Rotherham Governing Body - Wednesday 7 May 2014

Better Care Fund Plans

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Purpose:

The purpose of this paper is to inform the Members of the Better Care Fund submission to NHSE on Friday 4th April and the detailed schemes therein.

Background:

The first submission was made on 14th February to NHS England. Feedback was provided from a number of sources including NHSE, Council Members and CCG members. Comments suggested that the fund wasn't transformational enough and didn't protect social care and only the minimum level of investment was included.

Analysis of key issues and of risks

Action Taken:

(i) All actions were reviewed and, where appropriate, the narrative amended and the financial schedules amended in order to further explain the intentions in the plan to achieve the objectives;

(ii) Changes have been made to the finance schedule in order to evidence that financial benefits are flowing across the system, resulting in the Local Authority being able to afford to provide care and support to people who have benefited from changes elsewhere in the system. This is summarised under the finance section;

(iii) An Audit has been scoped to achieve an independent opinion of the expenditure and objectives;

(iv) There is an officer group meeting monthly to performance manage the fund with CCG representation.

Patient, Public and Stakeholder Involvement:

Details of patient feedback for current services were included in the documents submitted in March.

Equality Impact:

Equality impact assessments are inherent within the services commissioned from the fund therefore no additional assessment is required at this stage.

Financial Implications:

Additional funds have been invested into both health and social care and include the following:-

(i) Growth monies of £1.3m have been allocated from NHSE for Social Care in 2014-15 which will be utilised to protect social care (£1.1m) and provide support to advice, Mental Capacity and IT (£0.2m);

(ii) In relation to LA concerns around the impact of CCG transformation in mental health and integrated fast response, we have proposed a risk pool for 2014/15 to protect both parties against unintended consequences. This is estimated at approx £700k which would require auditable information in year to support the claims from either party;

(iii) There is a potential unintended impact on OT of the successful social prescribing initiative which is estimated at £100k by RMBC colleagues;

(iv) The transformation of the intermediate care residential beds including therapy services estimated at £320k;

(v) Four additional social worker posts to support integrated fast response to Mental Health;

(vi) Support the development of 7-day working in social care by £240k to provide additional social work capacity to supplement the existing emergency duty support at weekends;

(vii) For data sharing – both parties agreed to non recurrently increase the allocation in this area in 2014/15; CCG contribution £250k and RMBC £148k;

The table below shows the relationship between NHS savings and protecting and transforming health and social care services through the Better Care Fund. The two cells highlighted in green represent the additional funds invested in the fund.

In summary:

- Total invested £23m – of which Health is £20m; LA is £3m
- Includes new investment of £8m split approximately 50:50
- Appendix 1 below sets out the areas earmarked for **action** in 2014-15. Some of these are areas to be reviewed therefore don't all attract funding but this may change in future years.

BETTER CARE FUND 2014-15	EXISTING SOCIAL CARE	PROTECTING & TRANSFORMING SOCIAL CARE	EXISTING HEALTHCARE	PROTECTING & TRANSFORMING HEALTHCARE	TOTAL
	£000s	£000s	£000s	£000s	£000s
Funded from Health	6,214	1,151	5,840		**13,205**
Additional funding from Health Savings		2,336		4,105	**6,441**
TOTAL from Health	6,214	3,487	5,840	4,105	**19,646**
Funded from Local Authority	3,305	148			**3,453**
TOTAL Funding	**9,519**	**3,635**	**5,840**	**4,105**	**23,099**

Human Resource Implications:

There are no direct HR implications.

Procurement:

The fund does not require a procurement as currently commissioned services will fall within existing contracts.

Approval history:

OE 31st March 2014

CCG GB (Confidential) 2nd April 2014

Recommendations:

GB Members are asked to **note** the work undertaken to create and submit the Better Care Fund and acknowledge the total funds invested and the action plan at Appendix 1 below.

