

**SURREY COUNTY COUNCIL****CABINET****DATE: 22 MARCH 2016****REPORT OF: MR MEL FEW, CABINET MEMBER FOR ADULT SOCIAL CARE,  
WELLBEING AND INDEPENDENCE****MRS HELYN CLACK, CABINET MEMBER FOR WELLBEING  
AND HEALTH****LEAD OFFICER: HELEN ATKINSON, STRATEGIC DIRECTOR ADULT SOCIAL  
CARE AND PUBLIC HEALTH****SUBJECT: HEALTH AND SOCIAL CARE INTEGRATION****SUMMARY OF ISSUE:**

Having grown and developed over time, the move towards integrated services has become a fundamental part of the way the Council and its partners develop and deliver services for adults and children across Surrey. This has been accelerated in health and social care by the introduction of the Better Care Fund, the publication of the NHS Five Year Forward View and is a key strategy for Surrey's Adult Social Care service to manage increasing demand.

Following the report provided to the Cabinet on 24 November 2015 related to the integration, this report provides an update on health and social care integration planning across Surrey and specifically seeks delegated authority from the Cabinet to finalise and approve the 2016/17 Surrey Better Care Fund plan on behalf of the Council.

**RECOMMENDATIONS:**

It is recommended that the Cabinet:

1. notes the update on health and social care integration planning in Surrey and the emerging Sustainability and Transformation Plans.
2. delegates authority to the Strategic Director for Adults Social Care and Public Health, in consultation with the Cabinet Member for Adult Social Care, Wellbeing and Independence and the Cabinet Member for Wellbeing and Health, to finalise and approve the 2016/17 Surrey Better Care Fund plan from the Council's point of view in line with the Council's Medium Term Financial Plan.
3. agrees that the finalised 2016/17 Better Care Fund Plan should be presented to the Surrey Health and Wellbeing Board for final approval on 7 April 2016.

**REASON FOR RECOMMENDATIONS:**

Integration of health and social care will support the provision of better outcomes to Surrey residents and enable the council to better influence and control the source of demand for social care services.

Pursuing opportunities for further integration will help to ensure the County Council meets its statutory duties, set out in both the Care Act 2014 and the Health and Social Care Act 2012, for encouraging and promoting the integration of health and social care.

A specific requirement of the Better Care Fund Planning process is to secure approval of plans from the Council, the relevant CCGs and the Health and Wellbeing Board.

The deadlines and tight timescales for submission necessitate the recommendation included in this report to delegate authority to the Strategic Director for Adults Social Care and Public Health (in consultation with the Cabinet Member for Adult Social Care, Wellbeing and Independence and the Cabinet Member for Wellbeing and Health) to finalise and approve the 2016/17 Surrey Better Care Fund plan on behalf of the Council before it is presented to the Health and Wellbeing Board on 7 April 2016.

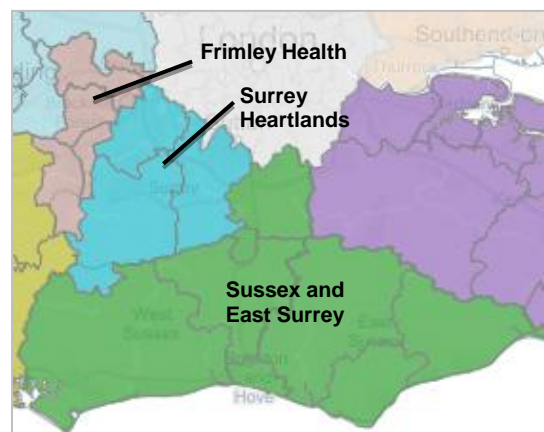
## **DETAILS:**

### **Background**

1. The Better Care Fund (BCF) is a national programme announced by the Government in the June 2013 spending round. The aim of the programme is to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. It is important to note that the funding comes from existing funding streams, the majority of which comes from health budgets.
2. The BCF is one element of the wider NHS strategic planning arrangements set out to deliver the NHS Five Year Forward View, a shared vision for the future of the NHS based around the new models of care and description of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.
3. The NHS planning guidance introduces Sustainability and Transformation Plans as the overarching strategic plan for local health and care systems.

