CHESHIRE EAST COUNCIL

Health and Wellbeing Board

Date of Meeting:	25th March 2014
Report of:	Executive Director Strategic Commissioning
Subject/Title:	Better Care Fund Plan
Portfolio Holder:	Councillor Janet Clowes Portfolio Holder for Health and Adult Care

1.0 Report Summary

1.1.1 The Better Care Fund was announced by Government in June 2013. It provides an opportunity to transform local services so that people are provided with better integrated acre and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability of their health and care economies. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

1.2 The Cheshire East Better Care Plan unites a shared vision of Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and South Cheshire Clinical Commissioning Group, for improving outcomes for residents through improving how and social care services work together. The Better Care Fund provides the level to drive a transformed model of integrated care, which will ensure that residents experience care and support of quality that is appropriate to their needs and supports them to live as independent and fulfilling lives as possible. Critically it will ensure that when needs require it, specialist care and support is provided by services best equipped to cater for those needs.

1.3 There is a requirement to submit our Better Care Fund Plan to NHS England by the 4th April. A first draft was submitted in February. The second draft is attached as **Appendix One.** The Metrics and Finance Technical Appendix is being worked on**.** This has been compiled following extensive work by a team of officers from across the Council and the two CCGs and consultation with provider organisations.

2.0 Recommendation

2.1 That the Health and Wellbeing Board consider and endorse the Better Care Fund Plan submission.

3.0 Reasons for Recommendations

3.1 To ensure that the Better Care Plan is submitted by the Health and Wellbeing Board in line with the 'NHS England Planning Guidance - Developing Plans for the Better Care Fund Annex'.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Health

6.1 Following Local Government reorganisation in 2009 and the NHS reforms of 2013, Social Care and Health Services in Cheshire East have strengthened opportunities to secure improved outcomes for residents. This is evidenced through stronger engagement at strategic and operational levels of the organisations and focussing upon identifying opportunities to secure integrated working.

6.2 Across Cheshire all organisations recognise the need to better connect the business of health and social care, in order to ensure that our residents receive the most effective and responsive care and support appropriate to their needs. We also acknowledge that we all need to take greater responsibility for preventing our own ill-health, enabling us to live longer and more fulfilling lives.

6.3 The Health and Wellbeing Board's Joint Health and Wellbeing Strategy identifies the priorities for commissioners to address over the next two years. The principle of integrating services where appropriate underpins the Strategy.

7.0 Financial Implications

7.1 The Better Care Fund is a national pooling of £3.8b from a variety of existing sources within the health and social care system, with £23.9m being pooled locally within the Cheshire East Health and Wellbeing Board area. The local pooling is made up of LA funding from the Disabled Facilities Grant and Capital Allocation for Adult Social Care of £1.8m, South and Vale Royal CCG funding of £10.5m and Eastern Cheshire CCG of £11.6m. The local health and social care economy is expected to work together to deliver better care arrangements for its population, seeking to keep individuals within the community, avoiding hospital/residential nursing care.

7.2 During 2014/15 Council, CCGs and its providers are expected to plan to deliver services in a way that impacts on the system to improve the

outcomes for its population, through improving Community Services (including Primary Health Care [GPs]). A small development team has been created that is establishing schemes that will deliver the required funding and the governance changes from 2015.16 (i.e. achieving the £23.9m changes).

7.3 It will be important that during 2014/15 financial and governance arrangements between the various partners are agreed, to include the risk sharing arrangements, funding to invest in the system initially and the arrangements for dealing with the potential double running costs and any savings arising.

8.0 Legal Implications

8.1 Under the National Health Services Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. For the purposes of that act clinical commissioning groups are

8.2 The powers under that Act allow for pooled budgets, lead commissioning and integrated provision and therefore enable the kind of working suggested in the Better Care Plan.

8.3 Advice needs to be taken as the project develops to ensure that specific issues such as sharing of information are dealt with in a legally sound way.

9. Risk Management

9.1 An initial risk assessment is included within the Better Care Fund submission.

10. Integrating Health and Care in Cheshire East

10.1 The opportunity afforded by the Better Care Fund is to translate the ideas that are already well established within the Cheshire East health and care economy into action, to drive change and transformation at pace.

10.2 This commitment is acknowledged by the ambitions of the Cheshire Pioneer Programme which aims to ensure that individuals in Cheshire stop falling through the cracks that exist between the NHS, Social Care and support provided in the Community, and we will avoid:-

- duplication and repetition of individuals experience, with people having to re-tell their story every time they come into contact with a new services;

- people not getting the support they need because different parts of the system don't talk to each other or share appropriate information and notes;

- the “revolving door syndrome” of older people being discharged from hospital to homes not personalised to their needs, only to deteriorate or fall and end up back in A & E;

- home visits from health or care workers are not co-ordinated, with no effort to fit in with people’s requirements;

- delayed discharges from hospital due to inadequate co-ordination between hospital and social care staff.

10.3 The clear commitment is that we will move away from commissioning costly, reactive services and commission those that will develop self-reliance, focus on prevention, improve quality of care, reduce demand and take cost out of the system for re-investment into new forms of care. Across Cheshire we are aligning our commissioning approaches and where relevant jointly commissioning services to deliver consistency and integration in the wider service landscape.

10. 4 By 2015, the communities of Cheshire will begin to experience **world class** models of care and support that are **seamless,** high quality, cost effective and locally sensitive. **Better outcomes** will result from working together with:-

- **Better experiences** of local services that make sense to local people rather than reflecting a complex and confusing system of care;

- More individuals and families with complex needs are able to **live independently and with dignity** in communities rather than depending on costly and fragmented crisis services;

- **Enhanced life chances** rather than widening health inequalities.

