

Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report Better Care Fund (Integration Transformation Fund)

Meeting Date: 9 January 2014

Responsible Officer(s) Julie Ogley, Director of Social Care, Health & Housing
John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group

Presented by: Julie Ogley, Director of Social Care, Health & Housing
John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group

Action Required: The Board is asked to:

1. To note the requirements for the Better Care Fund.
2. Note the timescale and agree the proposed arrangements for the sign off of the Better Care Plan Template by the Health and Wellbeing Board.
3. Require a further report on the approach to integration in Central Bedfordshire.

Executive Summary	
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1.	The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 Spending Round, to ensure transformation in integrated health and social care. It is intended to provide a better experience of care to patients and service users and by so doing reduce the pressure on residential care and acute hospitals.
2.	Access to the Better Care Fund in 2015/16 will be dependent on agreement of a local 2-year plan for 2014/15 and 2015/16. Health and Wellbeing Boards are required to provide the first cut of their completed Better Care Plan template, as an integral part of the constituent Clinical Commissioning Groups' Strategic and Operational Plans by 14 February 2014.

Background	
3.	The Government is encouraging all areas to develop their own reforms to public services. To this end, the Government, working in a collaborative of national partners, has set out an ambitious vision of making integrated person-centred care and support the norm across the health and social care system in England by 2018 ¹ .
4.	The Better Care Fund (BCF - previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. The Fund provides for £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. However, £1bn of the £3.8bn is to be linked to achieving outcomes; the Planning Guidance summarises the basis on which the performance related elements will operate.
5.	The BCF provides an opportunity to transform local services so that people are provided with better integrated care and support and is seen as an important enabler to take the integration agenda forward at scale and pace. It supports the aim of providing people with the “right care, in the right place, at the right time”, including through a significant expansion of care in Community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing to develop integrated care and on understanding the patient/service user experience.
6.	The funding must be used to support Adult Social Care Services in each local authority area and must be of health benefit. It also offers flexibility for local areas to determine how this investment in social care services in best used.
7.	A condition of the transfer is that local authorities agree with their health partners how the funding is best used within social care and the outcomes expected from this investment. Health and Wellbeing Boards will be the natural place for discussions between the Board, Clinical Commissioning Groups and local authorities on how the funding should be spent, as part of their wider determination of the use of their total health and care resources.
8.	The joint Better Care Plan should have regard to the Joint Strategic Needs Assessment for the local population and the existing commissioning plans for both health and social care.
9.	The tables below summarise the elements of the Spending Round announcement on the Fund:

The June 2013 Spending Round set out the following:	
2014/15	2015/16
A further £200m transfer from the NHS to adult social care, in addition to the £900m transfer already planned	£3.8bn to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the Fund will be created from:	
£1.9bn of NHS funding	
<p>£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise:</p> <ul style="list-style-type: none"> • £130m Carers' Break funding • £300m CCG reablement funding • £354m capital funding (including £220m Disabled Facilities Grant) • £1.1bn existing transfer from health to adult social care. 	
10.	Whilst the fund itself does not address the financial pressures faced by local authorities and CCGs, it can act as a catalyst for developing a new shared approach to delivering services and setting priorities.
11.	A template has been produced nationally for local areas to complete their submissions.(Appendix A) The template sets out the key information and metrics that Health and Wellbeing Boards will need to assure themselves that their plans address in order to meet the conditions of the BCF.
Central Bedfordshire Allocations	
12.	For 2014/15 the revenue allocation of the national pot of £1.1bn for Central Bedfordshire will be £3.821m, an increase of £0.722m over the NHS Transfer funding for 2013/14.
13.	The national allocation of £3.8bn for 2015/16 will lead to an apportionment of £15.290m to Central Bedfordshire taking account of the other funding streams set out above. The amount includes £1.19m for Disabled Facility Grants and Social Care capital grants with £14.1m transferring from the Bedfordshire Clinical Commissioning Group.
Statutory Framework for the Fund	
14.	In 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under Section 75 joint governance arrangements between CCGs and councils. A condition of accessing the money in the Fund is that CCGs and councils must jointly agree plans for how the money will be spent, and these Plans must meet certain requirements.

