

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

26 MARCH 2014

**REPORT OF: CORPORATE
DIRECTOR OF CHILDREN,
EDUCATION & SOCIAL CARE
AND
CHIEF OFFICER, NHS
HARTLEPOOL & STOCKTON
ON TEES CCG**

BETTER CARE FUND

SUMMARY

This paper provides Health and Wellbeing Board with further information regarding the Better Care Fund (BCF) including the latest guidance, financial allocations and timescales. The paper also includes the feedback received following submission of the draft BCF plan in February and the updated Stockton-on-Tees BCF plan for approval and sign-off. The paper also outlines the next steps and milestones relating to implementation of the BCF plan.

RECOMMENDATIONS

It is recommended that Health and Wellbeing Board:

- Notes the updated information and guidance relating to the Better Care Fund;
- Notes the feedback received following the assurance process that reviewed the draft plan that was submitted in February;
- Reviews and signs off the updated BCF planning templates, in order for them to be submitted to the NHS Local Area Team and NHS England by 4th April 2014;
- Notes the next steps and milestones, which were agreed at the last Health and Wellbeing Board.

BACKGROUND

The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. The Fund will provide £3.8bn worth of funding (nationally) in 2015/16 to be spent locally on health and social care with the aim of driving closer integration and improving outcomes for patients, service users and carers. In 2014/15, a further £200m nationally will transfer to enable localities to prepare for the Better Care Fund in 2015/16.

In 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under Section 75 of the NHS Act 2006 which allows joint governance arrangements between CCG's and Councils.

The Better Care Fund requires local areas to formulate a joint plan for integrated health and social care and to set out how their single pooled Better Care Fund budget will be implemented to facilitate closer working between health and social

care services. Joint plans must be approved through the local Health and Wellbeing Board and must meet the following requirements:

- BCF plans must be signed off by the Health and Wellbeing Board prior to submission on 4th April
- Plans must meet the 6 National Conditions:
 - Plans to be jointly agreed
 - Protection for social care services
 - 7 day services 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
 - Ensure a joint approach to assessment and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
 - Agreement on the consequential impact of changes in the acute sector
- Plans must identify expected outcomes and performance measures for the planned changes. Using the 5 National performance metrics, and 1 local metric:
 - Admissions to residential and care homes: Permanent admissions of older people to residential and nursing care homes
 - Effectiveness of reablement: Proportion of older people who were still at home 91 days after discharge from hospital into reablement services
 - Delayed transfers of care: Delayed transfers of care from hospital per 100,000 population
 - Avoidable emergency admissions
 - Patient / service user experience
 - Local Metric: Agreed as estimated diagnosis rate for people with Dementia
- Plans must identify how the pooled budget will be spent and detail the planned changes
- Plans must include contingency plans in case planned improvements in hospital and care home admissions are not achieved
- Plans must identify risks and mitigating actions.

In Stockton, the Better Care Fund in 2015/16 is £14.065m. This reflects a reduction in the overall fund of £286,000 compared the figures presented to the Health and Wellbeing Board in February; this reduction in funding was the result of a national error in the calculation of BCF allocations.

£1.647m of the total Stockton BCF relates to specific grants previously received by the Council and although it will be incorporated into the Better Care Fund, it is ring-fenced to Council services. In addition, £4.099m is on-going Section 256 funding, supporting social care and reablement activity removal of which would significantly affect current delivery. The balance of £8.319m will be used to deliver the outcomes described in the BCF plan. In order to support this £200,000 ring-fenced Public Health funding will be incorporated into the pooled budget as an additional contribution.

In addition to the funding in 2015/16, £848,000 has been allocated in 2014/15 to support the implementation of the projects.

Development of the Stockton-on-Tees BCF plan

In December 2013, the North of Tees BCF Oversight Group agreed the local principles for the BCF, these are consistent with the principles and aims now set out in the planning guidance (published on 20th December 2013). The group also agreed that whilst plans are at a locality level, the oversight group would ensure that where appropriate similar services are commissioned across the CCG footprint. Ensuring equity for local populations; avoiding the potential destabilisation of services; and ensuring that providers can respond to the required redesign of care pathways in a consistent and timely way.

Principles agreed in draft form for further discussion and progress by the working group in development of the plans were:

- Needs to support the priorities in the Joint Health and Wellbeing Strategy as well as align with the CCG Plan, NHS England operational plan and others
- Needs to be based on clear evidence including cost/benefit analysis of funding early-intervention and prevention services to achieve greater long-term sustainability and reduce pressure on acute services;
- The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified and will reduce demand on acute care.

The Stockton-on-Tees BCF plan has been developed in partnership with stakeholders from the LA, CCG, primary care and community, acute and mental health service providers. Mechanisms to develop the plan have included:

- Fortnightly meetings of the Oversight Group – to ensure the project is on schedule, meets the aims and objectives and deals with the concerns and issues raised by all partners
- Fortnightly meetings between the CCG and LA, supplemented by separate meetings to discuss issues and matters arising throughout the planning process
- Several workshops to develop ideas, data and evidence from a social care perspective – mindful of the need to integrate with health.
- Joint workshops and meetings with stakeholders from the LA, community service, acute hospital services, primary care and mental health service providers to align the schemes and projects to the existing Momentum programme and ensure that the schemes and projects are aligned with the strategic plans of partner organisations.

