



Merton

Clinical Commissioning Group

Report to the Merton Clinical Commissioning Governing Body

Date of Meeting: 23 January 2014

Agenda No: 7.2

Attachment: 15

Title of Document: Better Care Fund	Purpose of Report: To Receive and Note
Report Author: Jonathan Carmichael, Integrated Care Project Director	Lead Director: Cynthia Cardozo
<p>Executive Summary</p> <p>The Better Care Fund introduces a pooled budget between Merton Clinical Commissioning Group (MCCG) and London Borough of Merton (LBM), to enable the transformation of services in the community. Using funds transferred from the CCG's revenue allocation, and capital from the LBM's capital allocation, the Fund aims to improve patient and service user experience, reduce admissions to hospital, facilitate discharges, and reduce admissions to residential and nursing homes.</p> <p>Agreement to the draft Merton BCF plan is proposed by Chair's Action, close to the national submission deadline of 14 February.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc:</p> <p>Metrics (section 2.2) Proposals (section 2.5)</p>	
<p>Recommendation(s):</p> <p>The CCG Governing Body is asked to:</p> <ul style="list-style-type: none"> • note the background to the Better Care Fund, • owing to short timescales as above, agree that the draft plan is agreed by Chair's Action through agreement by a sub-group of the Governing Body comprising CCG Chair, CCG lay representative (Chair of Finance Committee), Chief Officer and Chief Finance Officer, following multi-agency agreement, to be submitted by 14 February 2014. 	
<p>Committees which have previously discussed/agreed the report:</p> <p>Finance Committee will review the paper before the Governing Body meets.</p>	
<p>Financial Implications:</p> <p>The Better Care Fund is created by top-slicing the CCG's allocation, plus capital from Merton Council. Spending decisions for £12,198,000 would be made through a pooled budget between the CCG and Council in 2015/16.</p>	
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing) None</p>	
<p>Equality Analysis: None</p>	
<p>Information Privacy Issues:</p> <p>The Better Care Fund will improve data sharing between agencies within established information governance requirements.</p>	
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)</p> <p>A communications plan is being developed as part of the Merton Integration Project.</p>	

Better Care Fund January 2014 Update

1. Summary

In Merton the Better Care Fund (BCF) introduces a pooled budget between the Merton Clinical Commissioning Group (MCCG) and London Borough of Merton (LBM), to enable the transformation of services in the community. Using funds transferred from the MCCG's revenue allocation, and capital from the LBM's capital allocation, the organisations aim to improve patient and service user experience, reduce admissions to hospital, facilitate discharges, and reduce admissions to residential and nursing homes.

2. Main Report

2.1. Introduction

The Better Care Fund is a national initiative which introduces a pooled budget between NHS Clinical Commissioning Groups and Local Authorities to provide an opportunity to transform local services so that people are provided with better integrated care and support. It was previously referred to as the Integration Transformation Fund, and re-named the Better Care Fund in December 2013.

The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. It provides an opportunity to improve the lives of some of the most vulnerable people in our population, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. However, as the funding is mainly a transfer of revenue from the MCCG's allocation, and existing capital from LBM's allocation, into the pooled budget, the Better Care Fund could be viewed as not being new money but a new way of agreeing and stimulating service transformation between health and social care.

The BCF will support the aim of providing people with the right care, in the right place, at the right time and with the right outcome, including through a significant expansion of care in community settings, instead of in hospital or care homes. The drive behind the BCF is focused on adults, in particular older people.

In Merton, it provides the opportunity to develop the existing Merton Integration Project which began in 2013. A partnership of the CCG, LBM, trusts and voluntary sector, it aims to develop integrated care between social and health care. The Merton project is focused on two phases of individuals' care:

- **a proactive phase**, including the identification of high risk individuals, allocation of a key worker, person-centred planning and a common care plan across organisations, development of integrated locality teams and multi-disciplinary review meetings.
- **a reactive phase**, developing improved responses to short term crises and exacerbation of conditions, including rapidly available alternatives to hospital admission, supported hospital discharge, rehabilitation, intermediate care, reablement, and increasing the integration of these health and social care responses.

In 2014/15 the Fund will consist primarily of the existing Section 256 transfer of funds from the CCG allocation to the Council, used to fund social care that benefits health, plus an initial increase to begin progress. The main BCF has a wider brief, and comes into operation in 2015/16.