Ref.	Scheme	Outcome	Action	Lead
BCF01 ***£1.1m***	**Mental Health Service**	A jointly agreed plan which results in a reduction in formal, high intensity use of services (including acute services and police intervention) and a greater investment in community-based and primary care preventative activity which addresses mental health issues much earlier on. This new service will be addition to existing services and will transform how patients with Mental Health issues are treated in the Rotherham urgent care system. This will also improve patient experience and health outcomes.	Commission mental health liaison provision, ensuring it is aligned to health and social care priorities for prevention and early intervention. Increase funding available for social care packages including short term support time and recovery packages provided through Direct Payment, to enable where appropriate a link with personal health budgets to support longer term recovery .	**Deputy Chief Officer CCG** **Strategic Commissioning Manager, RMBC**
BCF02 ***£0.9m***	**Falls prevention**	Older people are aware of the risks of falls and have opportunities to remain active and healthy in their community. Where a person is more at risk of a fall, they are provided with the right advice and guidance to help prevent them.	Review the falls service to ensure its primary focus is delivering a preventive community-based service, as well as targeting those most vulnerable, who are most at risk of fracture neck of femur.	**Head of Urgent Care and Long-term Conditions, CCG**
BCF03 ***£n/a***	**Joint call centre incorporating telecare and tele-health**	A coordinated response is provided to individuals' needs and an increased use of assistive technologies to support independence and reduce hospital admissions.	Undertake a scoping exercise to identify efficiencies and improvements in practice that can be delivered though integrated / joint working between the Rothercare Community Alarm Centre and the Care Coordination Centre. Review the service to incorporate increased use of assistive technology and extended use of tele-health and tele-coaching to support people to stay at home, and explore increased use of assistive technology to reduce costs within mainstream social care services including domiciliary care and residential care	**Head of Urgent Care and Long-term Conditions, CCG** **Director of Health and Wellbeing, RMBC**
BCF04 ***£1.2m***	**Integrated rapid response team**	A co-ordinated response is provided to individuals' needs, which supports them to remain independent while reducing admissions to residential care and hospital.	Implement a joint approach to an integrated rapid response service, including out of hours, capable of meeting holistic needs of identified individuals to reduce hospital admission. Incorporate community nursing, enabling and commissioned domiciliary care, to be funded the through the BCF to protect social care services from the impact of additional community based support packages. Additional assessment time (social care support) to be provided through the BCF as part of the response, in order to enable throughput through the Fast Response service, either into funded packages or through the social care prescribing offer into community based prevention activity.	**Head of Urgent Care and Long-term Conditions, CCG** **Strategic Commissioning Manager, RMBC**

BCF05 ***£4.8m***	**7-day community, social care and mental health provision to support discharge and reduce delays**	Appropriate services are available 7 days a week to enable timely discharge from hospital, and avoid unnecessary admissions to hospital or residential/nursing care.	Review and evaluate existing arrangements against potential increase in demand arising from 7 day working across the community, social care and mental health. This will require an increase in social work support to support discharge, and increases in domiciliary care funding for packages to protect social care services. Fund a pilot project, social care staff working with Community Nurses to intervene early to avoid admission to hospital and residential care, supported by the outcomes of the project identified at BCF06.	**Head of Urgent Care and Long-term Conditions, CCG** **Adult SS Service Manager, RMBC**
BCF06 ***£0.6m***	**Social Prescribing**	The need for more formal care services is reduced, creating an opportunity to shift investment into community activity that fosters independence and encourages local people to participate in their community. This service won a National Award from NHS England for best practice and will transform services from being reactive to a pro-active multi agency approach for Rotherham patients with high needs.	Review social prescribing service to ensure it is delivering on prevention, avoidance and delaying access to formal care services, and commit to mainstream this service subject to findings.	**Assistant Chief Officer, CCG**
BCF07 ***£n/a***	**Joint residential and nursing care commissioning and assurance team**	Reduction in the cost of contract compliance increased monitoring of nursing standards, reduced admissions to hospital and improved hospital discharges. Reduced cost of significant service failure and safeguarding though a more proactive/ preventive/ coordinated approach.	Implement a joint approach to a single LA and CCG team whose purpose is to commission and assure quality of service in residential and nursing care homes, with clear links to GP case management and an integrated response from health services.	**Head of Urgent Care and Long-term Conditions, CCG** **Strategic Commissioning Manager, RMBC**
BCF08 ***£0.03m***	**Learn from experiences to improve pathways and enable a greater focus on prevention**	A shift in investment from high-cost, high-intensity users of health and social care, to low cost high impact community initiatives which focus on prevention. A co-produced (between health, public health and social care) risk stratification tool to identify high intensity users.	Undertaken a deep dive exercise conducted on cases of high social care and health users. Map the journey through health and social care services to identify opportunities to improve pathways and explore where better preventative action earlier on may help avoid or delay access to health and care services in the future. Carry out a full evaluation of Rotherham's risk stratification tool, and develop a mechanism for identifying high intensity users of health and social care services.	**Head of Urgent Care and Long-term Conditions, CCG** **Director of Health and Wellbeing, RMBC**
BCF09 ***£1.6m***	**Personal health and care budgets**	Individuals are provided with the right information and feel empowered to make informed decisions about their care.	Commitment to giving personal budgets to as many people as possible, and will develop our plans to do this. Extend our current plans for personal health budgets, working with patients, service users and professionals.	**Head of Contracting and Service Improvement, CCG** **Adult SS Service Manager, RMBC**