The Draft BCF plan was signed off by the Health and Wellbeing Board in February. It was then submitted to NHS England and the NHS Local Area Team for as part of a national assurance process, which also included Local Government peer review.

Assurance process and feedback

The detailed feedback received following submission of the Draft Stockton BCF plan is attached as Appendix 3. The feedback for all local authority areas covered by the NHS England Durham, Darlington and Tees Area Team was very similar with the key themes summarised below:

- Plans articulate a clear vision supported by high level schemes
- Plans evidence dialogue between partners

Areas for further development included:

- Understanding the impact of the changes on the provider landscape

- Governance arrangements
- More detailed plans and deliverables including lead responsibilities, timelines, key milestones and interdependencies
- Risk and contingency arrangements
- Alignment with the Unit of Planning strategic plans
- Workforce implications

Feedback from the assurance process has now been considered and the Stockton BCF plan has been updated to address the areas identified. The updated BCF planning templates are attached in Appendix 1 & 2. These contain the detailed information relating to the Stockton BCF schemes, including the financial summary of the Stockton BCF, the investments required to deliver the schemes and the outcomes and metrics against which the BCF plan will be measured. The Health and Wellbeing Board are requested to review and sign-off the planning templates, which will then be submitted by 4th April 2014.

Next Steps and Implementation of the Stockton BCF

Some of the key timescales and milestones for BCF are outlined below:

Key Milestones	Timescales
FINAL Planning Templates to be submitted to Health and Wellbeing Board for approval	26.03.14
FINAL Planning Templates to be submitted to NHS England and NHS Local Area Team, as part of the CCG's' Strategic and Operational Plans	04.04.14
Papers to H&WBB detailing governance, project management and risk sharing arrangements for the BCF	28.04.14
Detailed implementation plan to be developed and agreed with clear project plans, milestones and performance metrics for each of the schemes.	By June 2014

Although the majority of the BCF plans will be delivered during 2015/16 it should be noted that there is a push to deliver as much as possible during 2014/15. Enabling changes to be undertaken to secure performance improvements in this year.

The North of Tees Partnership Board will continue to provide ongoing oversight of the Stockton and Hartlepool BCF. Ensuring that there is strategic alignment of plans across North of Tees (as the agreed 'unit of planning') and encouraging the sharing of best practice. Throughout the planning and implementation process, the Health and Wellbeing Board will be kept apprised of developments and informed of progress.

Work is underway to develop the detailed governance, project management, risk sharing and contingency arrangements for the BCF. A paper outlining these arrangements will be submitted to the Health and Wellbeing Board for approval in April 2014.

FINANCIAL AND LEGAL IMPLICATIONS

The BCF plan identifies Better Care Funding of £848,000 in 2014/15 and £14.065m in 2015/16 of which £8.605m is to be used to support delivery of national conditions and indicators across health and social care. It also identifies savings of £0.5m in 2015/16 linked to these. Work has been undertaken to identify further savings, with an additional £2.5m identified to date.

The operation of the transfer of resources in the BCF in 2014-16 will be subject to The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013 under s75 and s256 of the National Health Services Act 2006. The Better Care Fund money for 2014/15 will be distributed through Section 256 grants to local authorities. From 2015/16 the Better Care Fund must operate under Section 75 pooled budget arrangements.

RISK ASSESSMENT

The BCF requires partners to develop a shared risk register and have an agreed approach to managing and sharing risk. An initial risk assessment has been undertaken as part of the BCF plan and is attached on page 28 of the planning template (see Appendix 1). This is a high-level risk assessment and more detailed risk assessments will be developed for each of the schemes identified in the plan. The BCF governance arrangements that are under development will describe how risks will be managed throughout implementation.

In addition, contingency plans must be agreed in case the planned improvements in hospital and care home admissions are not achieved. Work is underway to further develop these arrangements and an outline of the approach is included in the 'Finance – Summary' section in Appendix 2.

COMMUNITY STRATEGY IMPLICATIONS

The BCF plans support delivery on the Stockton-on-Tees Community Strategy and Joint Health and Wellbeing Strategy. Making a significant contribution to a number of the key themes including; healthier communities and adults; helping people to remain independent; improved access to integrated health and social care services and promoting healthy living. The BCF plan also focuses on older adults, one of the key supporting themes in the community strategy.

CONSULTATION

The BCF plan has been jointly developed and agreed with key stakeholders from the LA, CCG, primary care and community, acute and mental health service providers. The plan has also been informed by a range of engagement activities, involving service users, carers, families and the public, that were already underway focusing on a range of local health and social care services.

There has not yet been any formal consultation relating specifically to the BCF plans, however it is recognised that further engagement and consultation activities will be required throughout the implementation of the BCF plan and a detailed communication and engagement plan will be developed to support implementation.

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