Executive Summary

This report sets out to inform the Health and Wellbeing Board of the progress in discussions for the financial allocations of the NHS Support for Social Care Fund 14/15 and the completion of the West Sussex Better Care Fund 15/16 submission to NHS England by the 4th April 2014.

The West Sussex Health and Wellbeing Board is asked to:

1. Agree to the process set out in the paper (at paragraph 3) to progress plans for the NHS Support for Social Care 14/15 and the Better Care Fund 15/16;
2. Agree the definition of Protecting Social Care Services (as set out at paragraph 4.1);
3. Agree to the strategic direction set out in paragraph 2;
4. Note that the formal approval on the funding allocation will be taken by each organisation individually.

1. Background

1.1 In November 2013, a paper was presented to the Health and Wellbeing Board outlining the financial allocation for the NHS Support for Social Care 2013/14 and providing detail to enable the Health and Wellbeing Board (HWB) to monitor and evaluate this expenditure. It also made proposals about how the HWB may make arrangements to ensure that it has a framework in place for committing and monitoring funding for 2014/15. As a result of this, this paper is being presented to the January 2014 HWB.

1.2 Further to this, in June 2013, the government announced £3.8billion worth of pooled budgets between Health and Social Care, starting from April 2015. This was formerly known as the Integrated Transformation Fund and is now known as the Better Care Fund. The £3.8bn is made up as follows:

- £1.1bn already transferred in 2014/15 from the NHS to local authorities. These are the resources which are spent through the NHS Support for Social Care.
- £1.9bn further transfer from the NHS in 2015/16.
- £0.3bn already in CCG baselines for reablement.
- £0.13bn already in Clinical Commissioning Group (CCG) baselines for carers.
• £0.354bn capital funding, which includes the disabled facilities grant that hitherto has been paid to districts and boroughs.

1.3 For the West Sussex local area, the Better Care Fund will produce an allocation of £56.965m in 2015/16. It cannot be emphasised too strongly, however, that none of this is new money and that it is currently allocated to existing services, previously approved by health and social care partners. For the most part this means dedicated funds from CCG budgets – for example, the additional £1.9bn transfer for 2015/16 will divert £30m from the three CCGs in West Sussex compared to the funding they will have available next year. Moreover, this will be happening at the same time as the County Council will need to be looking very closely at its social care budget because of the scale of the savings it will be required to deliver over the period to 2018/19. Consequently one challenge in agreeing a spending plan for the Better Care Fund will be about how to deliver more for less. This is entirely in keeping with Government’s expectation that it will be a trigger for radical transformation that will "support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings". A key element in achieving this may well be a shift of resources into social and community care, from services currently provided in the acute hospital sector. In turn, if changes to the current allocation of these resources are agreed, close working with our provider colleagues will be required in order to avoid undue instability - for the provider and the beneficiary of the care provided. Throughout, the benefits for the service user will need to be key driver in our plans.

1.4 At the December 2013 meeting of the project group of officers, they agreed the following for access to the Better Care Fund;

• Being co-designed with patients, clients and carers; looks beyond short term pressures; and rests upon a shared vision of what future services should look like; to use the 3% that the Better Care Fund represents to deliver system wide sustainability, strive for equity of service across West Sussex. The development of pooled budgets to ensure that monies follow people to wherever their care is provided.
• Programmes of work will be outcome driven, satisfying the national conditions, improving performance against expected measures and creating capacity in our community based services.
• A plan for Clinical Commissioning Groups and Local Authority partners will be developed, building upon the existing programmes of work supported through the NHS Support for Social Care Funds (e.g. Multi-Disciplinary Team working through Proactive Care and Admission Avoidance), seasonal resilience and the sub acute strategy as a basis for the required two year programme.

