Adult Social Care Committee

Item No:

Report title:	**Integration, the Better Care Fund and the Sustainability and Transformation Plan**
Date of meeting:	**4 July 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Executive summary

Integration of health and care services to better provide for the individual remains a key national policy drive. There are a number of work streams addressing this in Norfolk and this report provides information to the Committee on the progress on three key areas: operational integration, the sustainability and transformation plan (STP) and the Better Care Fund (BCF). Health service funding pressures have required setting a new financial agreement with the Clinical Commissioning Groups to maintain priority social care services which have been funded through the BCF in 15/16. This will require additional savings in adult social care.

Recommendations:

a) **The Committee is asked to note and comment on the content of this report**
b) **The Committee is asked to approve the assessment of the impact of savings required in the Better Care Fund for 16/17**

1. Operational Integration

1.1 Norfolk has a well-developed programme to progress integration of community health services with social care, though formal arrangements with Norfolk Community Health and Care (NCHC) (West, North, Norwich and South localities) and East Coast Community Health (Eastern locality).

1.2 The focus of these arrangements is on providing effective coordinated care to people with complex health and care needs closer to home and in a way which maximises their independence. This promotes not only a better experience of care, but also improved effectiveness and potential efficiencies.

1.3 The services are under a joint management arrangement with the respective community health care providers and an integration programme supports the delivery of key areas of benefit.

1.4 Key achievements to date include:

a) A new joint discharge service at Norfolk & Norwich University Hospital (NNUH) that brings together staff managing discharge into the community, enabling us to be more responsive and person centred
b) Creation of integrated out of hospital teams which include Swifts and Norfolk First Support, available 24/7, in the East to support discharge from the James Paget Hospital
c) Delivery of an integrated ‘Homeward’ service in Norwich and virtual ward in the West to support timely discharge and reduce avoidable admissions to the acute hospitals

d) Closure of traditional community hospital beds in the East, introducing intermediate care beds
e) Working with primary care to facilitate effective multi-disciplinary team meetings at GP surgeries to support management of the most vulnerable individuals
f) Working closely within our integrated structure to align occupational therapy, including the district Integrated Housing Adaptation Teams
g) Creation of a joint therapy team in Norwich that effectively manages occupational therapy and physio referrals from across health and care, maximising efficiency and resilience across the workforce
h) Joint preventative assessment developed that ensures a shared approach to initial assessments
i) Joint triage/consideration of complex referrals requiring a rapid response at locality hubs, ensuring the most appropriate staff member responds
j) ICT connectivity across NCC and NCHC that enables staff to work in a more agile way from partner organisation offices
k) Delivery of a number of joint training initiatives including the Future Managers Programme
l) Co-location of teams across 12 integrated sites.

1.5 Programme workstreams include:

Workstream	Description
Sharing and recording	Facilitate appropriate sharing of information across health & care to support effective care for individuals. Tackle issues around multiple recording systems.
NNUH hospital discharge	Create a single team at NNUH that manages community discharge including joint triage and assessment.
Single point of contact	Establish joint working within locality around complex referrals, centred around the four locality hubs in Wymondham, Norwich, North Walsham and King's Lynn.
Continuing healthcare	Facilitate moving towards a more integrated approach to delivering continuing health care (CHC).
Joint therapy	Align therapy services in locality teams, including joint assessment, training and approaches to moving and handling.
Organisational development	Create a positive culture around integrated working. Facilitate joint training opportunities across health and social care.
LD recording requirements	Establish an integrated approach to recording across the learning disability service, moving staff onto an electronic system.
Estates management	Create opportunities for staff to share office bases and work in a more agile way.
ICT connectivity	Support more agile and integrated working from different offices. Deliver technical solutions, like calendar visibility, that enables staff from the different organisations to work more effectively together.

1.6 The programme continues to April 2017 and aligns strongly with delivery of the Better Care Fund and Sustainability and Transformation Plan.

2. Better Care Fund (BCF)

2.1 The Better Care Fund (BCF) is a national programme, under the Department of Health and the Department of Communities and Local Government which is focused on the integration of health and social care, requiring a pooled budget between local authorities and clinical commissioning groups and aimed to deliver a set of nationally specified targets.

2.2 Health and Wellbeing Boards are required to develop the Better Care Fund for their area and full details of the plan and reporting over 2015/16 can be seen in Health and Wellbeing Board papers.

2.3 **Better Care Fund 2015/16**

2.3.1 The BCF for 2015/16 detailed schemes which the Council and Community Commissioning Groups (CCG) committed to which were developed at CCG level. A key area of focus has been on the development of multi-disciplinary working with primary care to support those people who are most at risk, particularly of unplanned admission to hospital or care services. Alongside this have been a range of activities within the local networks of care and support, including the voluntary and independent sector.

2.3.2 The impact of implementing the BCF 2015/16 schemes in Norfolk has seen some positive results against the mandated national metrics including delayed transfers of care, admissions to residential and nursing care and the effectiveness of reablement.

2.3.3 The stretch target of reducing non-elective admissions by 3.5% continues to be a challenge which the programme will not meet in 2015/16, although there is some local variation to non-elective admission rates.

2.3.4 Previous assessments of performance in 15/16 indicated that most positive impact was noted in the work of multi-disciplinary community based teams using local risk profiling to focus on those people most at risk and to connect them with a range of support and early intervention.

