NHS Doncaster Clinical Commissioning Group

Doncaster Metropolitan Borough Council

Doncaster
Health and Wellbeing Board

Agenda Item No. 8
Date: 9 January 2014

Subject: **Doncaster Better Care Fund**

Presented by: Joan Beck/Chris Stainforth

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	•
Information	

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	•
	Mental Health & Dementia	•
	Obesity	
	Family	•
	Personal Responsibility	•
Joint Strategic Needs Assessment		•
Finance		•
Legal		•
Equalities		•
Other Implications (please list) **Joint Commissioning Arrangements**		

How will this contribute to improving health and wellbeing in Doncaster?
The development of the Doncaster Better Care Fund creates a real opportunity to develop a single view of resources for health and social care services and support in Doncaster. This as a minimum will result in more efficient and intelligent commissioning activity, reduce duplication, streamline health and social care pathways and therefore improve outcomes for patients and users. The proposed principles and values behind the planning and governance process will also ensure innovation and new ways of working that involves stakeholders in a co-production approach, ensuring services and support directly respond to the Making it Real objectives and expressed user need.

Recommendations
3.1 The Board is asked to:- Endorse the proposal set out in Option 2 of this paper and support progression to a fully developed joint plan to be submitted to NHS England within the required timeframe. Give delegated authority to the Director of Adults and Communities, The Chief Operating Officer of NHSCCG and chair of the Health and Well Being Board to sign off the Better Care Fund submission to NHS England.

Doncaster
Metropolitan Borough Council

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To the Chair and Members of the
HEALTH AND WELLBEING BOARD

Options and Outline Proposals for progressing the Doncaster Better Care Fund.

1. EXECUTIVE SUMMARY

1.1 This paper is presented on behalf of the Joint Adult Commissioning Forum (JACF). The JACF includes senior representatives from the Doncaster Clinical Commissioning Group (DCCG) and DMBC Adult Social Care Commissioning and Public Heath Directorates. It is responsible for achieving a number of aims and objectives including:

To oversee the development and implementation of a joint programme of work which responds to and addresses key priorities and seeks to deliver shared social care and health outcomes.

1.2 This document is a first draft and represents an initial response to the opportunities and challenges presented by the Better Care Fund. It is explicitly work-in-progress, subject to further consultation with key stakeholders across the borough, including our citizens, voluntary and community sector, primary, acute and community health providers, and our social service teams. Any numbers included at this stage are simply best current estimates, based on work-to-date and these, together with our overall proposals, will invariably evolve and change through the consultation process and as our knowledge and understanding grows.

1.3 The intention is to share this work at this early stage, to elicit feedback, to support further development work, and to ensure maximisation of the opportunity that the BCF represents in addressing the common challenges and the potential for shared improvements over the next 5 years

1.4 The following paper sets out how the Better Care Fund could be developed in Doncaster, the principles ,values and governance of operation, early priority areas for budget allocation and discussion on the impact and risk of the changes for DCCG and Doncaster Borough Council.

2. EXEMPT REPORT

2.1 This is not an exempt report.

3. RECOMMENDATIONS

3.1 That the Health and Wellbeing Board support the broad proposals set out in option 2 in this paper and agree to progress to a fully developed joint plan to be submitted to NHS England within the required time frame.

4 BACKGROUND

4.1 Integrated and joint working has been significant progress in Doncaster in recent years. Joint working through partnerships and more recently through joint commissioning arrangements and the Joint Adult Commissioning Forum, has increased a shared ownership of planning and allocation of resources. The transfer of monies from health to social care via Section 256 of the Health Care Act since 2012, has in particular, resulted in progressively integrated planning, decision-making and investment activity, with some important gains in both strategic planning and service improvement.

4.2 The **Better Care Fund** (previously called The Integration Transformation Fund) provides a critical opportunity to build on these foundations and to achieve and accelerate further fundamental changes to the way we plan and deliver service in Doncaster using existing and additional collective resources.

4.3 In the June 2013 spending review the government announced the introduction of the Better Care Fund. This fund totalling £3.8bn is described as a pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities. Details of the Better Care Fund arrangements are as follows;

<table>
<tr><td colspan="2">The June 2013 Spending Review set out the following</td></tr>
<tr><td>2014/15</td><td>2015/16</td></tr>
<tr><td>An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned</td><td>3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements</td></tr>
<tr><td colspan="2">Therefore In 2015/16 the Better Care Fund will be created from the following</td></tr>
<tr><td colspan="2">£1.9 bn NHS funding</td></tr>
<tr><td colspan="2">£1.9 bn based on existing funding in 2014/15 that is allocated across the health and wider care system composed of;

o £130m carer break funding
o £300m CCG reablement funding
o £354 capital funding(including £220m of Disabled Facilities Grant
o £1.1bn existing transfer from health to Social care

50% of these monies will be performance related. Half will be paid in April 2015 and half paid in the second half of 15/16 depending on performance. Performance baselines to be set in the 2014/15.</td></tr>
</table>

4.4 NHS England have issued a series of guidance papers which set out the principles and conditions of the transfer of monies from NHS budgets to local authorities and a timeline of expectations for local plans to be submitted. Initial plans are expected by Feb 2014. Plans are expected to reflect the 5 year ambitions of local areas with robust and detailed plans for the first 2 years 2014-16.