Further work is being undertaken to refine and agree these outline principles

1.5 There are six national conditions attached to the use of the Better Care Fund and they are;

• Plans to be jointly agreed and signed off by the HWB, West Sussex County Council, Coastal West Sussex, Crawley and Horsham and Mid Sussex CCGs. These should ensure that there has been engagement with those local providers who are likely to be affected by the use of the fund.
• Protection for Social Care Services (not spending)
• Seven 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
• Ensure 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

Previously Government had indicated that payment of around 25% of the Better Care Fund would be subject to successful delivery of performance against a combination of these national metrics plus an agreed local indicator:

• Admissions to residential and care homes
• Effectiveness of reablement
• Delayed transfers of care
• Avoidable emergency admissions
• Patient/service user experience
• Agreed local metric

Success is defined as meeting 70% of the level of ambition set for those metrics in local plans. For 2015/16 it has now been confirmed that no sanction will be applied and so planning can take place in confidence that the full £56.965m will be available. This position may change for future years, though Ministers have yet to decide whether this could result in performance-related funding being withdrawn and/or reallocated elsewhere.

1.6 Discussions concerning the six national conditions (set out in 1.5) are at an early stage and will be progressed over the ensuing weeks and months. Throughout, there is a commitment to include and undertake an impact assessment in relation to planned and delivered changes in provision.

1.7 In completing the Better Care Fund planning template consideration has been given to the national strategic drivers including the Care Bill and local Strategic priorities which include the Joint Health and Wellbeing Strategy 2013/2015-Addendum June 2013, the Coastal West Sussex Clinical Commissioning Group (CCG) Commissioning Intentions 2014-2015, Crawley CCG and Horsham and Mid Sussex CCG 2014-15 Commissioning Intentions and West Sussex County Council agreed four year commissioning intentions which include Independence for Longer in Later life.

2. **Strategic Direction**

2.1 Fundamentally, we believe that the Better Care Fund should be used for genuine transformation of the health and social care system in West Sussex, not to plug a gap in the social care or health budgets brought about by increasing demand and reducing budgets. This transformation is not about reducing admissions to hospital, but rather about changing the whole system so that it is focused on supporting people wherever possible with person-centred professionally led primary/ community/ social care, with the goal of living as independently as possible.
2.2 The fund will allow partners locally to manage pressures and improve long term sustainability.

2.3 The HWB held an informal workshop in December 2013, which considered some of the future vision of what services may look like.

2.4 The developing vision for 2018/19 is a shift from reactive to proactive care. There will be community based services centering on groups of GP practices, working alongside joint Health and Social care Multi-disciplinary teams as well as co-located specialist services. Connected information systems ensure a smoother journey for the patient through health and social care systems and patients will have received treatment or care earlier in their condition or problem.

2.5 A paper summarising the evidence from work by the Kings Fund and other research about which approaches are likely to offer commissioners maximum impact in way that will benefit both the NHS and Social Care is available online at this address:


3. Delivery of the Better Care Fund programme

3.1 In order to deliver this transformation programme, a project group of officers from the Local Authority and the CCGs has been established to co-ordinate the delivery of the plans and to support the local delivery structures which are already in place. Initially the project group will meet weekly to develop a comprehensive proposal for the transformation programme. Further reports will be provided for future JCSG (Joint Commissioning Strategy Group) and HWB meetings.

3.2 In view of the limited timescale from receipt of guidance to submission of the template, discussions have focused on direction of travel and agreement of a set of principles to guide expenditure choices. In that sense allocations should:

- Be consistent with the national conditions and the metrics that will be used to assess performance as well as supporting the strategic priorities of each of the four organisations for the next five years.
- Support the process of integration between health and social care, which will enable the implementation of seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at the weekend.
- Ensure that outcomes for patients are at the heart of this work.
- Result in social care being provided at the beginning of a customer’s journey rather than at the end.
- Enable CCGs to transform hospital services and commission on a joint footprint enabling care at home.

3.3 The timeline for the submission of the draft Better Care template is 14th February 2014. The final submission shall be made to NHS England by 4th April 2014.
3.4 Plans will go through an assurance process involving NHS England and the Local Government Association to assure Ministers.

3.5 A key component of the successful delivery of the Better Care Fund is effective public engagement. Due to the timescales for the submission of the template, existing public consultations have been utilised to inform the document, such as those carried out by West Sussex County Council and the CCGs as part of the development of their Commissioning Plans/Intentions. In addition HWB meetings are held in public. For the actual implementation of the Better Care Fund programme it is recognised that a public engagement plan will need to be developed and be integral to this work, ensuring that it is co-designed as outlined in 3.2.

