required by the end of March.

Recommendation(s):

The Governing Body is requested to authorise the Chair or Chief Officer to approve the draft Surrey BCF submission on behalf of Surrey Downs CCG.

Implications for wider governance

Quality and patient safety

The CCG will commission for quality in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

Patient and Public Engagement

The CCG will involve Patient and Public Engagement in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

Equality Duty

In line with the NHS constitution, the CCG commissions services in order to meet the Equality requirements of all protected groups. Several of the Key Programmes included in this report relate to these.

Finance and resources

The BCF has significant financial implications , as set out in the paper.

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Workforce

The CCG's commissioning and contracting intentions will include workforce requirements. Several of the Key Programmes included in this report relate to these.

Information Governance

The CCG adhere to Information Governance standards in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

Conflicts of interest

No specific issues

Communications Plan

This report is available on the CCG website

Legal or compliance issues

No significant issues with respect to legal or compliance issues.

Risk and Assurance

A risk assessment for each Key Programme is included in this report.

Better Care Fund (BCF)

1. Introduction

This paper provides an update on the development of Better Care Fund (BCF) proposals for Surrey Downs CCG working with Surrey County Council and Surrey CCGs where aspects of the BCF are better co-ordinated at a pan-Surrey level.

This paper also requests governing Body authorisation for the Chair or Chief Officer to approve the draft Surrey BCF submission on behalf of Surrey Downs CCG.

2. Better Care Fund Overview

The £3.8bn Better Care Fund was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget designed to be spent locally to support health and social care services to work more closely together to:

- Improve outcomes for people
- Drive closer integration between health and social care
- Increase investment in preventative services in primary care, community health and social care

Local Health and Wellbeing Boards (HWB) are have the responsibility for overseeing the fund.

The BCF provides a real opportunity to improve services and value for money. Whilst the fund itself does not address the financial pressures faced by local authorities and CCGs, it can act as a catalyst for developing a new shared approach to delivering services and setting priorities. The £3.8bn pool (2015/16), £1.1bn in 2014/15, brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). For the population of Surrey, the amount allocated to the BCF from CCGs for 2015/16 is **£62.7m** of which, Surrey Downs CCG's portion is **£16.4m**. Therefore the CCG will need to redirect £16.4m funds from current activities to shared programmes that deliver better outcomes for individuals.

3. Planning for the Better Care Fund

BCF planning forms part of NHS England's Planning framework for 2014/15 to 2018/19, working closely with Local Authorities CCGs are required to provide BCF plans for 2014/15 and 2015/16. The plans required fall into two headings:

- 1) Details of the plan, including:
 - a. Strategic vision
 - b. Service provider engagement
 - c. Patient, service user and public engagement
 - d. Description of the planned changes or “schemes” to be included in the BCF
 - e. Implications for the acute sector
 - f. Governance
 - g. How social services will be protected and sustained
 - h. Commitment to provide 7-day working to support discharge
 - i. Arrangements for data sharing across organisations
 - j. Key risks and impact on NHS provider organisations

- 2) Financial Plans, including
 - a. Planned spend on BCF schemes in 2014/15
 - b. Minimum and actual contribution for 2015/16
 - c. Contingency arrangements (if planned improvements are not achieved)
 - d. A breakdown of the level of recurrent and non-recurrent spend and benefits (saving) for each BCF scheme.

The effectiveness of the BCF will be measured through a number of outcomes measures, these are nationally set with the addition of a local measure. Under the planning guidance CCGs are required to set a baseline and improvement trajectory to enable monitoring. The national measures are:

- patient experience (CCG trajectory is not required)
- admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- delayed transfers of care from hospital
- avoidable emergency admissions

A local measure across Surrey has been proposed, details of the measure to be used are currently under discussion for agreement.

Planning Process

NHS England have provided planning and finance template for completion by CCGs and Local Authority. The expectation is for the planning submission to be at HWB level including details on individual CCG schemes but with a focus on a shared vision, aims and approach on the remaining aspects of the plan.

Draft planning templates are required to be submitted to NHS England by 14th February. Final templates are required by 4th April. The full text of the draft submission has been circulated under separate cover.

4. Joint working with the Local Authority

The Surrey CCG Collaborative network is working closely with the Local Authority to agree shared visions and plans for BCF funds. A programme of joint workshops and meetings are underway co-ordinated jointly by the collaborative lead CCG and Local Authority lead. Outputs from these feed into a Surrey Downs CCG BCF Planning Group which meets on a weekly basis chaired by the Chief Finance Officer.

Local Joint Commissioning Groups in Surrey have developed a local joint health and social care work programme to deliver the over-arching vision, aims and objectives set out in the Surrey BCF Plan.

The below is an overview of how the enhanced and integrated model of community based health and social care in Surrey, will be delivered. These are Surrey-wide aspirational intentions overarching the more detailed Surrey Downs CCG plans.

