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| | **London Borough of Hammersmith & Fulham**<br><br>**HEALTH & WELLBEING BOARD**<br>**19 January 2015** |
| **TITLE OF REPORT**<br><br>**UPDATE ON BETTER CARE FUND AND WHOLE SYSTEMS INTEGRATION** | |
| **Report of the Cabinet Member for Adult Social Care and Health**<br><br>Councillor Vivienne Lukey | |
| **Open Report** | |
| **Classification – For Information**<br><br>**Key Decision: No** | |
| **Wards Affected:** All | |
| **Accountable Executive Director:** Liz Bruce, Executive Director Adult Social Care | |
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## 1. EXECUTIVE SUMMARY

1.1. This paper provides an update on progress with development of the Better Care Fund (BCF) Plan. It explains preparations for implementation in 2015/16 of BCF schemes and describes their place in the programme of Whole Systems Integrated Care (WSIC).

1.2. The BCF is a national initiative to improve health and social care outcomes and cost-effectiveness, with an emphasis on more care at and near home.

Every Health and Wellbeing Board is tasked with developing a plan and, following a national review process during the summer and autumn, the Borough's updated BCF Plan is expected to be approved by the national BCF Task Force soon.

1.3. Work is in progress to implement the schemes in the BCF Plan, especially to develop a new integrated Community Independence Service (CIS).

1.4. WSIC is a long-standing programme of change and has a wider purview than BCF. The WSIC programme in Hammersmith & Fulham builds on BCF initiatives. The CIS, for example, is an important short-term service to help people with good care at home at times when they would otherwise need to be in hospital. It has been developed in the Better Care Fund; and it is integral to the aims of Whole Systems. It includes improvements in primary care, acute and mental health services. It aims to bring all these areas of service into partnerships or "alliances" of providers delivering quality, integrated care under a single, capitated budget. Work is in progress to move this programme forward early in 2015.

## 1. RECOMMENDATION

1.1. The Health and Wellbeing Board is recommended to note progress towards approval of the BCF Plan; preparation for implementation of the BCF schemes; and the link between BCF and WSIC.

## 2. INTRODUCTION AND BACKGROUND

2.1. The BCF is a single pooled budget for health and social care services to work closer in local areas, based on a plan agreed between the NHS and local authorities. A national fund of at least £3.8bn was announced in the summer of 2013.

2.2. The BCF does not come into full effect until 2015/16, but additional funds were made available to aide planning in 2014/15. A national BCF Task Force working across the Department of Health (DH), the Department of Communities and Local Government (DCLG), NHS England (NHSE) and the Local Government Association (LGA) has been in place since July 2014 to drive and refine BCF planning.

## 3. BCF PLAN DEVELOPMENT

3.1. The BCF Plan was developed within the existing Whole Systems partnership between the local authority and the NHS, and reflects the shared aims for integrated care.

3.2. The Health and Wellbeing Board approved the first version of the BCF Plan at its meeting on 24th March 2014. In July 2014, the BCF planning guidance was updated and each area was asked to demonstrate how their plans would reduce emergency admissions to hospitals.

3.3. A revised plan reflecting the changes to guidance, based on more detailed analysis of the costs and benefits of the main schemes, was submitted on 19th September 2014, following an update at the Health and Wellbeing Board on 10th September 2014. The revised BCF Plan was then assessed against a common template as part of the BCF Task Force's National Consistent Assurance Review (NCAR), which was used to assess all BCF plans. Some further clarifications were requested and responses were provided in an updated version of the plan on 28th November 2014. As a consequence, the NHSE Area Team has confirmed that the plan will be recommended to the BCF Task Force for approval.

## 4. BCF IMPLEMENTATION PLANNING

4.1. In anticipation of approval, work has progressed on projects in the plan. The most significant of these a new, integrated CIS serving all three boroughs. It will provide consistent rapid response for people at risk of emergency admission to hospital; in-reach for people getting ready to leave hospital; and rehabilitation and reablement. It will help more people avoid a stay in hospital when they become ill; help those who need hospital care to go home as soon as they are well enough; and ensure everyone who uses the service has time and support recover and return as far as possible to independent life when they leave the service. CCGs and Cabinets agreed a business case for CIS following the BCF resubmission process in September. Preparations to implement the new service beginning in April 2015 are progressing well.

4.2. Community Independence Services in each the three boroughs work in different ways and are provided by numerous organisations. This fragmentation is not efficient and contributes to the reports of confusion that people report when they are asked about their experience of services.

