Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Implementing the Better Care Fund Plan
Meeting Date:	5 June 2014
Responsible Officer(s)	Julie Ogley, Director of Social Care, Health & Housing Diane Bell, Director of Strategy & System Redesign NHS Bedfordshire CCG
Presented by:	Julie Ogley, Director of Social Care, Health & Housing Diane Bell Director of Strategy & System Redesign NHS Bedfordshire CCG

Action Required: The Board is asked to:

1. Note the update and current position of the Better Care Fund Plan, following the final submission on 4 April.
2. Note the current position relating to ongoing development within the health and social care economy in Central Bedfordshire.

Executive Summary	
1.	The Better Care Fund Plan for Central Bedfordshire was submitted on 4 April 2014. The Plan has subsequently been through Regional Assurance and approved for implementation. National moderation or feedback is being awaited.

Background	
2.	The Better Care Fund is a minimum pooled fund of £15.144m in 2015/16 to support the delivery of integrated care with additional funding of £146k of CCG and £3.417m of Adult Social Care resource committed, making a total of £18.707m.
3.	This pooled fund is based on monies already allocated within the health and social care system and includes funding to mitigate the impact of the transformation of adult social care set out by the Care Act, 2014.

4.	The Better Care Fund 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.
5.	The first submission, made on 14 February 2014, was reviewed by the Local Government Association and NHS England. Further work was carried out on the initial draft and final submission made on 4 April 2014.
6.	Our Better Care Fund plan sets out a shared vision for health and social care in Central Bedfordshire, rooted in a locality-based delivery model. It describes the agreed strategic approach based on four priority programmes for delivering integrated care at scale and pace, and therefore achieving the key outcomes expected by the Health and Wellbeing Board and the people of Central Bedfordshire.
The Better Care Fund Plan- Current Status	
7.	Feedback was received on the final submission on 17 April 2014.
8.	Central Bedfordshire's Better Care Fund Plan was recommended for final sign off. On the National Conditions set, the review documented no Reds, 9 Ambers and 17 Green.
9.	A number of areas requiring further intelligence or work were highlighted with the recommendation that this should not hinder sign off. The key areas for further work are as follows:
10.	• More work is needed on developing an approach to Seven Day Services • Further work on the use of NHS Numbers as the primary identifier • Information sharing in a timely and secure way to underpin joint assessments and care planning • Impact of the BCF Plan on the QIPP Plans • Workforce implications for the Acute Sector • Clarity on actions when targets are not met • Requirement for a high level action plan for Risk mitigation.

Programme Delivery	
11.	The four priority programmes of the Better Care Fund Plan below, are focused on shifting resources from hospital settings to more community-based care to deliver improved health and care experiences as well as more effective use of resources: 1. **Reshaping the model for prevention and early intervention** – through an integrated approach to primary, secondary, and tertiary prevention to stop or reduce deterioration in health. 2. **Supporting people with long term conditions through multi-disciplinary working –** focussing services around general practice in locality networks and helping people to manage their own conditions in the community**.**
	3. **Expanding the range of services that support older people with frailty and disabilities –** integrating the range of housing, mobility, carers and other services that wrap around older people with specific conditions and issues and helping to manage new demand including through the Care Act. 4. **Restructuring integrated care pathways for those with urgent care needs –** ensuring that these are seamless, clear, and efficient to help deliver the clinical shift required to move care away from acute settings, where appropriate, as well as building future resilience for emerging statutory requirements on the Council.
12.	The main focus of our Better Care Fund is on frail older people addressing both physical and mental health needs. For both the CCG and the Council, the focus will be on intermediate care, rehabilitation and reablement; the role and impact of community health services, as well as continuing to look at service and process redesign to help deliver efficiencies.
13.	A Chief Officer group comprising officers within the Council, Clinical Commissioning Group and Locality Leads will be convened to lead on commissioning for integrated care and will oversee financial and performance management. The Better Care Fund Commissioning Board will report directly to the Health and Wellbeing Board and include Director of Social Care, Health & Housing; Director of Strategy & System Redesign - NHS Bedfordshire CCG; Four Locality Chairs; Finance Leads from the Council and the CCG and BCF Workstream Leads.
14.	Establishment of this Joint Commissioning Board for the Better Care Fund will ensure that the pooled fund is targeted appropriately at services which will deliver the outcomes set out in the plan, including expected efficiencies and integration of services. It will provide strong programme oversight for the Better Care Fund Plan and ensure alignment with outcomes from the Strategic Review of healthcare services in Bedfordshire and Milton Keynes, re-commissioning of community health services and related elements of the Care Act implementation.