4.5 In October 2013, the Chief Executive of the Local Government Association and the National Director: Policy, NHS England, provided additional information on what the fund aims to achieve and the conditions for receiving the Better Care Fund into local

health and social care integrated budget arrangements. This information along with additional guidance was reinforced in a recent LGA and NHS announcement on December 12, including further details on timelines for first cut and detailed plan submissions. The key messages culminating from recent announcements state -The Better Care Fund will;

- Provide an opportunity to transform care so that people are provided with better integrated care and support.
- Help deal with demographic pressures in adult social care.
- Assist in taking the integration agenda forward at scale.
- Support a significant expansion in care and community settings.

Deployment of resources is subject to the following conditions;

- Protection for social care services (not spending);
- As part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number (it is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health
- Ensure a joint approach to assessments and care planning
- Ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached
- Agreement on the consequential impact of changes in the acute sector.
- Wide stakeholder involvement

4.6 NHS England will make it a condition of the transfer that Doncaster Council and the DCCG have regard to the Joint Strategic Needs Assessment for their local population and existing commissioning plans for both health and social care.

4.7 NHS England will also make it a condition of the transfer that Doncaster Council demonstrates how the funding transfer will make a positive difference to social care services and outcomes for service users compared to service plans in the absence of the funding transfer.

4.8 The funding can be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users. The funding can also support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.

4.9 NHS England will ensure that Doncaster Council agrees with local health partners how the funding is best used within social care, and the outcomes expected from this investment. The Doncaster Health and Wellbeing Board is an appropriate forum for discussions between the local South Yorkshire and Bassetlaw NHS

England Area Team, the DCCG and Doncaster Council on how the funding should be spent.

5 Existing arrangements for use of NHS monies already being transferred to Doncaster Council

5.1 In September 2013, the JACF presented a plan to the Doncaster Health and Wellbeing Board to support how existing funding transfer arrangements from NHS England to social care were being utilised. The amount available to Doncaster for 2013/14 was £5.404m. Similar to the conditions set out for future transfers of NHS monies to social care, plans must have joint governance arrangements and outcomes must realise health as well as social care benefits.

5.2 The Plan for 2013/14 focused on Supporting and Maintaining Independence and has already realised some significant outcomes and benefits to health and social care services and these was reported to the Doncaster Health and Well Being Board in September 2013.

6 OPTIONS CONSIDERED

6.1 Option 1- Do nothing- This option is not recommended as the development of the Better Care Fund is an NHS England Directive.

6.2 Option 2 - To develop and deliver the **Doncaster Better Care Fund** by building on the existing arrangements for Joint Planning and Commissioning via the Joint Adult Commissioning Forum and the Supporting and Maintaining Independence Programme.

6.3 Option 3 – **Better Care Fund Plus.** The Fund will be administered through the same joint governance arrangements as the Better Care Fund, but in addition to the Better Care Fund, the Better Care fund Plus partners will start to identify and pool resources from other funding streams to develop a Doncaster 'place-based' budget. This could increase the size of the pooled budget significantly.

Option 3 is not recommended at this time as there are significant challenges to achieving the national conditions to secure the performance element of Option 2 and it is unlikely that a 2 year operational plan could be agreed in time to include this aspiration. However, it is recommended that in the 5 years strategic plan the development of a Doncaster 'place-based' budget is described as an aspiration and should be developed using the learning from the first two years of the Better Care Fund.

7 Option 2 – Outline proposals for Doncaster Better Care Plan

7.1 Through the strength of our existing partnerships and learning from our experience to date, it is our intention to bring about a shift in focus from a model of integration that has largely centred around inputs and structures to one which concerns itself as much - if not more with processes and outcomes In order to make a significant and sustainable change, at pace, our ambition now is to bring greater coherence to the whole system by:-

- Developing an understanding across the system of the outcomes that people, service users and carers want
- Developing an understanding of the wider system that impacts on the determinates of health and well-being

- Establishing a set of agreed principles and practical working methods to influence the way that all parts of the system connect and behave towards each other, to deliver the identified outcomes
- Building on existing foundations to maintain momentum.

The Doncaster Better Care Fund will achieve as a minimum, benefits in:

- Delayed transfers of care
- Emergency admissions – unplanned care
- Effectiveness of re-ablement
- Admissions to residential and nursing care
- Patient service/user experience

7.2 These measures plus an additional locally agreed measure, such as social care related quality of life will form the basis of the performance related payment component of the Better Care Fund finance arrangements. Doncaster Council's partnership with Sheffield Hallam University will provide academic rigour to these and additional measures for the Better Care Fund scheme.

8. Aims and Objectives

8.1 Our aim is to transform the culture of care and support in Doncaster to be more person centred, personalised and thereby develop a local system that is not only more co-ordinated but is adaptable to changes over time and will survive without an automatic need for external design.

8.2 We will improve patient and service user experience through:-

- **Making it Real Together** – Whole system adoption of Making it Real markers of progress – Ensuring that we begin with the end in mind and use Making it Real as a basis for developing, delivering and measuring person centred approaches.
- **Commissioning for Outcomes Together** - Establishing an effective and consistent model for joint/collaborative outcome based commissioning.
- **Developing the Workforce Together** – System wide adoption and Implementation of an integrated workforce development programme designed to embed person centred practice across the local health and social care system.
- **Building Processes Together** – Assuring progress by learning from experience and evidence to identify and find solutions to process issues that prevent effective commissioning and co-ordinated delivery as well as our ability to demonstrate progress across the system. For example the shared use of data and intelligence and governance structures.