- Transformed prevention and early intervention for people at risk of becoming unable to manage their health and social care needs
- Enhanced, integrated primary and community based care delivering equivalence in the out of hospital environment and ensuring practitioners and the public have as much confidence in out of hospital services as hospital care
- Comprehensive community based services offering safe, excellent and effective alternatives to hospital admission, available seven days a week
- Excellent hospital care delivering the very best care to those individuals with the most acute, specialist or complex needs and a discharge system that enables people to return home earlier in their recovery pathway

Other programmes will focus upon the key enablers and will include for example:

- Systems leadership and joint local management
- Development of personal health budgets and direct payments to promote patient independence with flexible tailored healthcare
- Provision of community equipment
- Integrated workforce planning and development
- Optimisation of and new and existing technologies to give people more control of their care

In addition to the joint work programmes joint statements have been agreed on other aspects of the planning process including shared vision and aims, protecting social services, commitment to 7-day working, data sharing and key risks.

5. Surrey Downs CCG Plans

Locally, Surrey Downs has proposed five key schemes to be included under the BCF.

Scheme 1: An enhanced, developed primary care service operating in networks of practices:

Establish Primary care standards for access and chronic disease management. The following initiatives will be an integral part of the overall model of care outlined in schemes 2 to 4:

- Establish a Community Medical Network (GP Medical care and Community Hospitals)
- Commission local General Practice to review vulnerable patients within 5 days of hospital discharge
- Increase GP capacity
- Commission specialist clinical networks
- Implement risk stratification of practice lists

Scheme 2: Ensure improved patient experience and outcomes within the continuing care assessment process through:

- Joint health and social care assessments, with inclusion of dementia and mental health providers in the assessment process
- Streamline the healthcare assessment tool and health needs assessment
- 'Discharge to assess': purchase non-acute beds in care homes, including nursing homes for patients in Epsom, Kingston and SASH Hospitals
- Pilot Local Authority Community Development Officers
- Enable acute hospitals to undertake CHC placements
- Equipment - Community, continuing care and disability grants:

Scheme 3: An Urgent Care and Discharge System that works to enable people to return home earlier in their recovery pathway

The plan will specifically focus on transforming our urgent and emergency care system through integrated out-of-hospital care, working collaboratively with Epsom, SASH and Kingston Hospital Transformation Boards for service users in Epsom, Ewell, Banstead, East Elmbridge and Dorking.

- Urgent care: Integrate out-of-hours service with A&E Minors at Epsom Hospital
- Ambulatory care: Establish an Integrated Community Ambulatory Unit for same day assessments
- 7 day integrated working to enable early discharge across health - as part of a Surrey wide initiative
- Early Discharge: Establish an operational discharge network across current services

- Intermediate beds: Move community beds from small units at NEECH and Leatherhead Community Hospitals (30 beds) to one high quality integrated community unit on the Epsom Hospital site.
- Practical support services: Improve provision and coordination of practical support services with Borough Councils
- Development of End of Life provision.
- Community Transport: To review and optimise all local community transport services to enable the development of Out-of-Hospital care.

Scheme 4: Facilitate rapid discharge for those people with high risk of hospitalisation through a more responsive and effective Intermediate Care/Reablement teams.

Provide intermediate care for up to 1% of local population per year in community (circ 2000 patients for Epsom, circ 400 for Dorking and circ 400 for East Elmbridge)

- Establish 5 Integrated Community Teams across Surrey Downs
- Rehabilitation at home: Expand provision of these teams to provide daily therapies in peoples' homes from 3 to 5 days per week
- Reablement: Increase provision of reablement (4-6 week packages) for patients to promote independent living.
- Working in partnership with District and Boroughs and local Voluntary sector to develop practical support and improve coordination

Scheme 5: Integrated services to reduce admission (Enhanced Case Management)

Approximately 0.5% of the local population in community will be supported through a case management system to coordinate their care. This will be for people at risk of admission to hospital. Estimated up to 1000 patients in Epsom, 250 in Dorking and 250 in East Elmbridge health economies

- MDT working:
- Information Sharing:
- Medicines management

6. Financial Impact

As noted in section 2 above, Surrey Downs CCG will be required to transfer £16.4m to the BCF for 2015/16. £4.5m will be funded from an additional allocation, which represents the return to the CCG of resources currently transferred directly from NHS E to Surrey pooled 'Partnership Funds'. The balance of £11.9m will have to be funded by the CCG from existing resources, creating an additional financial pressure for the CCG.

The financial challenge is increased by the need to include an element of protection (the government's word) of social care services in the plan. In Surrey it has been agreed that plans will be drawn up on the basis that the system across Surrey has committed to jointly investing the Better Care Fund to improve services and outcomes for patients and to creating financial benefit as a result. We have agreed to share this benefit for further investment in services and to ensure the sustainable delivery of better care for the future. In 2015/16 we expect the benefit to social care to be £25m, across Surrey (Surrey Downs pro rata share £6m).

It is therefore imperative that initiatives funded through the BCF have clearly defined financial as well as quality benefits. Initial costing of the initiatives outlined above so far suggests a full year cost of c£12m. Evaluation of benefits is at an early stage.

7. Recommendation

The Governing Body is requested to authorise the Chair or Chief Officer to approve the draft Surrey BCF submission on behalf of Surrey Downs CCG.

