



Department
of Health



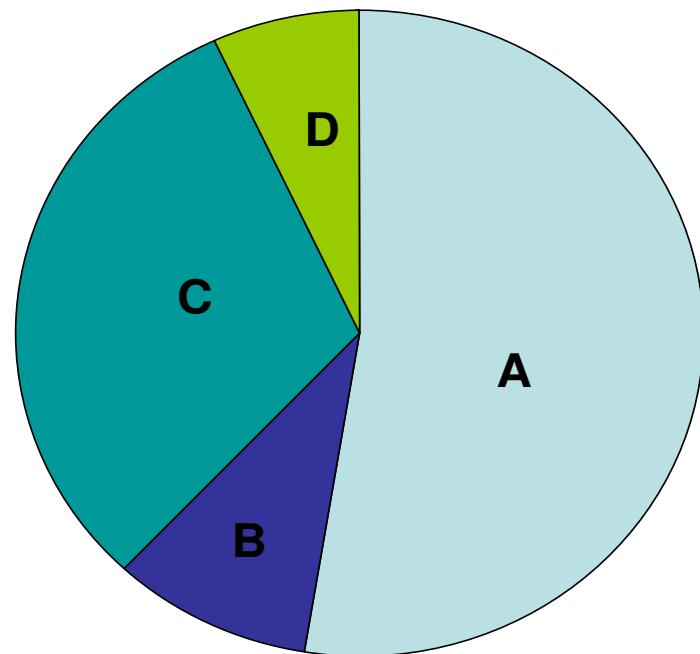
Department for
Communities and
Local Government

Better Care Fund

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Understanding the problem - Context

Social care expenditure by type of user 2011-12 – chart 1



A – Older people (65 and over) £8.79 bn

B – Adults with physical disabilities (18-64)
£1.58bn

C – Adults with learning disabilities (18 – 64)
£5.19 billion

Source: PSSRU England, 2011-12 Final Release

D – Adults with mental health needs (18-64)
£1.15 billion

Right local government settlement in 2015/16 (RSG down 13.1% in cash terms; 2.3% reduction in overall local government spending). Looking ahead, the LGA estimates (2012) that spending on adult social care will pass 45% of council budgets by 2019-20.

- For the NHS, on assumptions of flat funding going forward and services continuing to be delivered in the same way as now, would result in a funding gap which could grow to £30bn between 2013/14 to 2020/21.
- Financial imperative is clear – focus is to ensure we:
 1. understand the target population including by care expenditure (chart 1); build on real experience of people using services (including examples from MPs) to drive change;
 2. learn from best practice and early pioneers;
 3. apply relevant lessons from Troubled Families (hearts and minds; honesty and courage; drive and determination).

Details of the Better Care

The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget
In 2015/16 the ITF will be created from the following:	
£1.9bn additional NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system	
<ul style="list-style-type: none">• £130m Carers' Breaks funding• £300m CCG reablement funding• £354m capital funding (including c.£220m of Disabled Facilities• £1.1bn existing transfer from health to social care	

Local areas free to add additional funds to the pooled budget

Integration Transformation Fund

Payment for performance and incentivisation

The £3.8bn pooled budget will only be released to local areas with agreed plans for how it will be used	<p>Detail of plans locally agreed but some national elements</p> <p>These will include:</p> <ul style="list-style-type: none">•plans must be joint and must be signed off by Health and Wellbeing Boards locally and Ministers nationally;•protection for social care services (not spending);•7 day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;•Using NHS number to enable information sharing and jointed up assessment and plan;•accountable professional for integrated package of care;
£1bn of the funding will be linked to outcomes achieved	<p>Payment for performance</p> <p>Payment will be based on a combination of locally and nationally set outcome measures. Half of the funding will be paid at the beginning of 2015-16 (based on performance in the previous year) and the remainder in the second half of the year against</p>
Assurance of plans	<p>Plans will be signed off by Health and Wellbeing Boards, and assured by Ministers</p> <p>This is to ensure areas are setting the right levels of ambition</p>

Impact – building the case

Community budgets and Troubled Families have demonstrated the potential for joining up transforming services, but there is little evidence specifically in the health and social care sector (although user experience shown to improve significantly). But need to demonstrate impact to ensure the Spending Review in 2015 continues the investment in integration.

Pioneers	<ul style="list-style-type: none">•14 areas announced on 1 November who will act as exemplars for integrated care, with support from national partners.•Will involve real time evaluation and reporting
Public Service Transformation	<ul style="list-style-type: none">•The evaluation systems are locally led, but benefit from central government support and buy-in. Evaluation will identify - in both the short and long term - the value of costs and benefits of public service transformation and where these fall. The PSTN is working to develop
Plans	<ul style="list-style-type: none">•Plans will be submitted in February 2014 and provide a rich source of information for process and system changes;•Plans will also set out ambitions and expected impact
Payment for performance	<ul style="list-style-type: none">•Measures are still being agreed the four most likely are:<ol style="list-style-type: none">1. Emergency admissions;2. Effectiveness of re-ablement;3. User experience;4. Delayed transfers of care.•Some measures will be available for April 2015 for first payment of performance element but the plans relate mainly to 2015/16 and impact will not be known until towards the end of 15/16 at the earliest.

What will success look like?

Better outcomes for the individuals



Sustainable services

Achieved by early learning from local areas