9 Vision for Health and Care Services

9.1 The Health and Wellbeing Board's vision for health and wellbeing is that:

'Doncaster people enjoy a good life, feel happy and healthy, and agree Doncaster is a great place to live'

The Board's ambition is for Doncaster people to say;

- ***I'm able to enjoy life***
- ***I feel part of a community and want to give something back***

- ***I know what I can do to keep myself healthy***
- ***I know how to help myself and who else can help me***
- ***I am supported to maintain my independence for as long as possible***
- ***I understand my health so I can make good decisions***
- ***I am in control of my care and support***
- ***I get the treatment and care which are best for me and my life***
- ***I am treated with dignity and respect***
- ***I am happy with the quality of my care and support***
- ***Those around me are supported well***
- ***I want to die with dignity and respect***

These are collectively known as the 'I' statements. The vision and 'I' statements have been modified following the public consultation

9.2 Our vision is to create a system of integrated care and support for people in Doncaster in their homes and communities with services that;

- **Are coordinated around individuals,** targeted to specific need
- **Improve outcomes** reducing premature mortality and increasing health and well being
- **Improving the experience of care,** with the right services available at the right time
- **Maximise independence by providing** more support at home and in the community
- **Provide Joined up and proactive case management** to ensure we avoid unnecessary admissions to hospital and care home and rapidly regain independence after an episode of illness.
- **Ensure quality with robust systems for continuous review of quality.**

9.3 **Proposed Core Principles of the Better Care Strategy**

It is proposed that the Better Care Fund Strategy is based on 3 core principles

- People will be empowered to direct their care and support and the support they receive will be as close to home as possible and developed with a co-production approach.
- Services will be integrated where possible and connected as a minimum.
- Our systems will enable integration and connect services not hinder them.

The services developed we be tested against the following values;

- Services that wrap around the patient
- Reduce dependency and increase personal responsibility
- Increase Patient/citizen control and choice
- Provide meaningful and timely Advice and guidance
- Adopt a Reablement approach that permeates all provision
- Focus on Prevention
- Include the wider determinates of health and social well being
- Ensure Quality
- Increase Planning and co-ordination of systems
- Increase availability of timely and meaningful information advice and guidance

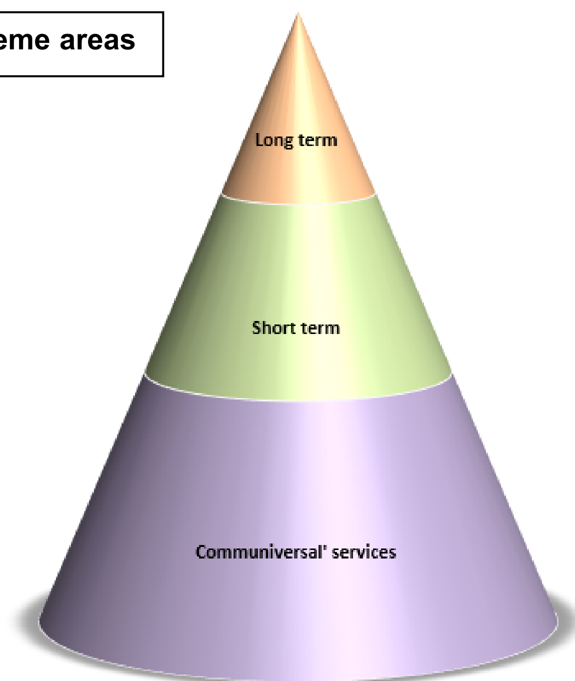
10 Proposed Better Care Plan themes

10.1 It is proposed that the Health and Social Care Integrated Better Care Fund Plan will focus on 3 broad headline themes;

- **'Community and universal' services** – Information, advice and self management
- **Short term services** – Intermediate Care Services and support.
- **Longer Term services** – Dementia and Community Care

These themes both reflect the adult commissioning strategy priorities within DMBC adult Commissioning and the NHS DCCG 5 year strategy and 2 year operational plans.

Doncaster Better Care Fund Theme areas



Early discussions of priorities suggest that we use the BCF to develop, as a minimum, the following in each of the 3 themes.

The 3 themes will then be further scoped through consultation with stakeholders. It is anticipated that stakeholders from across the health and social care economy will contribute to many levels of the system, for example GP's and primary care have key interests in all of the theme areas.

10.2 '**Community and Universal' services** ('Communiversal Services')

Investment in Information and advice and advocacy services to support self-management.

Communities and Community Innovation - Developing the market of community based services and support that focus on maintaining independence. Harnessing the power of local skills and resources.

Carers- Ensuring carers and families are given timely and appropriate help and support to enable people to remain at home.

Public Health- Improving individual and community wellbeing to prevent illness and empower people to stay well. Evidence based programmes to impact on the wider determinants of health including fuel poverty, holistic approaches for falls prevention, reducing social isolation and strengthening support for people with alcohol and substance misuse - avoiding admissions to hospital and residential rehabilitation, promoting person centred community based therapies.

GP links services – Extending Universal risk stratification and referrals service to Community GP practices, putting GPs at heart of peoples care coordination- Named GP's for people aged over 75.

Housing Options – Ensuring housing enables people to live well at home, is not a barrier to independence, supports early discharge from hospital and provides tiers of support according to need.

Telesolutions, aids and adaptations- Ensuring swift and easy access to being safe and enabling independence at home.

10.3 **Short Term Services**

Integrated Crisis response – creating flexible access services coordinated through a central one point telephone service.

Development of reablement service through a new joint Community Independence Services, reducing hospital admissions and nursing and residential care costs.