A draft plan for the use of the BCF in 2014/15 and 2015/16 is to be submitted by 14 February to NHS England, and a final plan on 4 April 2014. As guidance is still emerging, there remains substantial work to be completed to agree the plan between the partner organisations, it is proposed the CCG agree the plan by Chair's Action, as detailed in the recommendations.

2.2. Aims, Metrics and Performance Element

The BCF has the following aims, and progress will be measured nationally against metrics for each of these aims:

- Increase patient and service-user experience
- Reduce avoidable emergency admissions to hospital
- Reduce delayed transfer of care from hospital
- Demonstrate the effectiveness of reablement
- Reduce permanent admissions to residential and nursing homes

In 2014/15 a further locally agreed metric will be added.

In the second year, up to 25% of the BCF is subject to a performance assessment, based on metrics for the above elements, together with progress on 7-day working, data sharing, joint assessments with an accountable professional, and protection for adult social care services (see below).

It has been clarified that should the planned level of achievement not be reached, money will not be clawed back in 2015/16. Instead, a previously agreed contingency plan will be put into operation if the performance is above 70% of the level of the levels of ambition set out in the plan. If performance falls below 70%, a recovery plan may be required. This will be developed with the support of a peer review process involving colleagues from NHS and local government organisations in neighbouring areas. The peer review process will be coordinated by NHS England, with the support of the LGA.

2.3. National Conditions

The allocation of the Fund is also subject to six national conditions:

- **The plan is to be jointly agreed** by the Council and CCG, and signed off by the Health and Wellbeing Board, with involvement from providers
- **Protection for adult social care services** (not spending) should be explained in the plan, using a local definition.
- **7 day services** in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.
- **Better data sharing between health and social care**, based on the NHS number as the primary identifier
- **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.
- **Agreement on the consequential impact of changes in the acute sector**

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2.4. Funding Allocation

In 2014/15 the Merton BCF will consist of:

○ Existing Section 256 transfer from the CCG to Council for social care which benefits health	2,676,000
○ Additional Section 256 transfer from the CCG to Council for early progress against conditions and achieving outcomes	623,000
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	£3,399,000

In 2015/16 the Better Care Fund will become a pooled budget, created by a Section 75 transfer:

○ Revenue from Merton CCG including previous CCG allocations for Carers' Breaks and for Reablement services and new Council allocations for reforms in the Care Bill	11,254,000
○ Capital from Merton Council including the Disabled Facilities Grant 528,000 and the Social Care Capital Grant 416,000	944,000
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	£12,198,000

At this stage there are no plans to add further local funds to the pooled budget, though this may change over time, for example the full budget for the community equipment service may be added.

As both the Carers' Breaks and some of the capital element also apply to children, a mechanism will be agreed to ensure appropriate governance and involvement by those responsible for children's services, for these elements.

2.5. Proposals being prepared

As previously explained, the Fund will cover some current services, and some new investments. Revenue proposals being prepared for consideration include:

- 7-day working to support discharge and avoid hospital admission
- Data sharing
- Integrated packages of care
- Community equipment and adaptations
- Telecare and Telehealth
- Carers' breaks
- Council new duties resulting from the Care Bill
- Reablement services
- Community Prevention of Admissions Team
- Community Rehabilitation
- Intermediate Care beds
- Diagnostics in the community
- Community health services
- End of Life Care

- Integrated locality teams
- Specialist input to community based multi-disciplinary team meetings
- Project costs

2.6. Process for Agreement

It is proposed that, following recommendation by the Integration Project Board, the Better Care Fund draft plan is agreed through Chair's Action by 14 February 2014. A final version of the plan will be agreed by the Council and CCG Board, and taken to the Health and Wellbeing Board for agreement at its meeting on 25 March 2014, for submission on 4th April 2014.

3. Recommendations

The CCG Governing Body is asked to:

- note the background to the Better Care Fund,
- owing to short timescales as above, agree that the draft plan is agreed by Chair's Action through agreement by a sub-group of the Governing Body comprising CCG Chair, CCG lay representative (Chair of Finance Committee), Chief Officer and Chief Finance Officer, following multi-agency agreement, to be submitted by 14 February 2014.