



Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Better Care Fund Plan Submission

Meeting Date: 2 October 2014

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

Presented by: Julie Ogley, Director of Social Care, Health & Housing
John Rooke, Chief Operating Officer
NHS Bedfordshire CCG

Action Required: The Board is asked to:

1. Note the recent submission of the Better Care Fund plan on 19 September 2014.
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Executive Summary	
1.	The Health and Wellbeing Board met on 15 September to review the draft Better Care Plan and delegated authority for the resubmission of the Better Care Fund Plan subject to any further changes which may be required to meet the assurance process.
2.	The Better Care Fund Plan for Central Bedfordshire was re-submitted on 19 September 2014. The Plan is currently going through both Regional and National Assurance processes.

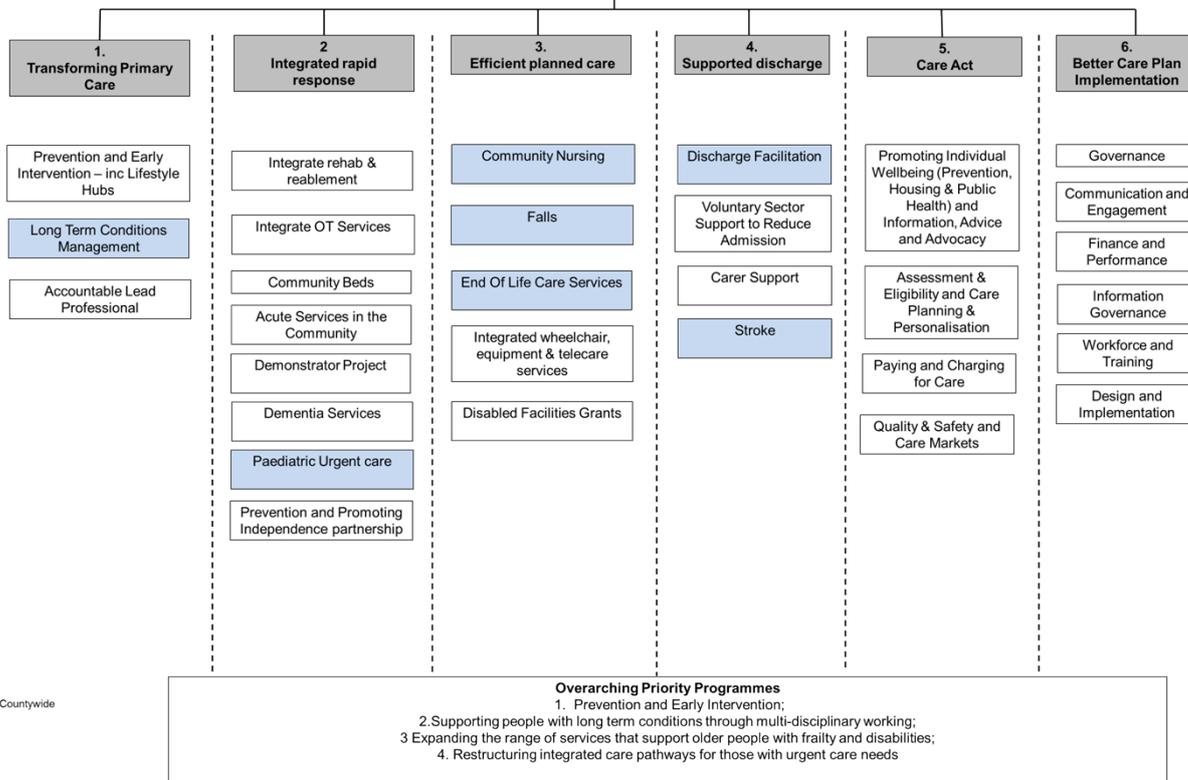
Background	
3.	The Better Care Fund is a minimum pooled fund of £15.144m in 2015/16 to support the delivery of integrated care with additional funding of £146k of CCG and £3.417m of Adult Social Care resource committed, making a total of £18.707m.
4.	This pooled fund is based on monies already allocated 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.