15.	Whilst the BCF mandates a minimum level of investment, CCGs and councils are free to extend the scope of their plans and pooled budget to support better integration in line with their Joint Health and Wellbeing Strategy.
16.	Each statutory Health and Wellbeing Board will sign off the plan for its constituent Councils and CCGs. The Fund plan must be developed as a fully integral part of a CCG's wider strategic and operational plan, but the Better Care Fund elements must be capable of being extracted to be seen as a stand-alone plan.
17.	The specific priorities and performance goals in the plan are clearly a matter for each locality but Central Government considers it will be valuable to be able to:
	<ul style="list-style-type: none"> • aggregate the ambitions set for the Fund across all Health and Wellbeing Boards; • assure that the national conditions have been achieved; and • understand the performance goals and payment regimes that have been agreed in each area.
Requirements of the Funding – National Conditions	
18.	Six national conditions for access to the Fund have been set:
	<ol style="list-style-type: none"> 1. Plans to be jointly agreed 2. Protection for social care services (not spending) – explanation of how local services will be protected. 3. 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends 4. Better data sharing between health and social care, based on the NHS number 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 6. Agreement on the consequential impact of changes on the acute sector
19.	CCGs and Councils must engage from the outset with all providers, both NHS and social care (and also providers of housing and other related services), likely to be affected by the use of the fund in order to achieve best outcomes for local people. The Better Care Plan should set out how this engagement has taken place.
Reward for meeting goals	
20.	Key elements of the funding will be linked to performance measures. The national metrics underpinning the Fund will be:
	<ol style="list-style-type: none"> 1. Delayed transfers of care; 2. Emergency admissions;

	<p>3. Effectiveness of re-ablement;</p> <p>4. Admissions to residential and nursing care;</p> <p>5. Patient and service user experience (a new national measure is being developed);</p>
21.	In addition to the five national metrics, local areas should choose one additional indicator that will contribute to the payment-for performance element of the fund. This could be from the Outcomes Framework for the NHS, Adult Social Care or Public Health.
22.	Local areas should set an appropriate level of ambition for improvement against each of the national indicators and the locally determined indicator. In signing off local plans, Health and Wellbeing Boards should be mindful of the link to the levels of ambition on outcomes that CCGs have been asked to set as part of their wider strategic and operational plans. Both the effectiveness of reablement and avoidable emergency admissions outcomes metrics are consistent with national Metrics for the Fund, and so Health and Wellbeing Boards will need to ensure consistency between the CCG levels of ambitions and the Fund plans.
Current Joint Working	
23.	The BCF should enhance the key work priorities of the Joint Health and Wellbeing Strategy. Principally, it has the potential to enhance delivery and improved outcomes through more integrated approaches to caring for frail older people. This remains one of the key priorities of the Health and Wellbeing Board, the Council and the CCG.
24.	The Pioneer Bid submitted in June 2013 provides a starting point and will be used to explore and determine the approach to taking forward the vision on wider integration.(Appendix B)
25.	The BCF will be a catalyst for on going work, initially through the Review of Community Beds and the wider strategic review of health and social care in Central Bedfordshire. A number of principles will underpin the development of services to deliver improved outcomes. These are:
	<ul style="list-style-type: none"> • Maximising opportunities to prevent ill health and increasing emphasis on early intervention; • People are supported to remain independent at home through joined up health and social care services delivered in a person's own home, wherever possible; • Services should support the objective of avoiding or reducing hospital admissions and facilitating timely discharges; • Services should support the objective of avoiding or reducing entry into long term residential care, residential nursing care and short term emergency respite care;

	<ul style="list-style-type: none"> • Services which are flexibly focused around customer outcomes and achieving independence, less prescriptive about eligibility criteria and lengths of provision that acts as a barrier to accessing care provision; • Simple and streamlined referral processes, joint health and care pathways and improved information sharing.
26.	Discussions are currently on-going to explore opportunities for the physical integration of health and social care in Biggleswade and Dunstable and the re-procurement of community services in the next 12-18 months.
27.	Agenda item 7 sets out a different approach to supporting frail patients in the South of Central Bedfordshire. The BCP will also determine how each locality in Central Bedfordshire is supported to deliver more focused improvements for older people.
Role of the Health and Wellbeing Board	
28.	A key element of assurance for the Better Care Plan is the sign off by the Health and Wellbeing Board which should consider whether the plans are sufficiently challenging; will deliver tangible benefits for the local population and is linked to the JSNA and the Joint Health and Wellbeing Strategy.
29.	The Health and Wellbeing Board is best placed to decide whether the plans are the best for the locality, engaging with local people and bringing a sector-led approach to the process.
30.	The plans will also go through an assurance process involving NHS England and the Local Government Association. Ministers will give the final sign-off to plans and the release of performance related funds. Peer review arrangements may be activated if plans are not considered satisfactory.
31.	To assist Health and Wellbeing Boards, a draft template has been developed. This will be used in developing, agreeing and publishing the Better Care Plan. It sets out the key information and metrics that the Health and Wellbeing Board will need for assurance that the plan addresses the conditions of the BCF.
32.	As part of this template, local areas should provide an agreed shared risk register. This should include an agreed approach to risk sharing and mitigation covering, as a minimum, the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned (for example, if emergency admissions or nursing home admissions increase).
33.	If the Health and Wellbeing Board is not satisfied and the plan is still lacking after a process of progressive iteration, an element of local government and NHS peer challenge will be facilitated by NHS England and the LGA.
34.	The Health and Well Being Board must return the completed planning template (uncompleted version attached) by 14 February 2014.