2.3.5 The review of the 2015/16 BCF indicated that while schemes were designed and implemented in individual CCG localities they did seek to deliver similar outcomes and impact. It is proposed that a stronger collaborative approach is taken for 2016/17 to ensure we build on shared learning, reduce duplication of effort and deliver consistency of high quality interventions across Norfolk.

2.4 **Implications of the BCF for adult social care financing**

2.4.1 The overall Better Care Fund for Norfolk in 2015/16 had a revenue value of £56.4m and a value of £34.81 million to NCC. It is important to note that this was largely not new money but investment of existing funding into a pooled fund under joint control of the Council and each CCG. The minimum BCF pooled fund was specified at national level. It brought together existing transfers, under s256 of the National Health Service Act 2006, which the NHS was required to make to local authorities for adult social care services. In addition it included specific funding for core local authority delivery to support the implementation of the Care Act, for reablement and services to carers. In addition, there was a requirement to consider funding for ‘the protection of social care’. In recognition of the importance of social care services to the health system and of the funding pressures on local authority social services it was agreed that for 2015/16 £7.9m funding would be allocated to protect social care i.e. to avoid reductions in spend which would otherwise be necessary.

2.4.2 In 2015/16 the funding from the BCF into the adult social care budget in Norfolk was as follows:

Better Care Funding 2015/16

Area of Spend		North £m	South £m	West £m	Norwich £m	GY&W £m	Total £m
Total Core s256		**3.809**	**5.198**	**3.632**	**4.344**	**2.172**	**19.155**
1	Protection of social care	1.674	1.908	0.889	1.708	0.921	**7.100**
2	Supporting Carers	0.427	0.486	0.430	0.435	0.273	**2.051**
3	Reablement	0.877	1.049	0.879	0.951	0.544	**4.300**
4	Care Act implementation	0.458	0.522	0.463	0.468	0.293	**2.204**
Total Additional Funding		**3.436**	**3.965**	**2.661**	**3.562**	**2.031**	**15.655**
Total BCF Funding to NCC		**7.245**	**9.163**	**6.293**	**7.906**	**4.203**	**34.810**
Deferred from 2015/16 to 2016/17 (funded from reserves in 2015/16) where we would expect the BCF funding from WNCCG to increase to £7.093m				0.800			

2.5 **BCF 2016/17**

2.5.1 Areas were required to submit a further BCF plan for 2016/17. There were some adjustments to the national scheme and some amended and additional national conditions were set.

2.6 **2016/17 financial position**

2.6.1 In February 2016, full guidance was received on the BCF for 16/17, including clarification of funding sources and amounts.

2.6.2 In Norfolk, whilst a joint BCF plan has been developed and submitted into the national assurance process, CCGs stated that due to their financial position, they would not be able to release the additional funding for the protection of social care which was provided for in the 2015/16 BCF, which amounted to £7.9m. This position was endorsed by NHS England in the Eastern region.

2.6.3 The guidance for the BCF 16/17 makes it clear that the priority with regards to additional funding for social care is to maintain services and to ensure that any changes in funding of social care do not destabilise the health and care system.

2.7 **Mitigating actions**

2.7.1 Work has been undertaken with CCGs to identify where additional savings can be derived by working across health and care. This is challenging given that each organisation has existing savings plans and considerable financial pressures.

2.7.2 A financial plan has been developed which will maintain substantial support to social care provision with contributions from both the Council and CCGs as follows. This will be secured in a section 75 agreement with the CCGs:

	2016/17	2017/18	2018/19
	£m	£m	
Protection of social care requirement	7.9	7.9	7.9
NCC savings	-1.53	-3.3	-3.3
NCC non recurrent support	-5.00		
CCGs savings	-1.37	-5.1	-5.1
Total	**0.00**	**-0.50**	**-0.50**

2.8 **Impact on adult social services**

2.8.1 Additional savings will be required in order to manage the cost pressures created by the funding shortfall in the Better Care Fund.

2.8.2 The Council therefore needs to take action to reduce expenditure that is no longer available from the Better Care Fund as follows:

a) To enter into a section 75 agreement with the CCGs in order to secure a three year financial arrangement for the maintenance of social care services
b) The Council to fund £5m to manage the pressure in year from a corporate contribution on the basis of securing £5.1m for each of the following two years from the CCGs
c) To evaluate the impact of further savings to address the funding shortfall in:
    i. Commissioned services through better targeting on people most at risk
    ii. Commissioned services through reducing duplication
    iii. Commissioned services where underutilised
d) To bring proposals for savings for decision to Committee approve additional savings and potentially to consider any additional required in year budget savings

3. Sustainability and Transformation Plan

3.1 Sustainability and Transformation Plans (STPs) are a national NHS England requirement. A local 'footprint' has been agreed as Norfolk and Waveney i.e. including the Great Yarmouth and Waveney CCG area. The focus is on planning, at a population level rather than organisationally, to address three gaps:

a) The health and wellbeing gap - i.e. inequalities in health
b) The care and quality gap - i.e. ensuring quality and performance of health services
c) The finance and efficiency gap - i.e. ensuring a financially sustainable health system

3.2 The STP process for Norfolk is chaired by Wendy Thomson, Managing Director of the Council and all NHS organisations in the area are represented at executive level. An initial plan has been submitted to NHS England and will be further developed over the summer.

3.3 Alongside developing the STP, the Spending Review set the ambition that health and social care will be integrated by 2020, with all areas having a plan in place to achieve this by 2017. It is not intended that Government imposes a particular approach to this, though Accountable Care Organisations, devolution and lead commissioners are cited as supported models. We await further guidance on detailed requirements.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

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