### **Sustainability and Transformation Plans**

4. Sustainability and Transformation Plans (STPs) will be the overarching strategic plan for local health and care systems covering the period October 2016 to March 2021. STPs represent a significant shift in NHS planning towards place-based planning (as opposed to solely asking individual NHS organisations to produce their own plans). In addition to covering all areas of CCG and NHS England commissioned activity, STPs will also include plans around integration with local authorities.
5. The geographic 'footprint' for STPs is determined locally and should be based upon natural communities, existing working relationships and patient flows – there will be three STPs covering Surrey:
  - Surrey Heartlands - covering the geographic areas of Guildford and Waverley CCG, North West Surrey CCG and Surrey Downs CCG
  - Frimley Health - covering the geographic areas of Surrey Heath and North East Hampshire and Farnham CCG (also covering areas outside of the county)
  - Sussex and East Surrey - covering the geographic area of East Surrey (also covering areas outside of the county)



6. The national guidance for STPs sets out a two staged approach to their development with the aim of having completed plans by July 2016:
  - Stage one (before Easter) - developing local leadership and collaboration (agreeing and implementing governance arrangements, clarifying the scale of the challenge and agreeing key priorities)
  - Stage two (after Easter) – developing the detail of the STP focussed on an overall local vision and setting out how the area will reduce ‘the three gaps’ (the health and wellbeing gap, the care and quality gap, and the finance and efficiency gap) and meet the requirements set out in the NHS mandate.
7. Whilst the STPs are principally NHS plans, the Council’s involvement in their development and implementation will be crucial to ensure the achievement of the shared aims of the Council and health partners around improving health outcomes and greater integration of health and care services. STPs will also be the single application and approval process for being accepted onto programmes with NHS transformation funding for 2017/18 onwards.
8. The development of Better Care Fund plans for 2016/17 will need to be in the context of the emerging five year STPs.

### **The Better Care Fund**

9. The current financial year (2015/16) is the first year of the Better Care Fund which in Surrey has meant the pooling of £71.4m (£65.5m revenue funding, £5.9m capital funding).
10. The legal framework for the Better Care Fund requires that in each area the Fund is transferred into one or more pooled budgets (established under Section 75 of the NHS Act 2006) and that plans are approved by NHS England in consultation with the Department of Health and the Department for Communities and Local Government.
11. NHS England have set out conditions to the payment of the Better Care Fund - the framework remains broadly stable in 2016-17 with eight conditions local areas will need to meet through the planning process in order to access the funding. These are:
  - i. That the Better Care Fund Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups;
  - ii. A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17;
  - iii. Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
  - iv. Better data sharing between health and social care, based on the NHS number;
  - v. 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;
  - vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

- vii. That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
  - viii. Agreement on a local action plan to reduce delayed transfers of care.
12. The Better Care Fund guidance and templates for 2016/17 were published w/c 22 February 2016. An initial deadline of 2 March 2016 was set for the submission of a first draft of the 'BCF Planning Return template' (detailing the technical elements of the planning requirements including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement). A revised version will be submitted to NHS England in late March alongside a first draft of a narrative BCF plan.
  13. Following approval by the Council (under the delegated authority requested in the recommendations of this report) and by the Clinical Commissioning Groups, the finalised plan will then be presented to the Health and Wellbeing Board for approval on 7 April 2016 before the final NHS England deadline of 25 April 2016.
  14. The national expectation is for 2016/17 plans to build on the Better Care Fund plans approved for 2015/16 – the detail of the plan is still being discussed and developed with partners but it is anticipated that the three strategic aims agreed as part of the 2015/16 Better Care Fund plan will continue to guide the approach in Surrey:
    - **Enabling people to stay well** - Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs;
    - **Enabling people to stay at home** - Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care; and
    - **Enabling people to return home sooner from hospital** - Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.
  15. Annex 1 summarises the information provided in the draft submission made to NHS England on 2 March. Based upon the minimum mandated contributions to the fund, the 2016/17 Better Care Fund in Surrey will total £73.1m (£66.2m revenue, £6.9m capital).
  16. Expenditure plans are still being agreed between the Council and each of the CCGs. The guidance for the Better Care Fund places certain requirements on the use of the fund – for example:
    - £18.8m of the Surrey Better Care Fund is ring-fenced for funding NHS commissioned 'out-of-hospital' services;
    - A proportion of the funds (amount still to be confirmed) will be allocated to 'maintain social care services'; and
    - The Better Care Fund also includes 'Care Act' monies (with plans needing to show how informal family carers will be supported) and carer-specific funding.