4.3. In 2015/16, the BCF begins to expand and to standardise the CIS, so that it offers services of the same type and quality in all three boroughs; provides enough service to meet the needs of each borough's population; and simplifies the complex organisational structure in each and all of the boroughs. It is not, in this first year, possible to create one organisation to provide the whole of CIS. Instead, in 2015/16, the plan aims to invest in improvements in front-line services by appointing two leads: one for health services and the other for social services. While this does not create a single provider of integrated services, it goes some considerable way to simplify the existing arrangement

4.4. The social care provider is the Adult Social Care service that is shared by the LBHF, RBKC and WCC. The health provider will be chosen through a competition among the NHS providers that work in inner northwest London. The competition culminates in a panel representing, and chaired by, patients and including a mix of health and social care professionals. Once selected, the lead health provider will be expected to work with the social care provider to deliver a service that improves quality and outcomes of care and, by doing so, creates savings by keeping people out of hospitals and residential care. A contractual framework to support this approach is being developed.

4.5. Health and social care commissioners will work together through existing Section 75 Partnership Agreements. Between them the commissioners will oversee the implementation of the new service next year.

4.6. Once selected, the lead health provider is expected to work seamlessly with social care. A contractual framework to support this working arrangement is also being developed in the Better Care Fund programme. They will work together to implement the new service beginning in April 2015.

4.7. From the perspective of patients and people who work in the sector the improvements include a single entry-point that is professionally-led and has a single assessment process; responds in a timely way 7-days, responding to urgent needs in two hours; and has a single, multidisciplinary team working to a common set of standards.

4.8. Alongside CIS, other work is in progress to support increased integration of all the operational services that make up CIS. This includes ensuring an effective interface between CIS and the new homecare service, and enhancements to the social care elements of hospital discharge. This aims to achieve sustainable 7-day social work support in hospitals, from 8am until 8pm, and will help to ensure that sufficient referrals of patients and service users are generated to deliver benefits that were described in the September BCF plan. A pilot before April will test a range of innovations aimed at supporting swift and safe discharge.

4.9. The BCF creates savings by improving the quality of and outcomes from services in the community. With the introduction of these new services, a new monitoring tool help will show whether improvements in care translate into financial benefits, in particular savings from planned reductions in emergency admissions to hospital, and in admissions nursing and residential care homes. Regular data collection will support rigorous evaluation of impact and allow any trends of under-performance to be addressed quickly if detected. The BCF requires CCGs and councils to share the financial consequences if plans do not reduce unplanned admissions to hospital. The revised BCF plan that was submitted to NHS England in September includes the core

principles of risk sharing that will help us prepare new Partnership Agreements between the commissioners and contracts between the commissioners and providers. These include commitment to a shared approach to resolving variances and amending service models and the share of costs if required.

## 5. BCF IMPLEMENTATION PLANNING – OTHER PROJECTS

5.1. The BCF is not just about changing settings of care and savings. It should improve in people's experience of care. An important group of BCF projects is way to ensure we the programme can routinely report people's satisfaction with their services while we report how many people use the services and the cost of their care.

5.2. BCF also includes plans to improve the joint commissioning of services between health and social care and other things that help with integration such as shared information technology and good information governance.

5.3. In the review of jointly-commissioned services, work is in progress to streamline nursing and care home contracting, helping to focus on both quality and efficiency. This is working towards creating a single team for care home placement contracting, to maximise value for money, ensure that appropriate provision and improve outcomes for people who use residential care services. Detailed review of contracts is also being undertaken to ensure that services commissioned through partnership arrangements between health and social care commissioners give the best value for money.

5.4. The development of all these projects is led by the BCF Board and owned by the executive teams for health and social care, which regularly meet jointly and are supported in between meetings by a BCF steering group of the officers responsible for BCF.

## 6. WHOLE SYSTEMS PLANNING

6.1. Inner northwest London is in the national vanguard of health and social care integration. The Better Care Fund is part of wider plans to improve community health and care services, including mental health services. It touches all of those plans in some way but it is mostly closely linked with Whole Systems Integrated Care (WSIC).

6.2. In Hammersmith and Fulham WSIC programme builds on initiatives in the BCF. It extends changes to other services that help people live in the community and avoid intensive, bed-based services for as long and as often as possible. Primary care, acute and mental health services all play a part in these wider changes to the health and care system. Just as the BCF brings short-term community nursing, therapy and reablement into an integrated

CIS, WSIC develops partnerships in the wider world of health and care into formal “alliances” of providers that are accountable for the long-term outcomes of care for people who use their services. WSIC does more than develop partnerships that can provide better and integrated health and care services: it plans to change the financial incentives at work in the health and care system. WSIC tests the idea that the providers can be organised to give the providers stronger financial incentives to develop planned services that help people stay well and avoid intensive, institutional services especially in hospitals and care homes. This new method of budgeting and paying for service is called “capitation.” It defines a budget all the services that particular groups of people (“capita”) need to achieve good outcomes from their care. WSIC is working on detailed proposals for capitation, including estimates of costs and benefits across the health and social care system, now.