5.	The first submission, made on 14 February 2014, was reviewed by the Local Government Authority and NHS England. Further work was carried out on the initial draft and a subsequent submission made on 4 April 2014.
6.	A further requirement to resubmit Better Care Plans was announced in July with new guidance and templates. Health and Wellbeing Boards are required to sign off and submit the revised plan by 19 September 2014.
7.	<p>The main areas of revision from the previous submission are a clearer articulation of:</p> <ul style="list-style-type: none"> • The delivery chain that underpins activity shift away from acute activity which will reduce emergency admissions. • Clearer description of schemes underpinning the plan and highlighting the financial benefits. • The understanding of risks, the risk sharing and contingency arrangements. • Alignment between BCF and other locality plans and initiatives across NHS and social care. • The potential impact of proposed schemes on providers are understood and providers are better engaged. • The link between financial commitment and local schemes including the identification of providers. • The protection of local social care services.
8.	The revised guidance also introduced a new Pay for Performance metric based solely on reducing all emergency admission (non-elective admissions).
9.	The Health and Wellbeing Board received a presentation setting out the key changes to the policy framework underpinning the Better Care Fund, including the additional requirements of the revised template and discussed the draft submission at an informal briefing on 15 September 2014.
10.	Following a discussion on the proposed schemes, the Board gave approval, for submission of the Better Care Plan subject to any further changes agreed with Chief officers. The Better Care Plan for Central Bedfordshire was submitted on 19 September.
11.	The revised Plans are attached in Appendix 1 and 2 with additional supporting information.

The Better Care Plan Overview of Schemes

12.	<p>The revised Better Care Plan retains the four priority programmes for transforming health and social care in Central Bedfordshire, which were set out in the April Submission and provides the framework for the Schemes which will help to deliver the requirements of the Better Care Fund Plan. The Four programmes below describe and support the local ambition to deliver locality based health and social care and are focused on shifting resources from hospital settings to more community-based care:</p> <ol style="list-style-type: none">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.
	<ol style="list-style-type: none">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.
13.	<p>The revised Better Care Plan sets out six schemes, below which will be taken forward to meet the immediate challenges of the Better Care Fund and to secure:</p> <ul style="list-style-type: none">• improved outcomes and experience• more streamlined pathways of care• cost efficiency• the pay for performance element of the Plan for reduction in non-elective admissions

Better Care Fund Plan- High level Schemes



The Assurance Process

14.	Following the submission of the plans, national review teams comprised of a financial analyst, a data analyst and a narrative analyst will assess the plans.
15.	Following this initial review, a call will be placed to Health and Wellbeing Boards to provide immediate feedback. The review teams will speak with representatives from the Health and Wellbeing Boards (HWB) to cover the strategic overview and articulate the plan in aggregate, the technical details on the template submissions, and delivery of the plan.
16.	Following this call, Health and Wellbeing Boards will be sent the review templates and given 24 hours to respond on points of fact and with any actions they already have in place that address any of the issues raised.

Transfer of funds

17.	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.
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Performance Framework and Reporting	
18.	A revised Performance framework will be produced and progress in implementing the Better Care Fund Plan will be monitored through outcomes reporting to the Health and Wellbeing Board.
Conclusion and Next Steps	
19.	Work on establishing the governance framework for the Better Care Plan is ongoing. The Ivel Valley Locality Integrated Care Partnership has been established, with its first meeting held on 18 September. Locality Partnership Event for Leighton Buzzard is planned for 4 November 2014. This event will help to shape the Locality Partnership for Leighton Buzzard. Similar events are planned for both West Mid Beds and Chiltern Vale.
20.	A Transformation Programme team will be established to take forward the delivery plans for the Better Care Fund Plan. The team will also provide overarching programme support to the strategic reform of health and care services for Central Bedfordshire residents.
21.	Further reports on emerging and related developments will be brought to the Health and Wellbeing Board.
Detailed Recommendation	
22.	That the Health and Wellbeing Board:
	<ul style="list-style-type: none"> Notes the re-submission of the Better Care Fund Plan for Central Bedfordshire and the stated assurance process
	<ul style="list-style-type: none"> Notes the requirement for a 3.5% reduction on unplanned hospital admissions which forms a pay for performance element of the pooled fund.
	<ul style="list-style-type: none"> Notes the ongoing work to deliver the Schemes for the Better Care Fund.

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 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. 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
Source Documents		Location (including url where possible)	