Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2015

BETTER CARE FUND – SECTION 75 AGREEMENT

Joint Report of the Chief Officer, Sunderland Clinical Commissioning Group and the Executive Director of People Services, Sunderland City Council

1. PURPOSE OF REPORT

1.1. The purpose of this report is to seek support for the Section 75 agreement in relation to the vision for integration in the City between health and social care through utilising the plans set out within the Better Care Fund.

1.2. The Agreement is made pursuant to Section 75 of the National Health Service Act 2006 and to Part I of the Local Government Act 2000 under which the Partners have agreed to establish arrangements for the provision of the Better Care Fund Pooled Budget and the delegation of certain NHS and local authority health related functions to Partners.

1.3. Sunderland Health and Well Being Strategy will deliver the "Best possible health and wellbeing for Sunderland ….by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities."

1.4. One of the key elements of the strategy is Joint Working and the implementation of the Better Care Fund (BCF). There is recognition nationally and locally that the public, clients and patients do not always experience good quality, joined up health and social care services. Often they have to try and navigate around a complex system with no added benefit to patients or clients. Therefore, as part of delivering the H&WB Strategy, a vision for the integration of health and social care in Sunderland was agreed in November 2013 alongside the need to set out plans for the Better Care Fund to support this vision.

2. BACKGROUND

2.1. The Care Act sets out the policy context in relation to the vision for integration. The system of health and social care is under more pressure than ever before. People may be living for longer, but often they are living with several complex conditions that need constant care and attention, conditions like diabetes, asthma or heart disease. However this is not only about older people, children born with complex conditions are now living to adulthood, while those with learning disabilities and other groups have lifelong needs all of which require care and support services to be working in a joined-up way. Our work on segmentation has illustrated that 3% of our population account for 50% of our health and social care spend in the city and many of this high risk group are older people with multiple conditions.

2.2. At a local level, one of the principles of NHS Sunderland Clinical Commissioning Group and the City Council is to integrate health and social care to help deliver its overall vision of Better Health for Sunderland and this has been supported through local engagement with patients, public and elected members as it is recognised that integration will improve the lives of vulnerable people in Sunderland.

2.3. The June 2013 Spending Round announced the establishment of a Better Care Fund from 2015/16, designed to further drive the Integration Agenda.

2.4. The fund is a catalyst to improve services and achieve value for money through organisations agreeing a joint vision of how integrated care will improve outcomes for local people and achieve efficiencies. The fund is formally established from 2015/16 and has been allocated to local areas to be put into pooled budgets under joint governance between CCGs and local authorities from the 1st April 2015. A condition of accessing the money is that CCGs and local authorities must jointly agree plans for how the money will be spent. The Health and Wellbeing Board agreed its joint vision for integration at the Board meeting in November 2013, agreed the establishment of an integration and transformation board as an advisory group to oversee the development of the better care fund in January 2014 and agreed the initial plan at a Development session in February 2014.

2.5. Health and Wellbeing Boards were encouraged to extend the scope and size of the local BCF. In Sunderland agreement has been reached to pool the council's adult social care budget with the CCG's out of hospital spend to create an overall BCF totalling over £150m. The BCF plan incorporates the following design principles:

- Plans to be jointly agreed
- Protection for social care services
- 7 day services at weekends
- Improved data sharing including being specifically based on the NHS number
- Joint approach to assessment and care planning
- Agreement on the impact of changes in the acute sector.

3. VISION FOR INTEGRATION IN SUNDERLAND

3.1. Within Sunderland, a significant amount of work has been progressed to create the conditions for integration and alignment of resources at various levels across the city. There is a strong track record of aligning resources towards certain targeted client groups, key outcomes and also at an area or neighbourhood level to better meet local needs (both formally and informally) and developing local responsive services.

3.2. Building upon the work that has been progressed to date, the vision for integration in Sunderland lies in transforming the way health and social care works together.

3.3. The vision is to ensure that local people have easy and appropriate access to health and social care solutions which are easy to use and avoid duplication. By doing this we will work with citizens, patients, and carers, as well as those who can support those solutions, including health and social care providers to change behaviours to ensure appropriate care, in the right place at the right time. The new system will consist of truly integrated multi-agency working so that local health and social care systems work as a whole to respond to the needs of local people. It will support people to be in control and central to the planning of their care so they receive a service that is right for them. Integrated services will bring together social care and primary/community health resources into co-located, community focussed, multi-disciplinary teams, linking seamlessly into hospital based and other more specialised services (vertical integration).

3.4. The vision will be supported by:

- Integrated working between health and social care to assess people's needs
- Integrated working to plan and manage care to ensure continuity
- Anticipatory case finding, supporting a prevention model
- A single engagement process for the people of Sunderland to influence and inform service development
- Integrated IT systems allowing information to be shared amongst those who need it, including the individuals themselves
- Working differently to nurture community resilience

4. SYSTEM DESIGN

4.1. Integration of health and social care for the benefit of the individual will require a redesign of the system. As outlined earlier, work has been progressed and the following sets out the key work streams that have been developed:

4.2. Development of an overall operating model with clear pathways for local people through health and social care but with clear links to other integrated city and locality based services that act to prevent and reduce dependency of intensive services and taking a wider community and family based approach.

4.3. Development of an operating model for each of the five areas of the city (supporting the overall model) based on health and social care providers working as integrated locality teams and vertically integrated with hospital and other more specialised services. The first phase of integrated locality working is due to go live in April 15 across the City.