17. Once the Surrey Better Care Fund plan has been agreed for 2016/17, 'section 75' partnership agreements will be developed and agreed with CCGs to enable the establishment of pooled funds (this refers to an agreement under section 75 of the NHS Act 2006 which allows local authorities and NHS bodies to pool funds).

#### **CONSULTATION:**

18. The Wellbeing and Health Scrutiny Board and the Social Care Services Board have received updates on plans for health and social care integration, the overall development of the Surrey BCF plan in 2015/16 and updates have also been presented on some of the specific local schemes. An integration / Better Care Fund update is scheduled at the Social Care Services Board on 12 May 2016.
19. The Surrey Health and Wellbeing Board has received regular updates on progress of the Surrey Better Care Fund in 2015/16 and is required to sign off the 2016/17 plan – this is scheduled for 7 April 2016.
20. Consultation on the development of local plans has been on-going through the Better Care Fund process. As local plans are developed consultation on specific changes have and will continue to be undertaken in each local area.

#### **RISK MANAGEMENT AND IMPLICATIONS:**

21. There are a number of risks that are associated with the integration of health and social care services – these include financial risks associated with managing activity and demand, workforce and staffing risks and the risks to the continuity and quality of services during a period of change.
22. The scale and complexity of the changes being developed in Surrey and the pace at which they have to be implemented increases the risk that the full benefits of integration will not be achieved either in total quantum and or within the required timeframe. Robust governance arrangements are in place to help to mitigate the risks including the use of partnership groups.
23. The section 75 agreements are an essential part of the governance arrangements for the BCF and will set out the range of mechanisms that will be in place to manage the BCF pooled fund and the associated risks. The BCF plan itself will include information relating to risk sharing and contingency arrangements.

#### **Financial and Value for Money Implications**

24. The Surrey BCF in 2016/17 will total £73.1m - £66.2m revenue funding, £6.9m capital funding. Whilst discussions between the Council and the CCGs are ongoing in relation to agreeing the expenditure plans for 2016/17, the Council's Medium Term Financial Plan assumes levels of funding ring-fenced specifically for social care ('protection' of social care services £25m, Care Act £2.6m, Carers £2.5m) will not be reduced from 2015/16.
25. As with the BCF funding in 2015/16, the 2016/17 Better Care Fund is made up of a number of existing elements of funding. It is important to emphasise that this is a confirmation of existing funding continuing, not new funding streams.
26. Successful implementation of the Surrey BCF plan is vital to support the financial sustainability of the health and social care system in Surrey.

### **Section 151 Officer Commentary**

27. The financial implications of the Better Care Fund plan for 2016/17 will be considered as part of agreeing the final plan locally with Clinical Commissioning Groups. In doing so, the impact on the Council's MTFP will be fully considered and the BCF plans will only be agreed on the basis that they are financially sustainable for the Council.

### **Legal Implications – Monitoring Officer**

28. The main body of the report highlights the relevant legislation in relation to the requirement to establish pooled budgets for the BCF.
29. Legislation and associated national policy places a duty on local authorities to promote and encourage the integration health and social care integration – for example:
- The Health and Social Care Act 2012 places a duty on the Council's Health and Wellbeing Board to encourage integrated working; and
  - The Care Act 2014 places a duty upon local authorities to “promote integration between care and support provision, health and health related services, with the aim of joining up services”.

### **Equalities and Diversity**

30. Equality Impact Assessments (EIAs) will form an important part of any planning for changes to services across health and social care to assess the impact upon residents, people who use services, carers and staff with protected characteristics. Individual schemes and programmes that are part of the BCF will have EIAs completed and included as part of the local plans.