Reduce Delayed Discharges,
Build on integrated discharge and Invest in 7 day working, including 7 day GP services

Avoiding admissions – Strengthening community services that avoid unnecessary hospital admissions

Joint Intermediate Care Offer for Doncaster which comprises services which are fundamental to the wider determinates of health including Housing options and support offered through the disabled facilities allocation.

Home from Hospital Community services – Low level support to reduce re-admissions and support person centred outcomes

10.4 **Long Term Services**

Drive forward Doncaster being a Dementia Friendly community

Help people self-manage and provide peer support working in partnership with voluntary, community and long-term conditions groups.

Invest in developing personalised health and care budgets working with patients and service users and frontline professionals to empower people to make informed decisions around their care.

Create a joined up service offer across the Nursing and Care Home provider landscape focussed on improving outcomes through transforming the quality, consistency and co-ordination of care across the nursing and care homes of Doncaster

Help to live at Home, commissioning better quality care– Working with users to maintain independence and receive care at home

10.5 <u>**Better Care Systems.**</u>

In addition investment into support systems to aid integration and connected care would include the following;

Implement routine patient satisfaction surveying from GP Practices to enable the capture and tracking of the experience of care.

Integrate NHS and social care systems around the NHS Number to ensure that frontline professionals, and ultimately all patients and service users, have access to all of the records and information they need. .

Undertake a full review of the use of technology to support primary and secondary prevention, enable self-management, improve customer experience and access, and free up professional resources to focus on individuals in greatest need.

Establish a robust Joint Integrated Better Care Fund Programme Governance Mechanism working across the local authority and DCCG to support the implementation of integrated commissioning of health and social care

Create a central Integrated performance function- ensuring data sharing and interpretation is core to service and systems planning and commissioning.

Workforce Development – Investing in the skills and talents required for a modernised workforce across the system of planning, performance and delivery

11. Governance

11.1 Building on the foundations of the Joint Adult Commissioning Forum arrangements, it is proposed that the JACF will continue to manage the Better Care Fund with an additional strategic element to ensure corporate support and guidance for the strategic ambitions of the programme.

11.2 The existing and proposed governance arrangements are detailed in *Appendix 4*.

12. Proposed Principles of operation for the Doncaster Better Care Fund.

12.1 The existing arrangements for transfer of DCCG monies to Doncaster Council are governed by a set of key principles *(see Appendix 1).* These principles are proposed as the foundations on which to build the future joint governance arrangements of the Better Care Fund.

12.2 The principles focus on transformation and modernisation of health and social care services, call for a single view of the use of resource and drive towards a new offer, recognising that sustaining current systems is not possible within new

resource settlements. Commitment to joint responsibility for change and risk and transparent stakeholder participation and collaboration is also central to the principles, recognising that co-production with patients and users is pivotal to achieving a reduction in dependency on mainstream services and increasing community and social capitol and self- reliance.

13. Description of Planned Changes

13.1 The proposed development of the Better Care Plan in January will outline in more detail the specific planned changes within the 3 theme areas. However early draft workstream priorities outlined in *Appendix 2*, set out the broad ambitions over the next 1-5 years and reflects the transformation and modernisation approach that are fundamental requirements for driving health and social care reform.

14. Performance and Evaluation

14.1 The Supporting and Maintaining Independence Programme already has a robust performance framework which was developed with reference to the joint strategic needs assessment and the jointly owned outcomes of the Making it Real markers and NHS and Adult Social Care Outcomes Framework.

A sample of the current performance framework is attached at *Appendix 3.*

14.2 In addition the SMI programme has contracted with Sheffield Hallam University for the next 2 years to provide robust academic evaluation and scrutiny to the programme and its activities. An essential element of this contract will be a focus on evaluating intermediate health and social care services and building the evidence base for what works in achieving and maintaining independence at 'communiversal' level.

15. Service Provider Engagement

15.1 The current governance arrangements for the SMI programme includes provision for provider/commissioner consultation and managing the interdependencies of a whole systems approach to service development and change. It is proposed that these existing arrangements of mixed working groups and integrated forums be further enhanced in the both the development of the Better Care Fund and future joint commissioning planning arrangements. (**see Appendix 4**)

16. Stakeholder, Patient, Service User and Public Engagement

16.1 The Better Care Plan will be developed via full and meaningful engagement with a range of stakeholder groups for example the over 50's parliament, Doncaster CVS, New Horizons, GP and patient forums and Doncaster Health Watch. A range of consultation methods will be used to ensure equity of access and engagement. Consultation will begin in January 2014. A consultation outline is detailed below

16.2 The consultation plan and timeline is proposed as follows;

Stakeholder	**Stage**	**Date**
Joint Adult Commissioning Forum	Briefing paper and headline proposal received	24thth Dec
Joint Adult Commissioning Forum	Briefing paper and headline proposal endorsed and released to HWBB agenda	30th Dec
DMBC member consultation (HWBB chair briefing)	Briefing paper and headline proposal	Jan 30th-6th
DMBC Provider services	Outline proposal and plans	Jan 6th – 9th

DCCG member consultation	Outline proposal and plans	Jan 6th – 9th
Health and Well Being Board	Outline proposal and plans	Jan 9th
Health and Social care development group (CVS)	First cut detailed plan development	9th-30th January
Doncaster 50+ Parliament	First cut detailed plan development	9th-30th January
Health Watch	First cut detailed plan development	9th-30th January
Patient and user consultation (New Horizons)	First cut detailed plan development	9th-30th January
Joint Adult Commissioning Forum	Sign off first cut detailed plan	30th 5th February
First cut plan submission date		**14th February**

17. Time frame

17.1 NHS England expects a draft outline plan (ITF Template) to be developed **by 14th Feb 2014** with a final plan by end of April 2014, which will need to set out how the pooled budget will be used.