BCF10 ***£0.05m***	**Self-care and self-management**	Individuals are provided with the right information and support to help them self-manage their condition/s. Professionals are equipped with the right skills to enable self-care / self-management and promote independence.	Develop self-care and self-management, working with voluntary and community groups to co-design, co-develop and co-produce improved health and care outcomes, including the areas of transitions from young people's services into adult care. Develop patients and practitioner skills programmes that can be implemented across health and social care. Development of integrated workforce development programmes and risk management courses aimed at promoting an ethos of self-management. Develop specialised psychological support services for people with long term conditions so that they are better able to self-manage their condition.	**Head of Urgent Care and Long-term Conditions, CCG** **Director of Health and Wellbeing, RMBC**
BCF11 ***£3.2m***	**Person-centred services**	Each individual has a single, holistic, co-produced assessment, meaning they only need to tell their story once and key details are available (in home and on shared portal initially, building to shared IT capacity) which enables integrated, person-centred service delivery. This approach will transform the way patients with high needs access services and will ensure more joined up working between health and social care.	Develop and implement a person centred, person held plan, in partnership with key stakeholders.	**Head of Urgent Care and Long-term Conditions, CCG** **Director of Health and Wellbeing, RMBC**
BCF12 ***£0.3m***	**Care Bill preparation**	Rotherham adult social care is able to meet the increased demand and maintain / protect the existing level of service.	Identify the cost and activity pressures resulting from the implementation of the care bill, including increased assessments, carers' assessment and support, information advice and guidance capacity, and resulting administrative and operational costs. Develop a plan to meet these pressures.	**Director of Health and Wellbeing, RMBC**
BCF13 ***£7.9m***	**Review existing jointly commissioned integrated services**	All jointly commissioned services provide value for money and are aligned with the BCF vision and principles. Where services are not efficient and effective, a plan is developed to de-commission/re-commission as appropriate.	Undertake a project to review all existing S75 and S256 agreements and pooled budget arrangements. KPMG (both organisations' External Auditors) to provide independent view. Where this will impact on current services being provided, ensure that social care is funded to ensure that the current levels of outcomes being met are maintained. This will be achieved through an increase in the appropriate budgets ie residential care, home care.	**Chief Finance Officer, CCG** **Strategic Commissioning Manager, RMBC**
BCF14 ***£0.3m***	**Data sharing between health and social care**	All providers have access to integrated person-held records, which include all health and social care plans, records and information for every individual.	Develop portal technology to share data in a secure way that is in the best interest of people who use care and support. Use of the NHS number as a unique identifier across health and social care will create the starting point for the development of shared IT capacity.	**IT Manager CCG** **Systems Development Manager, RMBC**