4.4. Development of fully integrated client and patient-centred commissioning arrangements across health and social care and a joined up way of engaging and working better with key service providers and their staff.

4.5. Joining up of shared intelligence building on work already started around predictive modelling and more effective monitoring of people's life courses

through the development of the Intelligence Hub. This area is one of the four rapid adopter pilots for the intelligence hub.

4.6. Developing a more user focussed way of working across the board in Sunderland aligning to the key design principles – wider engagement and participation activities and demand management/changing behaviours.

4.7. The outcomes Sunderland wants to achieve from integrated working include:

- Person centred co-ordinated care
- Supporting people to live at home
- Reducing number of people admitted to long term residential/ nursing care.
- Improving the diagnosis rate for dementia
- Increasing the number of people diagnosed with depression being referred for psychological therapies.
- Reducing unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Reducing emergency admissions for acute conditions that should not usually require hospital admissions.
- Reducing emergency readmissions within 30 days of discharge.
- Improving patient experience by reducing waiting times in A&E.
- Improving quality of life for vulnerable families and their communities.
- Supporting carers in a co-ordinated manner
- Greater trust in and satisfaction with the public sector and service providers
- Generating required efficiencies

4.8. As funding challenges continue, the integration agenda sets the context for achieving significant efficiencies for the health and social care system as a whole. However, this can only be achieved if resources are used appropriately and people are diverted from costly and intensive services (hospital and residential/nursing care) to locality integrated systems, which support people to achieve better health and wellbeing outcomes through delivery of care and support in communities.

4.9. Integration at a locality level therefore needs to focus in the first instance on the cohort of people that are currently cared for as an emergency in hospital but could be safely cared for at home or in a community setting, if the right integrated services were available.

4.10. Without this focus, efficiencies will not be released and outcomes for individuals will not be achieved as intended through the integration agenda.

5. CURRENT POSITION AND PROGRESS

5.1. NHS Sunderland CCG and The People Directorate in Sunderland City Council have been working on joining up commissioning support resources to

enable staff in each organisation to commission services on behalf of both parties where it makes sense to do so e.g. continuing health care.

5.2. Building on the Better Care Fund Submission, a number of major transformational programmes in Sunderland are underway, all being developed and delivered with key partners including relevant service providers.

5.3. Many of these are designed to provide care closer to home and reduce the demand on hospital services for mental and physical illness and injury to improve care and to enable a shift of resources from the hospital setting to the community.

5.4. These programmes are managed through a Section 75 agreement which as agreed previously by the Health and Wellbeing Board is to be governed by the Health and Social Care Integration Board. Delivery of the plan will be overseen by a Better Care Fund implementation Group, made up of representatives from the CCG and the Local Authority.

5.5. The Pooled Budget will be divided into a number of "mini pools" or "schemes." These schemes will be hosted and operational managed by one or other partner. The seven schemes are:

- Community Integrated Teams and Recovery @ Home
- Mental Health Services
- Learning Disabilities
- Packages of Care
- Carers Service
- Community Equipment Services
- Disabled Facilities Grant

5.6. The Section 75 agreement which is between the CCG and the Council includes the following:

5.7. Governance arrangements

- The Pooled Budget will be hosted by the Council
- The Budget will be split into a number of individual schemes such as Care Packages
- Each scheme will be hosted and managed by one or other Partner
- The Integration Board will have delegated authority from both Partners to manage the Pooled Budget to ensure the achievement of the desired outcomes
- Contributions to the Pool will be based on expected costs for the year
- The Pooled Budget will be managed as a whole
- Any unavoidable Scheme overspends will be offset by underspends in other schemes
- Any remaining overspends will be shared between the Partners based on the respective contributions to each scheme unless agreed otherwise by the Partners

- One year initial agreement with intention to develop a three year agreement from 2016/17

5.8. Key Performance Indicators. The agreement includes a list of agreed KPIs for 2015/16 as agreed in the original BCF application

- Non Elective Admissions to reduce by 0.8%
- Reductions in admissions to residential and nursing care homes
- Proportion of older people still at home 90 days post discharge from hospital to increase by 3.2%
- Reduction in delayed transfers of care

5.9. Schedule of Services and Financial Values. The agreement specifies the schemes and financial contributions from each partner included within the scope of the agreement which is summarised below.

Sunderland CCG & Sunderland City Council
Schedule of Services and Values (2015/16 Better Care Fund Budget)

Schemes	CCG Contribution £	SCC Contribution £	Total Scheme £
Community Integrated Teams & Recovery @ Home	29,808,818	5,315,418	35,124,236
Mental Health Services	26,628,704	2,333,691	28,962,395
LD Services	7,805,327	25,918,854	33,724,181
Packages	24,856,053	23,746,979	48,603,032
Carers Services	2,000,000	399,096	2,399,096
Community Equipment Services	1,652,015	862,252	2,514,267
Disabled Facilities Grant	-	2,999,000	2,999,000
Unidentified Local Authority Efficiencies	890,000	- 3,000,000	- 2,110,000
TOTAL 2015/16 BETTER CARE FUND BUDGET	93,640,918	58,575,290	152,216,207

6. RECOMMENDATIONS

6.1. The Health and Wellbeing Board is asked to note the contents of the report, to support the Section 75 agreement and agree to receive regular updates on progress against the BCF via the Health and Social Care Integration Board.

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