17.2 **Better Care Fund Submission Timetable**

ACTIVITY	**DEADLINE**
First submission of plans	14 February 2014
Contracts signed	28 February 2014
Refresh of plan post contract sign off	5 March 2014
Reconciliation process with NHS TDA and Monitor	From 5 March 2014
Plans approved by Boards	31 March 2014
Submission of final 2 year operational plans and draft 5 year strategic plan	4 April 2014
Submission of final 5 year strategic plans	20th June

18. Implications and risks

18.1 All the budget streams proposed to be ‘transferred’ into the pooled budget **are existing budgets** within the current health and social care system, this includes the £1.9 million additional NHS funding to be pooled from 2014/15.

18.2 Allocations for the Better Care Fund plans year 2 and 5 will be developed and agreed throughout the consultation period in January, with final plans developed for the April 4th deadline. The current existing commitments for what will become the Better Care funding stream is detailed in appendix 5

18.3 None of the ITF funding streams represent *new money* into the Doncaster health and social care system. This presents some challenges regarding existing commitments against these funding streams and the impact of potential plans going forward. It will be crucial for partners to share, in detail, existing budget commitments planned for the next 3 years in order that a single view on priorities can be achieved.

18.4 To set in context the impact on existing Doncaster CCG budgets, this is likely to represent a further 12%(estimated) transfer of Doncaster NHS core budget into a pooled budget arrangement on top of the outcome of the formula shift which equates to -7.82% difference in budget allocation to Doncaster.

18.3 To set in context the impact on Social Care budgets In recognising the requirements to deliver an integrated approach between Health and Social Care there are fundamental business challenges linked to charging and eligibility as well as the advanced personalised approaches linked to Direct Payments within

Social Care. Although these risks are not insurmountable they will require a shift in cultural orientation across both Social Care and Health. It must also be noted that key partners for Social Care such as Housing will be integral to any defined delivery model and any lack of engagement will significantly hamper efforts.

19. REASONS FOR RECOMMENDED OPTION 2

19.1 The Better Care Fund and the transfer of monies from NHS England to Adult Social Care is an NHS England Directive.

19.2 The introduction of the Better Care Fund presents a significant opportunity to further strengthen and build on current successful joint working and commissioning arrangements, to the advantage of local people.

19.3 Both the Councils Adult Social Care Department and the Doncaster Clinical Commissioning Group are required to deliver significant savings and efficiencies over the next three years. Any approach undertaken unilaterally will have significant but disconnected impact across the Health and Social Care Community.

19.4 Only if Adult Social Care and Health work together to connect efficiency decisions and recognise interdependencies can the impact of those decisions be collectively mitigated and front line services maintained.

19.5 If recognition of these opportunities can be exploited whilst being mindful of organisational diversity and our respective statutory duties, then the foundations for a strong connected health and social care market could be built from the foundations of the ITF process.

19.6 Going forward- it is recommended that the Executive Officers of the Council and the Doncaster Commissioning Group mandate and task the Joint Adult Commissioning Forum as the platform to progress to the next stage of the ITF development process for Doncaster Health and Well-Being Board.

20. Key Actions

- Endorse the broad principles, values and headline themes to progress the Doncaster Better care Fund plan.
- Endorse consultation with stakeholders

21.1 IMPACT ON THE COUNCIL'S KEY PRIORITIES

21.1 The report impacts on the following Council priorities.

	Priority Outcome	Implications of this initiative
1.	Doncaster's economy develops and thrives, underpinned by effective education and skills	The Better Care fund will invest in the development of the local health and social care provider market ensuring that local services, skills and the range and type of provision is fit for purpose.
2.	Children are safe	
3.	Stronger families and stronger communities	The Better Care Fund will invest in communiversal services which support grassroots development of services and support which maintain independence. In particular support for carers and families will be central to the programme approach. A real co-production approach.
4.	Modernised and sustainable Adult Social Care Services with increased choice and control	The programme will support and fund a major shift in the type and nature of social care ensuring services are modernised, efficient, connected and integrated where possible. More transparency more choice

5.	Effective arrangements are in place to deliver a clean, safe and attractive local environment	Quality and safety will be at the heart of provided services. People are kept safe and protected from all avoidable harm.
6.	The Council is operating effectively, with change embedded and sustained with robust plans in place to operate within future resource allocations	The programme will focus on developing the systems , processes and workforce required to deliver a modernised adult social care and health service.

22. LEGAL IMPLICATIONS

22.1 The Council may pursue this initiative in accordance with its powers under S1 of the Localism Act 2011. As the project progresses further specific legal advice will be required.

23. FINANCIAL IMPLICATIONS

The details surrounding the pooling arrangement proposals are limited to date.
Both the Council and Health Authorities have identified the existing funding which will form part of the minimum funding arrangements. There is local discretion to increase the pooled budgets.
The indicative funds are shown at appendix 5 and include £7.459m of the councils existing funds of which £5.677m relates to revenue (SMIP former Reablement and Community Capacity Grant) and £1.782m capital (Community Capacity and Disabled Facilities Grants(D.F.G's)) identified for pooling purposes. A further breakdown of both Health and Local Authority Grants and expenditure commitments are shown at appendix 5

In respect of the current DMBC capital funding, this is not wholly ring fenced to the Adult Social care service.
DFG's are currently (2013/14) ring-fenced to carry out DFG work, however the Community Capacity Grant is ring-fenced by Council policy to support the Council's corporate priorities.