### **Safeguarding responsibilities for vulnerable children and adults implications**

31. The further integration of health and social care services will support the safeguarding of vulnerable Surrey residents. More joined up service delivery by organisations will aid the identification and support of people vulnerable to abuse and enhance consistency of approach and training to safeguarding issues.

### **Public Health implications**

32. Integration across health and social care will support and promote the health of the Surrey population, more closely aligning outcomes and resources.

### **WHAT HAPPENS NEXT:**

The next steps include:

- Finalising the draft BCF spreadsheet and narrative plans for submission to NHS England on 21 March 2016
- Seeking approval for the Surrey BCF plan from the Surrey Health and Wellbeing Board on 7 April 2016
- Making the final Surrey BCF plan submission on 25 April 2016
- Begin implementation of the Surrey BCF plan from April 2016
- Agree 'section 75' partnership agreements to enable the pooling of funds (upon approval of the Surrey BCF plan)



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**Contact Officer:**

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**Consulted:**

Representatives from:

Adult Social Care and Public Health

Legal Services

Finance

Surrey Clinical Commissioning Groups

**Annexes:**

Annex 1 – Summary of the draft Surrey Better Care Fund submission

**Sources/background papers:**

Cabinet report – 24 November 2015: Progressing the integration of health and social care in Surrey

2016/17 Better Care Fund Policy Framework (Department of Health / Department for Communities and Local Government publication)

Delivering the Forward View: NHS planning guidance 2016/17-2020/21

Better Care Fund Planning Requirements for 2016/17 – technical guidance (Annex 4 to the NHS planning guidance)

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## Summary of the draft Surrey Better Care Fund submission

In line with the national guidance, Surrey submitted a first draft of the 'BCF Planning Return Template' on 2 March 2016. Work will continue with partners on all aspects of the return to finalise and agree the financial and performance aspects of the Surrey Better Care Fund plan. Set out below are the key components included with the 2 March submission:

### 1. Funding contributions to the Surrey Better Care Fund 2016/17

Based upon the minimum mandated contributions to the fund, the 2016/17 Better Care Fund in Surrey will total £73.1m (£66.2m revenue, £6.9m capital).

Further information and a breakdown of the minimum contributions can be found on the NHS England website (<https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>).

### 2. Surrey Better Care Fund metrics

The metrics (shown below) proposed for 2016/17 are the same six metrics used for the 2015/16 Surrey Better Care Fund Plan. Targets for these metrics are still to be reviewed and approved by NHS England.

Metric
<b>Nationally set metrics (mandated)</b>
<u>Non-elective admissions</u> – i.e. not arranged in advance - an emergency admission, maternity admission or admission or a transfer from a Hospital Bed in another Health Care Provider.
<u>Admissions to residential and care homes</u>
<u>Effectiveness of reablement</u> – proportion of people still at home 91 days after discharge from hospital into reablement/rehabilitation services
<u>Delayed transfers of care</u>
<b>Locally determined metrics</b>
<u>Estimated diagnosis rate for people with dementia</u>
<u>Patient experience – the friends and family test</u>

### 3. National conditions for the Better Care Fund

The return requires an indication on how progressed local areas are in meeting the national conditions – the responses included in Surrey's first draft response are set out below:

National condition	Response	Comment (if the response isn't yes)
1) Plans to be jointly agreed	Yes – will be agreed by 31/3/16	
2) Maintain provision of social care services (not spending)	Yes – will be agreed by 31/3/16	
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	No - in development (will be in place during 2016/17)	7 day working is well established for adult social care services and reablement is a 7 day service. Plans are progressing to establish 7 day working across health and social care services across Surrey. Not all care homes provide assessments at weekends, which means patients cannot be given care packages. Development of



		STPs in 2016/17 will support achievement of this condition.
4) Better data sharing between health and social care, based on the NHS number	Yes	
5) 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	No - in development (will be in place during 2016/17)	Differential progress is being made across Surrey - work will continue in localities in 2016/17 to progress.
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes – will be agreed by 31/3/16	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes – will be agreed by 31/3/16	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - in development (will be in place during 2016/17)	Local plans and arrangements are in place - Surrey has the lowest rates of DTOC in the south east. We will continue partnership working around each of the acute provider trusts in Surrey with further joint planning in 2016/17 as part of the development of STPs.

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