Name of Health & Wellbeing Board

Surrey Health & Wellebing Board

Better Care Fund Lead(s):

Name: Andre Lotz

email: andre.lotz@surreycc.gov.uk

Reviewing Local Authority

Names of Reviewers:

Contact Details:

Restricted Document

BETTER CARE FUND EXECUTIVE SUMMARY FOR ADULT SOCIAL CARE ONLY

The Better Care Fund has been designed to ensure collaboration between health and social care.
This template has been designed to inform local and regional discussions and national approval.
The information contained within this summary will be used by the ADASS regional chairs to support the assurance process.

The ADASS South West and South East regions have collaborated to produce this template to ensure a consistent approach to reviewing plans is adopted by local government.

Below are notes of what should be included in each question.

1 Name of Health & Wellbeing Board including information on the core membership

2 Name of the STP area including health and social care partners

3 Agreed health and social care vision (can be taken from BCF plan)

4 An overview of the demographics, plans and key activities agreed to deliver the needs of the population.
Are there significant changes in the local population, if yes, where does this occur in the demographics?
Include details about carers; prevention; managing demand, A&E delivery plans and STPs

5 Confirm funding contributions and note in the comments if there is joint agreement on indicative funding for 2018-19. Is the 2016-17 baseline agreed by all parties?

6 Please use this space to explain any variations between the years 2015-17

7 Please add any additional funding being added over and above the minimum contributions

8 Select as many options as applicable.

9 Please use this space to explain any changes that occurred in year between the years 2015-19

10 An overview of the role of adult social care in delivering the national Conditions, metrics, A&E delivery plan and digital roadmap, including any specific targets set for ASC.
How realistic is the DToC target and closing the gap by 50%, can this be achieved in the timeframe?
Are there risks in delivering the other targets such as 91 days and reablement

11 How has the High Impact Changes model been used to inform planning?
Summarise the findings of the assessment

12 Indicate the top three risks the plan presents to ASC and whether these are identified in the risk register.
Identify any risks to delivering in 2017-18 and beyond i.e. Providers accepting 7 day week, risk to 2018-19 iBCF

NB *The boxes in the template can be expanded by inserting additional rows*

Due Dates
Executive Summary: ¢ ###############
BCF Submission: 11 September 2017
South East BCF Regional Assurance Panel 21 September
South East BCF Moderation Panel 27 September 2017
Cross Regional Calibration: 2 October 2017
Approval Letters: 6 October 2017
Sc 75 agreements to be signed and in place: 30 November 2017

Links
https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions

BETTER CARE FUND EXECUTIVE SUMMARY FOR ADULT SOCIAL CARE

Name of Health and Wellbeing Board and membership

Surrey Health and Wellbeing Board
Membership: https://www.healthysurrey.org.uk/about/board-members
The Board is in the process of ensuring representation from the VCFS and STPs on the Board

Name of STP

Frimley Health and Care - covering the geographic areas of Surrey Heath and North East Hampshire and Farnham CCGs (also covering areas outside of the county)
Sussex and East Surrey - covering the geographic area of East Surrey CCG (also covering areas outside of the county)
Surrey Heartlands - covering the geographical areas of Guildford and Waverley, North West Surrey and Surrey Downs Clinical Commissioning Groups (CCGs)

Local needs and vision

Surrey's Joint Strategic Needs Assessment (JSNA) and local health profiles provide evidence of rising demand from an aging poulation and increased numbers of people living with complex needs and long term conditions. This has informed the H&WB Strategy and its five priorities. The JSNA has been refreshed this year and is informing a review of the H&WB Strategy.

The current strategy sets out a vision for meeting these challenges, which is captured in plans throughout the system, as: *Through mutual trust, strong leadership and shared values we will improve the health and wellbeing of Surrey people* .
To achieve our vision we have agreed three strategic aims for the BCF:
>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
>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

The Surrey Better Care Fund plan 2017/18-2018/19 maintains the same focus on older adults (one of the five H&WB prioties)as previous plans, and the priorities are:

• older adults will stay healthier and independent for longer
• older adults will have a good experience of care and support
• more older adults with dementia will have access to care and support
• older adults will experience hospital admissions only when needed and will be supported to return home as soon as possible
• older carers will be supported to live a fulfilling life outside caring

Surrey's approach to the BCF was developed in the context of the three STPs, and delivery of the vision and actions of the BCF are important steps for the successful delivery of the longer term transformation being developed as part of STPs. This overlap in vision is also evidenced in the objectives of the Surrey Heartlands Devolution Agreement.