The specific financial implications associated with these proposals will be reported upon as they become clearer.

24 BACKGROUND PAPERS

24.1 The Adults Commissioning Strategy, which was agreed by Cabinet in October 2013, supports this agenda as its primary aim is to enable people to maintain their independence and remain in their own homes longer.

REPORT AUTHOR & CONTRIBUTORS

Gary Jones - Head of Commissioning and Contracts, Adults and Communities, Doncaster Council
Tel: 01302 737736
Email: gary.jones2@doncaster.gov.uk

Jackie Pederson- Jackie Pederson -Chief of Strategy and Delivery
Doncaster Clinical Commissioning Group

Email: Jackie.Pederson @Doncasterccg.nhs.uk

Rupert Suckling – Assistant Director Public Health
Email: rupert.suckling@doncaster.gov.uk

CONTACT OFFICERS

Wendy Bennett – Programme Manager Commissioning, Adults and Communities
Email: wendy.bennett@doncaster.gov.uk Tel: 01302 737048

Appendix 1

Supporting and Maintaining Independence Programme
Principles of Joint Governance

The agreement on how the Supporting and Maintaining Independence Programme will be governed will be guided by a set of 6 strategic principles;

- **Principle One-** The allocation of the Supporting and maintaining Independence programme monies will take place within the wider framework of the adult social and health care transformation and modernisation processes. This principle recognises that the focus is on system wide integration, getting **a single view of the use of resource** and that this has greater value in both cash and service delivery terms than of using prevention monies in isolation.

- **Principle Two-** The use of monies should be focussed towards a **new offer** recognising that sustaining current systems is not possible within the resource settlement across health and care. This principle recognises that **priority for funding allocation** should be on **developing capacity** within the system and **targeted interventions** to manage care and health demands within **new resource limits**. Supporting existing business pressures will be a valid use of monies if new ways of working and sustainability are an integral part of the case for change.

- **Principle Three-** With the emphasis on maintaining the safety of patients, service users and carers, and avoidance of discrimination, there is a commitment to **joint responsibility for development and change.** This principle recognises that any changes and new ways of working impact across both health and social Care systems.

- **Principle Four-** The Social Care and Health Community will work together to ensure and establish a system of **transparency, participation and collaboration**. Openness will strengthen our decision-making and promote efficiency and effectiveness in programme and service development.

- **Principle 5-** In accordance **with local compact agreements** the voluntary sector will have an opportunity to influence the social care and health development programme. This principle recognises that to achieve a transformation in services which reduces dependency on statutory services and **increases independence,** third sector agencies have a significant role to play.

- **Principle 6 –** Patient and user involvement and working towards a co-production approach, will be an integral part of developing and delivering the new offer for services, recognising that increasing community capacity, social capital and self-reliance requires and investment in and engagement with local people.

Appendix 2 –Better Care Draft Plan - Sample of Early Priorities

Theme	Key changes in patterns and configuration of services		Aims and objectives	User outcomes
Short Term	Year 1 ambition	Year 5 ambition		
Reduce delayed Discharge	• A single assessment and trusted assessor approach for all hospital discharges. • Introduction of 7 day working principles across key discharge services.	A single discharge service that supplies the range of health and social care required. Discharge route that is supported by a range of housing options and assistive technology.	To deliver a seamless discharge process that is predictive rather than reactive (intelligent) and responds to demand in a person centred manner. A workforce that is well trained and empathic and promotes a discharge process were patient safety is paramount.	Experiences a discharge process that is outcome centric, dignified and timely. Patients are engaged in the discharge process and user feed-back informs best practice.
Intermediate care and Reablement	• A range of health, social care, housing, intermediate care provision to support hospital discharge • Discharges from hospital Mon-Fri 7-8. • reablement as the default option even when care package is already in place.	A joint Intermediate care and reablement offer for Doncaster to prevent admissions and support early discharge Discharges 8-8 7 days a week Single reablement service for Doncaster which makes provision for all health and social care and wider prevention needs.	Provision of a range of services that are delivered as close to home as possible. A seamless approach that promotes continuous improvement and flexibility based on the experiences of patients, carers , family members and all the staff involved.	People are empowered to make choices about their quality of life, health and care. Effective early intervention and preventative services that support vulnerable families and communities to secure good outcomes.
Housing Options Offer	• Doncaster Housing Options Offer developed and phase one implementation complete	Full range of extra care and intermediate housing options available as part of the Intermediate care offer for Doncaster		
Reducing emergency admissions	• Developing an integrated approach to urgent and emergency care, particularly emergency medical admissions to hospital.	An integrated approach to emergency care through joint service planning and sharing of clinical information across different agencies.	Ensuring that hospital and community services can adjust service levels in response to changes in demand, so that need and provision are kept in balance.	Making the urgent care system easier to navigate would improve user experiences.