10. 5 Every community in Cheshire is different and that is true in Cheshire East. Local solutions will reflect local challenges, but our shared action will be united around **four shared commitments:**

i. **Integrated communities:** Individuals will be enabled to live healthier and happier lives in their communities with minimal support. This will result from a mindset that focuses on people’s capabilities rather than deficits; a joint approach to community capacity building that takes social isolation; the extension of personalisation and assistive technology; and a public health approach that addresses the root causes of disadvantage.

ii. **Integrated case management:** Individuals with complex needs – including older people with longer term conditions, complex families and those with mental illness will benefit from their needs being managed and co-ordinated through a multi-agency team of professionals working to a single assessment, a single care plan and a single key worker.

iii. **Integrated commissioning:** People with complex needs will have access to services that have a proven track record of reducing the need for longer term care. This will be enabled by investing as a partnership at real scale in interventions such as intermediate care, re-ablement, mental health services, drug and alcohol support and Housing with support options.

iv. **Integrated enablers:** We will ensure that our plans are enabled by a joint approach to information sharing, a new funding and contracting model that shifts resources from acute and residential care to community based support, a joint performance framework, and a joint approach to workforce development.

10.6 We recognise that the current position of rising demand and reducing resources make the **status quo untenable**. Integration is at the heart of our response to ensure people and communities have access to the care and support they need.

10.7 Locally within Cheshire East, two integration programmes are at the heart of this work, connecting workstreams across the Cheshire footprint as appropriate, while also affording opportunities for learning and remodelling care according to the needs of local populations.

10.8. **Caring Together** (including NHS Eastern Cheshire Clinical Commissioning Group and Cheshire East Council) - This area covers a population of approximately 201,000 residents, and includes the urban areas of Macclesfield, Congleton and Knutsford. Whilst life expectancy is above the national average, there are significant disparities between areas. The main causes of premature death are circulatory and respiratory disease, cancers, and diseases of the digestive system, with particular links back to lifestyle issues of obesity and alcohol consumption. This area includes 23 GP practices, and works closely with the Local Authority of Cheshire East.

10.9 A partnership of health and social care organisations have developed a shared vision across Eastern Cheshire that is called 'Caring Together' – joined up local care for all our wellbeing. This is aimed at bringing about a radical shift in care from reactive hospital based approach to a proactive community based care model. Our approach is patient-centred and will use a new and enhanced primary care approach as the foundation. The notion of the empowered person is at the starting point of great care. The model builds out from this using a locality team approach and specialist in-reach to support primary and community care more effectively.

10.10 The vision in this area was developed in partnership between professionals and the public, and is clinically driven, incorporating the National Voice Principles. In Eastern Cheshire we believe that integration cannot be delivered by one organisation working alone in isolation, but must be delivered through genuine collaboration.

10.11 **Connecting Care** (including NHS South Cheshire Clinical Commissioning Group and Vale Royal Clinical Commissioning Group, Cheshire East Council and Cheshire West and Cheshire Council) - This locality has a population of approximately 278,500 and includes 30 GP practices (18 in South Cheshire CCG, 12 in Vale Royal CCG). This area covers a proportion of Cheshire East and Cheshire West and Chester Council. The two Clinical Commissioning Groups share a management team to provide efficiencies. Patient flows to the DGH have illustrated that 92% are from people living within the boundaries of the two Clinical Commissioning Groups. There are significant financial pressures that exist within the health and social care geographies in this locality and this is due in part to a relative lack of deprivation against national benchmarking making it difficult for local organisations to individually draw resources to create the headroom for innovation.

10.12 The local Partnership Board recognises the work that is already taking place with regards to developing integrated services to meet the needs of the local communities. Our approach so far has been to deliver integrated services locally, led by empowered staff groups and with a clear focus on improving outcomes and reducing health inequalities. This has engaged front line health and social care staff, clinicians, patient groups, the voluntary sector and commissioners. The Partnership Board has now acknowledged the need for further work to produce an integrated plan that will ensure this 'bottom up' approach is co-ordinated and meets the needs of the local Health and Wellbeing strategies to achieve real scale and pace.

10.13 Commissioning of Integrated Services

Effective commissioning of services to secure improved outcomes for residents is at the heart of the Better Care Fund, and the partnership within Cheshire East acknowledges this.

10.14 Consideration has been given to whether additional joint activity and commissioning resources should be included in the Better Care Fund pooled budget from April 2015. The partners, through our Joint Commissioning Board, have discussed this extensively and determined that we would wish to take a cautious and measured approach to growing the pool as we extend our collective reach in identifying appropriate activity to be included. Common areas for commissioning reviews have been identified for 14/15 and 15/16 across the partnership. Currently commissioning reviews are underway in the areas of alcohol and substance misuse, and learning disabilities. At the point of each review decisions will be considered to joining the activity and commission to the pool. Part of the reason for doing this is to ensure we do not lose a focus, via BCF on addressing the shared outcomes and measures that we are aiming to secure. For this reason we do not wish to get ahead of ourselves or overstate our ambition early and then under-deliver.

10.15 The ambition of the partnership is clearly to connect commissioning activity to improve the health and care outcomes for residents. The Better Care Fund, commencing in 2015 is seen as a staging post on the journey which will result over time in significant combining of resources to more effectively drive innovation and improvement.

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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