6.3. The programme team plans a series of design workshops with Hammersmith & Fulham residents and health and social care professionals in Q4 of 14/15. They will be focused on developing a shared understanding of the outcomes programme should help to achieve and use case studies to identify areas where we should strengthen, adapt or transform existing ways of working.

## 7. CONSULTATION

7.1. The BCF draws on the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessments across all boroughs, which is informed by feedback from residents who use these services.

7.2. The approach to developing the new services and new ways of working that are described in this paper is characterised by co-design with people who live in the borough and who use the services that will change. Clinicians, provider organisations, neighbouring CCGs and local authorities and national bodies have contributed in relevant ways.

7.3. The Whole Systems programme involves a broad range of clinicians and lay people from across North West London in developing the framework and materials that form the basis of our approach in Hammersmith & Fulham. As we go through the next phase of developing a local approach to implementation we will work closely with local residents, clinicians and stakeholders to co-design the outcomes and model of care we need to deliver care for our population.

## 8. EQUALITY IMPLICATIONS

8.1. Each relevant workstream within the BCF programme will prepare an Equality Impact Assessment and as the programme develops a programme-wide EIA will be prepared. The programme contributes to the implementation of integrated health and care services across the local area and will improve

services for the most vulnerable adults in the community.

## 9. LEGAL IMPLICATIONS

9.1. Legal considerations associated with the BCF (including legislation needed to ring-fence NHS contributions to the Fund at national and local levels) were described in the paper for the meeting on 8th September 2014.

## 10. FINANCIAL AND RESOURCES IMPLICATIONS

10.1. Estimates of 2015/16 costs and savings included in the September BCF submission (and maintained for consistency in the November update) were based on analysis available at the time. As stated in the paper of 8th September 2014, these estimates are being refined as we prepare for implementation. Updated values will be submitted to the BCF Board for review in early 2015. Further updates will also be provided to the Health and Wellbeing Board.

10.2. For 2015-16 the minimum value required of the BCF pooled budget across the three boroughs was £44.531m. In LBHF and Hammersmith and Fulham CCG, this was £13.148m.

10.3. In total across the three boroughs was considerably larger than the minimum. The proposed a budget of £193.092m, which included pooled budgets or jointly commissioned services that existed before the BCF and are incorporated in it.

10.4. The split for LBHF and Hammersmith & Fulham CCG within the BCF submission is as per the table below:

| H&F Health & Wellbeing Board | LBHF £'000 | H&F CCG £'000 | Total £'000 |
|---|---|---|---|
| BCF Plan (Sep & Nov) | £48,622 | £31,533 | £80,155 |

10.5. The BCF Plan estimates saving around £12.477m across the three boroughs in 2015/16, if targets are fully met.

10.6. Based on the September plan submission (*but subject to updates as per paragraph 10.1 above*) the BCF ensures that LBHF receives funding in 2015/16 for the Care Act (£558k) and the investment costs associated with the new CIS (£870k), and should generate recurrent savings (£1,630k). It also protects social care by continuing to pass through the *Social Care to Benefit Health* funding, currently worth £4.2m in LBHF.

10.7. The individual local authorities will track actual savings and CCGs on an ongoing basis and the Health and Wellbeing Board will be provided with updates during the course of 2015/16.

## 11. RISK MANAGEMENT

11.1. The BCF Plan includes a section on risks and mitigating actions, and some core principles of risk sharing have been agreed within the BCF Programme. These include organisations taking responsibility for the services that they sign-up to deliver (against agreed specification of service quality, type and volume); and taking responsibility for the benefits that are expected to be realised in their organisation.

## 12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

12.1. There are no specific procurement and IT strategy implications relating to the BCF Plan except that one of the national conditions is better data sharing between health and social care, based on the NHS number. There is a BCF scheme focused on addressing the requirements of this national condition.

12.2. Procurement and IT Strategy implications relating to individual initiatives within the Better Care Fund Plan will be brought separately to the Cabinet and, where appropriate, to the Health and Wellbeing Board, for consideration.

**LOCAL GOVERNMENT ACT 2000**
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

| No. | Description of Background Papers | Name/Ext of holder of file/copy | Department/ Location |
|---|---|---|---|
| | Triborough Better Care Fund Plan – Part 1 Narrative (updated following NCAR review November 2014) | James Cuthbert / Jenny Platt | As per cover sheet |
| | CIS Detailed Business Case v5.0 | James Cuthbert / Jenny Platt | As per cover sheet |

*[**Note:** Please list only those that are not already in the public domain, i.e. you do not need to include Government publications, previous public reports etc.] Do not list*

*exempt documents. Background Papers must be retained for public inspection for four years after the date of the meeting.*