Theme	Key changes in patterns and configuration of services		Aims and objectives	User outcomes
Long term	Year 1	Year 5		
Help people self-manage and provide peer support working in partnership with voluntary, community and long-term conditions groups.	• Develop an approach to peer support across groups of need in particular people who have mental ill health.	• Peer support is embedded into core service offer and is at the centre of co produced services.	• To reduce dependency on mainstream and statutory services • Ensures tailored care for vulnerable and isolated groups.	• • Delivers greater choice and control • Support for self- determination, empowerment and maintaining social capitol. • Increasing listening and participation
Help to live at Home, commissioning better quality care– Working with users to maintain independence and receive care at home	• Help to live at home specification and plan developed and stage 1 implemented.	• • Movement from car management to outcome based client support	• Delivery of care closer to home • All organisations connected to maintain independence • Coproduction becomes the heart of service delivery. • Procurement designed to deliver common outcomes	• Services streamlined and accessible through a lead provider • Increased quality and continuous review • Safe and proactive services working together to deliver independence
Drive forward Doncaster being a Dementia Friendly community	• Greater awareness and understanding and acceptance of dementia in the Doncaster community	• Strengths of local relationships across the sectors including business and health and social care provision deliver a coherent approach to the delivery of a Doncaster dementia friendly community.	• Workforce fit for purpose • Reduce stigma and increase understanding • People with dementia can define their own outcomes and live well. • Local public environments are dementia friendly • Reduction in hospital visits.	• Early Diagnosis rate is improved • Services are personalised. provide choice • Carers are supported • Intergenerational understanding is improved
Invest in developing personalised health and care budgets.	Patients and service users and frontline professionals to empower people to make informed decisions around their care	Patients and user report via social care related measure that they have greater control over the services they receive.	Personal health and social care budgets available to all A range of services that respond to identified personal outcomes A developing market that provides quality and personalised safe services,	Patients and users have real control of their lives and personal outcomes. Choice flexibility and quality is reported as improved.

Theme	Key changes in patterns and configuration of services		Aims and objectives	User outcomes
Communiversal	**Year 1** 2014/15	**Year 5** 2018/19		
Community Innovation schemes	Range of community schemes that directly target people who are vulnerable and at risk.	• Community schemes developed via evidence based risk stratification methodology to directly target vulnerable adults	• Build a robust evidence base model for commissioning what works	• Co-production approach
GP Links service	Universal risk stratification and referral service plans to extend into GP practices	TBD	• To ensure GP's are central to the organising and coordination of peoples care	• Patients get help and support in a timely way through a range of channels with an accountable named individual for people over 75.
Doncaster Information and advice and advocacy service	Strategy for a central info and advice gateway to care for Doncaster Access to care (online service)	Gateway to care hub developed	• A central 999 service approach to adult care	Single hub for all information advice and guidance and advocacy.

Appendix 3 - Supporting and Maintaining Independence Programme (SMIP) – Performance Framework

SMIP Client Outcomes	Objectives	Aims	SMIP programme projects	Performance Measures
"I am provided with information in the way I want, or directed to reliable sources of information that is evidence based, timely, easy to understand, personalised, transparent and honest." (H&WB)	1 - Provision of accurate, timely, information & advice	Help people to understand how care and support services work locally, the options available and how people can access care and support	• Information and advice services • Community Innovation fund • Time-banking • Falls programme • Memory Services • Dementia friendly communities	• No. of people who use services and carers who find it easy to find information about support (ASCOF 3D) • Number of people signposted to services split by service type (principles of independent living), nature of enquiry, support offered, client feedback received • Number of people given information & advice split by method; online, phone, printed, face to face • Number of people supported to use a technology to access information and advice online • Evidence that people were happy with the quality and timeliness of the information & advice received. • Evidence that people were happy with the skills and expertise of the person/service providing the information and advice?
"I do not feel lonely, I feel safe and secure." (PS)	2 - Early Intervention & prevention work in neighbourhoods, building community capacity & resilience	To prevent escalation of issues and needs through early intervention and prevention work in neighbourhoods. To strengthen communities, building capacity and resilience for communities to do things		• Baseline established and 10% increase in numbers of vulnerable families, individuals and communities given support through early intervention and prevention work (local measure) • Number of groups supported to develop low level community support and social capital

		for themselves		particularly to help those vulnerable within neighbourhoods (local measure) • Number of people that use the service report that they have adequate social contact • Number of people use the service report that they feel less socially isolated • Evidence of a reduction in social isolation and support individuals to develop social interaction and become active members in their community • Number of local networks developed
	3 - Improve community participation and volunteering in a wide range of local activities including well-being, culture, community self - help, and shaping and delivering local services	To develop strong and active communities with increased participation and involvement in local community and volunteering activity		• Number of volunteers participating in local community activity and services (local measure) • Number of additional Registered Volunteer Coaches

“I get the right amount of support.” (PS) “I am happy and independent.” (PS) “I enjoy my life.” (PS)	4 - Delaying and reducing the need for long term care and increasing support through local prevention	Enabling citizens to maintain and improve their levels of independence to the greatest degree	• Just checking programme • Key safes • Telecare development programme • Housing support programme • Reablement service development programme • Hospital Discharge pathway services • Intermediate care offer • Intermediate care facilities to avoid admissions • Therapy services development programme • Care Management	• No. of permanent admissions to residential and nursing care homes per 1,000 population (ASCOF 2A) • Emergency admissions within 30 days of discharge from hospital (NHSOF 3B) • No. of older who were still at home 91 days after discharge from hospital into Reablement services (ASCOF 2B/NHSOF 3.6i) • No. of delayed transfers of care from hospital and those which are attributable to adult social care. (ASCOF 2C) • No. of new referrals to Telecare / No. of new Telecare installations (local measure)
"I can get where I want to go." (PS)	5 - Ensure that transport is not a barrier to community and social participation.	Develop a range of options to increase mobility and accessibility for people who are most isolated.	•Community transport	• Number of people who have accessed the service, split by; equality information, activities people were supported to participate (health & exercise, shopping, entertainment, info & advice, finance) • Number of volunteers • Evidence of retaining volunteers (undertake exit surveys - record reason for leaving) • Evidence of volunteers being supported to undertake training (record what this training was and who provided it) • Evidence of effective partnership working • Evidence of business continuity plans being in place