15.	An Officer Programme Delivery Group has been established to support the Better Care fund programme.
16.	Further detailed work is required to fully develop the programmes for each of the four localities in Central Bedfordshire including: • Moving forward coherently with full sight of the risks and budget changes required to deliver the locality model. • Defining further locality specific based activities • Understanding the commissioning implications and the fundamental changes required in procuring and delivering services. Key elements of this work need to include data modelling to understand patient flows, further clarifying the savings, workforce capacity issues and implications for information and data sharing.
17.	A high level programme plan is being developed and will be presented at the inaugural meeting of the Commissioning Board in July. A framework for the delivery of key activities which will underpin the success of the BCF Plan will also be agreed by the Board.
18.	A number of schemes have already commenced. Principally; • The Demonstrator Project in south of Central Bedfordshire is in test phase and is being carried out with a GP Practice in Dunstable. • A proposal for integrated working in Ivel Valley is being developed. A workshop with key partners and stakeholders has helped to shape the key priorities for the area and will be taken forward through a Locality Integrated Care Partnership.
19.	Early discussions on Seven Day services have commenced. A project plan for development of Seven Day Services across the health and social care economy will be developed.
20.	A robust framework and systems for information sharing to support joint assessments and care planning will be developed.
21.	A shared risk register will be established as part of the Better Care Fund Programme and will include the impact on Acute Services and the steps that will be taken if activity volumes do not change as planned for example failure to reduce emergency admissions or increasing use of nursing/residential home admissions.
Transfer of funds	
22..	The Better Care Fund will be governed by a Section 75 agreement which will be finalised within the coming months and will be brought back to a future meeting of the Health and Wellbeing Board.

Performance Framework and Reporting	
23.	Progress in implementing the Better Care Fund Plan will be monitored through outcomes reporting to the Health and Wellbeing Board.

The Performance framework will focus on the key metrics agreed set out as part of the national conditions. These are:

Indicator		Outcome
1.	Permanent admissions of older people (65+) to residential and nursing care homes, per 100,000 population	Reducing inappropriate admissions of older people (65+) into residential and nursing care, by reviewing the provisions of community based services and the expansion of the extra care market in Central Bedfordshire, as a alternative to residential care
2.	Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services	To increase the likelihood of people remaining at home following the successful completion of reablement or rehabilitation.
3.	Delayed transfers of care from hospital per 100,000 population	Effective joint working of hospital services (acute, mental health, and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults, by acting on the common causes for delayed discharges
4.	Avoidable emergency admissions	Reduced emergency admissions, which can be influenced by effective collaboration across the health and care system
5.	Patient/service user experience	To demonstrate that patient/service user and carer feedback has been collated and used to improve patient experience and to provide assurance that there is a co-design approach to service design, delivery, and monitoring, putting patients in control and ensuring parity of esteem. Whilst awaiting the national metric, we will monitor patient experience through the Family and Friends Test and the Adult Social Care Survey.
6.	Local Indicator - Injuries due to falls in people aged 65 and over	To reduce the number of admissions to hospital following a fall, by the increased use of interventions.

	A Performance Dashboard reflecting the above has been developed (Appendix 1).
Conclusion and Next Steps	
24.	The Better Care Fund Plan represents a real opportunity to deliver integrated and locality based services at pace. Although there are important challenges for delivering change within the context of a rapidly growing and ageing population, located in a predominantly rural area across seven non-catchment acute hospitals, getting our delivery model for integrated care right and delivered within the next 2 years is crucial to our ability to manage this demand.
25.	A shared vision for improving outcomes and health and care experience for older people is evolving across the health and care economy in Central Bedfordshire. This shared vision will be key to delivering the Better Care Fund Plan whilst other fundamental changes, such as the review of local health services across Bedfordshire and Milton Keynes and the re-commissioning of community health and mental health services is on-going.
26.	It is important to make more of the opportunity of the review of healthcare services across Bedfordshire and Milton Keynes to help secure the ambitions and priorities set out in the Better Care Fund Plan. The engagement work on clinician and patients' hearts and minds, and building the momentum towards actually making change happen should come from this review to provide the mandate to get on and make happen.
27.	Although he review represents a important opportunity to actually make the change happen, however, not being able to pre-empt the findings of the Review till July and therefore not able to overtly plan some detailed implementation involving especially hospital-based services (mainly at Bedford), the Dunstable Demonstrator Project shows, we can get on and put in place the changes needed in primary care on which hospital care can develop.
28.	An Ivel Valley's primary care provider development meeting is planned for June 5th to talk through the emerging models from the review and in effect see what needs to happen to implement the changes.
29	Engagement with Acute Providers and other key stakeholders will continue throughout the process of implementation.
30.	A report detailing the transfer of 2014/2015 funds will be presented at the next meeting of the Health and Wellbeing Board.
31.	Further reports on emerging and related developments will be brought to the Health and Wellbeing Board.

Detailed Recommendation	
32.	That the Health and Wellbeing Board:
	• Notes the progress in implementing the Better Care Fund Plan.
	• Approves the setting up of the BCF Commissioning Board and to the terms of reference for the Commissioning Board at its next meeting.
	• Approves the Better Care Fund Performance Framework and to receive quarterly updates on performance against the metrics.

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.	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.. 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.
	Are there any risks issues relating Public Sector Equality Duty **No**
	No **Yes** *Please describe in risk analysis*

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. This risk is mitigated through the development of joint local plans and identification of consequential impact of the proposed changes with all key providers.

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