4. Proposals for allocation – Better Care Fund 2015/16

4.1 The allocations for social care are proposed in conjunction with this definition of protecting social care services.

Protecting local services means enabling the existing service to change to provide revised social care services to support the new models of care. There will be complete transparency across the whole of the Better Care Fund agenda, including staffing costs and service models to enable the protection of services (rather than spend). It further means agreement on the pathways and services to keep people safe to minimise cross impact on other services’.

Adults’ Social Care Services will be available to those with long term conditions and/or age related co-morbidities at the start of their health and social care career, and not only as a result of crisis or hospital stay. Adults’ Social Care is committed to facilitating independence and avoiding admission to hospital.

A key responsibility of social care services will be to ensure that high quality reablement services are available to optimise the independence and wellbeing of service users and carers.

The national threshold for eligibility is based on new criteria that will increase the entitlement of support for individuals, and introduce the new duty to ensure the wellbeing of individuals.

Adults’ Social Care Services supported by the fund will be part of a whole system integrated approach that ensures there is capacity to offer choice and availability of both care at home and where necessary, care and nursing home placements, and an integrated approach to end of life care.

5. Proposals for future governance and decisions

5.1 The JCSG has led on discussions to develop the Better Care Plan, for approval by the Board before submission to NHSE. Following approval by the Board, final formal decisions on funding allocations will be taken by each organisation individually.

6. Resource Implications and Value for Money

6.1 The NHS Support for Social Care Fund in 2014/2015 is £15.141m
6.2 The Better Care Fund allocation for West Sussex in 2015/2016 is £56.965m.

6.3 The use of a value for money framework in the Better Care Fund is critical to the successful development of transformational services for the people of West Sussex. For the purposes of this report value for money refers to:

- Economy – careful used of resources to save expense, time or effort
- Efficiency – delivering the same level of service for less cost, time or effort
- Effectiveness – delivering a better service or getting a better return for the same amount of expense, time or effort

6.4 The funding is required to be spent as outlined in the Better Care Fund Technical Guidance notes: https://www.gov.uk/government/publications/better-care-fund

7. Risk Management Implications

7.1 In deciding upon the allocation of NHS Support for Social Care 14/15 and the Better Care Fund 15/16 the following factors need to be considered:

- The funding is designed to promote transformation and any funding commitments require an exit strategy so that no on-going financial risk is posed to the County Council and the CCGs in the event that individual initiative do not prove a success
- That all funded proposals are approved within the NHS England framework.
- That the strategic priorities of both the County Council and the three CCGs are met.
- The Better Care Fund has a tight and non-negotiable timetable.
- Disabled Facilities Grants and additional funding that seven districts and borough councils commit to this.
- Preparation needs to be in place for Better Care funds in 16/17 and the performance funding element of the scheme. If partners fail to deliver this the performance element will be used to fund a recovery plan that will be developed with the support of a peer review process involving NHS and local government colleagues in neighbouring areas.
- Ensure that funded schemes do not lead to an increase in the number of admissions to residential and care homes as this goes against the personalisation agenda and the savings that the local authority has set.
- Manage the risk to the CCGs of sustaining services where some hospital trusts face significant financial challenges and the Better Care Fund puts additional pressure on this.
- There is a risk in the ability to achieve integration in the current provider landscape and there will need to be careful market management and ensuring capacity in the whole system.
- System-wide stability through the transition and sustainability in the longer term.

8. Other Considerations – Equality – Crime Reduction – Human Rights

8.1 Public Sector Equality Duty

The investment of NHS funding for Social Care and the Better Care Fund will benefit social care and healthcare customers by delivering better health and social care integration. An Equality Impact Report is not required for this
report but the public sector equality duty will apply to all funding decisions and strategies, and will need to be a key factor in the allocation of funds, and the setting and monitoring of outcomes.

8.2 **Crime and Disorder Act Implications**

There are no implications for the County Council’s duty to avoid or to reduce crime or anti-social behaviour or to assist partners to do so.

8.3 **Human Rights Act Implications**

None arise.

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**Appendices**
- Appendix A – Better Care Funding planning template – Part one
- Appendix B- Better Care Funding planning template –Part two

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