				• Evidence that the service helped people participate in social activities and community life • Evidence that people were happy with the quality and timeliness of the service
"I am in control, I have choice I am listened to." (PS)	6 - More people exercising choice and control over their care	Enabling people who use services to exercise greater choice and control over their lives and how they receive their care	• Personal Budgets • Community mental health programme • Respite care for people with dementia • Respite care for people with disabilities	• No. of people who use services who have control over their daily lives (ASCOF 1B) • No. of people using social care who receive self-directed support and those receiving direct payments (ASCOF 1C) • No. of people in contact with secondary mental health services who live independently with or without support (ASCOF 1H/PHOF 1.6) • A view of peoples Social Care related quality of life (ASCOF 1A/NHSOF 2) • Overall satisfaction of people who use services with their care and support (ASCOF 3A)
"As a carer, I am offered a holistic assessment of my needs and know how to access emotional, financial and practical support and information." (H&WB)	7 - All carers are treated with dignity and respect	To ensure people who use services are treated with dignity and respect ensuring their care and support improves the quality of their lives	• Carers network	• Carers can balance their caring roles and maintain their desired quality of life (ASCOF 1D/NHSOF 2.4) • Overall satisfaction of Carers with social services (ASCOF 3D)

"I have considerate support delivered by competent people." (TLAP) "I am supported by people who help me to make links in my local community." (TLAP)	8 - Workforce ready and able to deliver modernised services	Doncaster's Social Care workforce is able to deliver modernised services	• Outcomes based accountability and evidence based practice planning training • Economic evaluation training • Reablement approaches to care	TBC
"I understand my health and know what to do to keep myself healthy and to live my life to the full" (H&WB)	9 - Strengthen support in the community for people with specific health concerns		TBC	• Activities that assist people to achieve recovery and maintain abstinent from alcohol and drug misuse • Number of people who are supported to manage their health conditions • Number of people who report that their lifestyle has improved • Number of people who feel confident that they can cope with everyday tasks and remain independent • Number of people who report that they feel supported to stay healthy and well • Number of peer support opportunities developed • Number of people supported to engage in new opportunities, new interests • Number of people who feel supported to manage their health concerns

Appendix 5

Integration Transformational Fund

Sources of Funding	National Funding	Doncaster Requirement 2013/14	2014/15	2015/16		Comments
Health	£000,000's					
£859m already transferred (rounded in letter to £900m)	900	£5,404,111	£5,404,111	£5,404,111		Already allocated
Additional £200m transfer from NHS	200		£1,258,233	£1,258,233		Assumed top sliced from 2014/15 Allocations
£130m Carers Break Funding	130	£817,851	£817,851	£817,851		Already allocated
£300m Reablement Funding	300	£1,887,350	£1,887,350	£1,887,350		In CCG 13/14 financial plan
£134m Community Capacity Grant less IT Systems £50m below - Part of £350m ?	84	£1,076,000	£1,100,696	£1,100,696	*	Local Authority Monies
£50m Changes to IT Systems part of Community Capacity Grant - Part of £350m	50			£314,558	*	Assumed New Monies from DH
£220m Disabled Facilities Grant - Part of £350m ?	220	£954,000	£954,000	£954,000	*	Local Authority Monies
Additional £1.9b Funding	1900			£11,953,214		New Requirement
Total Funds	**3784**	**£10,139,312**	**£11,422,241**	**£23,690,013**		

*** Indicative funding allocations**

Schemes/ Investments in contract -	2013/14	2014/15	2015/16
CCG investment			
Community Aids & Adaptations	£1,742,700	£1,742,700	£1,742,700
Telecare	£112,600	£112,600	£112,600
Integrated Crisis and rapid response services			
Maintaining eligibility criteria	£100,000	£100,000	£100,000
Bed Based Intermediate Care Services	£3,036,746	£3,036,746	£3,036,746
CHC Jointly funded	£5,482,800	£5,482,800	£5,482,800
Reablement Services	£6,765,279	£6,765,279	£6,765,279
Mental Health Services	£1,970,657	£1,970,657	£1,970,657
Respite Services	£1,324,506	£1,324,506	£1,324,506

Other Initiative to avoid unnecessary admissions	£6,711,745	£6,641,645		£6,641,645	
Other Social Care	£539,800	£539,800		£539,800	
Early Supported Discharge Schemes	£240,262	£240,262		£240,262	
Total funds invested using CCG allocations	£28,027,095	£27,956,995		£27,956,995	
DMBC					
Re-Ablement Programme - Included above £5,404,111 each year	£0	£0	TBC	£0	TBC
Community Capacity - MCA Dols	£33,730	£33,730		£33,730	TBC
Community Capacity - Healthwatch	£191,290	£191,290		£191,290	TBC
Community Capacity - Mental Health	£39,420	£39,420		£39,420	TBC
Community Capacity - TBC	£0	£8,256		£8,256	TBC
Community Capacity - Corporate priorities	£812,000	£828,000		£828,000	TBC
DFG's	£954,000	£954,000	TBC	£954,000	TBC
Sub Total DMBC	£2,030,440	£2,054,696		£2,054,696	
Total funds invested using CCG allocations	**£30,057,535**	**£30,011,691**		**£30,011,691**	

Notes

Doncaster CCG % Nationally based on 2013/14 LA Reablement	0.629%

Appendix 4 – Governance