Surrey has also identified areas where we'll need to maintain or place added focus in 2017/18 + 2018/19 – these reflect the areas that we know will present challenges. These include:
• recognition that the pace of change and integration across Surrey needs to increase to meet rising demands, financial challenges and our ambitions for improving people's health outcomes
• the need to keep developing a more coherent and joined up approach to 'market management' as an important area of focus – this will help to ensure we have the right capacity to meet local needs and support the delivery of our sustainability goals
• the acceleration of our integration plans places greater importance on the engagement and involvement of patients and service users, and staff in shaping the changes that are being made
• focus on local delivery of HIC models in coordination with respective A&E Delivery Boards, to deliver improvements in helping individuals home from hospital
• continue to coordinate Surrey-based integration plans and vision, across our complex system, and taking advantage of the opportunities in collaboration and shared system learning

Joint plans to meet the vision and needs of the population: *Include details*

Surrey's Better Care Fund plan 2017/18 + 2018/19 has been built on the foundations set in 2015/16 and 2016/17 – many of the schemes that were established last year will continue into the new plan. We have learnt a great deal during year one and two of the Better Care Fund and partners have committed to accelerating and scaling up our work around integration – this plan, alongside the emerging STPs in Surrey, reflects that heightened ambition.

In Surrey we have created a single strategy through our Health and Wellbeing Strategy which has been aligned into each of the STP plans at a local level. Commissioning and planning continues at local (thorugh Local Joint Commissioning Groups - LJCGs), STP and Surrey level, using a principal of subsidiarity, which depends on the consistency in need, appropriate levels for intervention and the provider market. And we have agreed principles to ensure sustainability and equality when we make decisions locally at LJCGs.

For example, the H&WB prevention plan, was built at the Surrey level and adapted to focus on local priorities at borough/district and CCG level, and later updated to reflect the Five Year Forward view and adapted by the three STPs for those footprints.

Surrey level examples: Carers services continue to be commissioned at a countywide level, supported by years of established (and award-winning) joint commissioning, a committed Surrey-wide multi-partnership group, Surrey-wide providers and the desire for a consistent approach across the geography.

Local CCG level examples: the Epsom Health & Care Alliance arrangement in Surrey Downs CCG have built an integrated service to support older people, manage demand and are already delivering improvements in accident and emergency waiting times, length of stay for unplanned hospital admissions and fewer delays in discharge from hospital. Also, each LJCG has developed their own High Impact Change models, in partnership with Local A&E Delviery Boards, to tackle delayed transfers of care

STP level examples: the Surrey Heartlands partnership has evolved enough that the area has appointed a single Accountable Officer for all three CCGs, and to sign a Devolution Agreement highlighted above, proposing to integrate health and social care commissioning into a single function and budget.

And in March it was announced that Frimley Health and Care STP, will be among the first in England to be awarded status as an Accountable Care System (ACS). A Memorandum of Understanding will be agreed between parties, which will mean the STP will take on more responsibility, and in return get more control and freedom over the total operations of the system in their area.

Confirmation of funding contributions

	2015/16	2016/2017	2017/2018	2018/19	Comments
Minimum funding requirements	67522	66176	67359	68639	WAM, NEHF are not that CCG's complete contribution to BCF, is the split that goes to Surrey BCF
CCG contribution	67522	66176	67505	68780	
Disabled Facilities Grant	3723	6931	7613	8295	
Care Act 2014 monies	3509	2610	2610	2610	
Carers (assessment/break) funding	2463	2506	2506	2506	
Reablement Funding	2814	2592	2525	2525	
Protection of Adult Social Care	25000	25000	25000	25000	
	0	0	0	0	

Explain any funding variations between 2015 and 2019

2015 includes Care Act Capital, following years this was part of DFG and removed from minimum contributions. Other changes are increases in line with national conditions or additional contributions as below

Additional funding contributions

2017/18	Funding Source	Purpose
	£418k from Surrey County Council £23k from North West Surrey CCG £121k from Surrey Heath CCG	Mental Health collaborative schemes funding increased to meet the minimum contribution increase, which cost over the amount required, but incorporated into pooled fund rather than have multiple funding streams

2018/19	Funding Source	Purpose
	£17k from Surrey Heath CCG £123k from East Surrey CCG	Surrey Heath CCG- Mental Health collaborative schemes funding increased to meet the minimum contribution increase, which cost over the amount required, but incorporated into pooled fund rather than have multiple funding streams East Surrey CCG - For Community Stroke Service

Local Agreement on funding arrangements

Funding Agreement *Please tick*	Yes	No	Reason where no is response
Sc 75	x		
Sc 32	x		
Pooled budget	x		
Risk Sharing Agreement	x		
Gain sharing Agreement	x		
Other Agreement		x	