When should plans be submitted?	
35.	Health and Wellbeing Boards should provide the first cut of their completed Better Care Plan template, as an integral part of the constituent CCGs' Strategic and Operational Plans by 14 February 2014.
36.	A revised version of the Better Care Plan should be submitted to NHS England by 4 April 2014.

Conclusion and Next Steps	
37.	Work has started in gathering the information required to develop a deliverable Better Care Plan for Central Bedfordshire.
38.	Further work to develop a communication strategy and engagement plan with all key stakeholders is on-going. Key stakeholders will include General Practitioners, NHS and Care Providers, staff, patients, Healthwatch Central Bedfordshire as well as Voluntary and Community Groups.
39.	The CCG has engaged some external support for this work which should secure clinical engagement. This will also provide additional expertise, experience and capacity to ensure a draft submission can be delivered by mid February.
40.	It is imperative to secure a shared vision of what integrated care is and to agree where investment needs to be refocused to achieve it. This will require shifting the balance of care from the Acute sector and redistributed into primary, community and social care.
41.	The scale and impact of this will need to be modelled and set out in Commissioning Intentions and Market Position Statements.
40.	Further work to support engagement with all key stakeholders on the emerging Better Care Plan is also on-going.
42.	A more detailed Better Care Plan with implementation proposals will be brought to a future meeting of the Health and Wellbeing Board. This will also propose a Partnership Framework and governance arrangements that will be required to manage the pooled arrangements and delivery of the Better Care Plan.
Detailed Recommendation	
43.	The timescales for the production of the Joint 2 year local Better Care Plan which would need to be agreed by the Health and Wellbeing Board is short and not consistent with the Board's meeting schedules, consequently the recommendation is:

	1. That the Health and Wellbeing Board notes the requirements for the completion of the Template for the Better Care Fund and agrees arrangements to meet the deadline for signing off the Joint Plan by 14 February 2014.
	2. That the Board delegates to the Chair and Vice Chair the authority to approve the template for submission.
	3. That a further report on the approach to integration in Central Bedfordshire be brought to a future meeting of the Board.

Issues	
Strategy Implications	
1.	Developing integration of health and social care will have a direct impact on improving health outcomes and experience of health and care services for people in Central Bedfordshire.
2.	Integration of Health and Social Care is a key ambition and priority for the Health and Wellbeing Board.
3.	The joint Health and Wellbeing Strategy and Bedfordshire Plan for Patients set out shared priorities based on the Joint Strategic Needs Assessment
Governance & Delivery	
4.	Progress on developing the Better Care Plan will be reported to the Health and Wellbeing Board and delivery will be through agreed joint commissioning mechanisms and governing boards for partners. The Health and Health Wellbeing board will provide overall assurance and sign off the BCP for Central Bedfordshire.
Management Responsibility	
5.	Management responsibility for the delivery of integrated health and social care services lies with the Director of Social Care, Health and Housing and the Chief Operating Officer for Bedfordshire Clinical Commissioning Group.

Public Sector Equality Duty (PSED)	
6.	<p>The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</p> <p>The draft JHWS has had an equality impact assessment undertaken and this will inform the final strategy including the priority to improve outcomes for frail older people.</p>
	Are there any risks issues relating Public Sector Equality Duty No
	No Yes <i>Please describe in risk analysis</i>

Risk Analysis

There is a requirement to develop joint local plans for the pooled budget for health and social care. The development of the Better Care Plan will include considerations of associated risks. There may be risk issues if the national conditions described in this report are not met, especially as a significant amount of the funding is performance related. These risks are to be mitigated through the development of joint local plans and identification of the consequential impact of the proposed changes with all key providers.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Source Documents		Location (including url where possible)	

Appendix A – Better Care Fund Planning Template

Appendix B – Pioneer Bid – Expression of Interest

ⁱ **Integrated Care and Support: our shared** commitment – a framework document on integration, co-produced by all the national partners, signals how the national partnership will work together to enable and encourage local innovation, address barriers, disseminate and promote learning in support of better integration for the benefit of patients, people who use services and local communities. It requires all localities to develop plans for integration and sets out how local areas can use existing structures such as Health and Wellbeing Boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.