Key changes to the funding contributions between 2015/2016, 2016/2017, 2017/2018 and 2018/19

2015/16
2016/17 Care Act Capital was removed and replaced with increased DFG from DCLG, so affecting the minimum contribution values.
2017/18 Increased minimum contribution £1,183k in line with national condition 2 Increased additional CCG contribution £144k Increased LA contribution £418k Increased DFG £682k iBCF £7,543k
2018/19 Increased minimum contribution £1,280k Increased additional CCG contribution £140k Increased DFG £682k iBCF £352k

How is ASC contributing to delivering the National Conditions, metrics and A&E Delivery Plan; Local Digital *Details to drawn from the funding and activity template*

Surrey County Council Adult Social Care & Public Health supports in the following ways:

National Conditions:
1) Jointly agreed plan - secretariat support, membership and in some cases chairmanship for H&WB, Health & Social Care Integration Board (Surrey level sub group of H&WB), LJCGs, A&E Delivery Boards, STP Transformation Boards. Also coordination of the BCF plan
2) Protection of Social Care - planning and delivery of social care schemes. Some are: carers, Mental Health Community Connections, home from hospital services, staffing for integrated services and reablement
3) Protection of out of Hospital Services - for example, some integrated care teams funded through the BCF have brought together multidisciplinary practitioners around the person. And NHS rapid response services, which quickly respond to support need at home and prevent hospital admissions, is supported by social care reablement and night services

BCF metrics:
Reablement and Care Home admissions - achieved targets last year, and set ambitous targets for 2017-19
DTOC - Joint responsible delays are below NHSE targets, so we have set targets to maintain this. ASC responsbile delays are better than the England average, but there is still a committment from ASC to deliver improvements on social care responsible delays, and to plan and deliver on local HIC models. These are built through engagement with Local A&E Delivery Boards

supporting Local Digital Roadmaps: In Surrey Heartlands STP for instance, the Digital Strategy lead is on secondment from ASC & PH, and ASC are key partners in priorites for a Strategic IG Group, and "Patient Knows Best" a shared care record. Also sponsorship and project support for an integrated data platform, is from ASC & PH

List the top 3 risks to ASC in delivering the BCF plan

From our risk register, any of the nine currently identified are important to ASC, as these are system risks, and we view ourselves as mutually symbiotic. Three with the highest scores include:

>Provider capacity in health and social care is insufficiently developed to support the future services required in the community, including voluntary sector and independent providers, to manage demand in line with forecast activity plans.
>Better Care Fund local plans in relation to the maintenance of social care services may not be sufficient to meet increasing demands leading to the risk of deterioration in service provision.
>The actions taken to integrate services do not have the intended impact on BCF metrics and specifically:
- emergency admissions; and/or
- delayed transfers of care.

These are existing risks from previous BCF plans. Mitigating actions have been identified and are ongoing

How has the High Impact Change model been used to inform planning?

Surrey on a whole has better than average performance on Delayed Transfers of Care (DTOC), and despite increasing demands we have achieved a level of stability over recent years through the actions we have taken. This is evidenced if one looks at DTOC data over the full seven years that this data has been available.

Surrey is however committed to continuous improvement in managing transfers of care, and have used the HIC model at Surrey level to assess the system. DTOC has however been a key feature of Surrey's BCF plan since before the HIC model was introduced, and has been a feature of integrated working in Surrey since before the introduction of the Better Care Fund. It is a corporate measure for the local authority as well as CCG partners, and is reflected in the Heath & Wellbeing Board Strategy, as well as STP plans. Surrey is also one of the south east region's first contributors of weekly data for a regional real time DTOC recording system, and is supporting regional analysis.

The Surrey system has already implemented some of the changes recommended through the HIC model, working in partnership with and to priorities of the local A&E delivery board (LAEDBs). The Health and Social Care Integration Board has held a group discussion on the model, comparing the Surrey system as a whole, against it.

It is however at the local commissioning level, where detailed HIC plans have been developed in order to meet the IBCF grant conditions and BCF planning requirements. Each of our Local Joint Commissioning Groups are assessing themselves against the model, and implementing their respective plans. As per the HIC model template, LJCGs are identifying timelines and methods for determining success.

Any other issues? For example risks to the CCG and acute systems that will impact on ASC

One issue to mention is the national shift in approach in DTOC, which has been flagged as a concern for both CCG and Social Care partners. Both the national setting of targets and the attempt to split accountability, is judged to run counter to the progress we've made towards local self determination and joint ownership of areas for development.

This page is intentionally left blank