



Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Better Care Fund Plan Update

Meeting Date: 4 April 2015

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 approval for the Better Care Fund Plan and key actions being taken towards delivery of the Plan;
2.	note the Self Assessment form on readiness for delivery which was submitted to NHS England on 19 March 2015;

Executive Summary	
1.	The Better Care Fund is intended to fund schemes which promote better integration between social care and health services. It is hoped that this will improve patients' health and experience of the service while also delivering financial savings by reducing non-elective admissions to hospital and permanent admissions to residential care.
2.	The Better Care Fund Plan was resubmitted on 28 November and received full approval by NHS England on 19 December 2014.
3.	Work is on going to put in place the key processes which will underpin delivery of the plan. A Section 75 Agreement is being developed. A Better Care Fund Commissioning Board has been set up and has met to mobilise the plan.
4.	A Self Assessment tool to test the readiness for delivery of the Better Care Fund Plan has been completed.

Background	
4.	The Better Care Fund arrangements require a Pooled Fund, and the Care Act 2014, Section 121 provides for this. The full value of the Better Care Fund in Central Bedfordshire is £18.707m
5.	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.
6.	The revised plan which was submitted in September 2014 was originally approved with condition by the National Consistency Assurance Review process. Full approval which has now been received was subject to meeting the conditions
7.	In the confirmation of approval, NHS England set out the conditions which will apply to all BCF plans that the Fund is used in accordance with our final approved plan and through a section 75 pooled fund agreement.
8.	The full value of the element of the Fund linked to non-elective admissions reduction target will be paid over to CCGs at the start of the financial year. However, CCGs may only release the full value of this funding into the pool if the admissions reduction target is met as detailed in the BCF Technical Guidance. If the target is not met, the CCG(s) may only release into the pool a part of that funding proportionate to the partial achievement of the target. Any part of this funding that is not released into the pool due to the target not being met must be dealt with in accordance with NHS England requirements. Full details are set out in the BCF Technical Guidance.
9.	NHS England expressed confidence that, as there is no areas of high risk the Central Bedfordshire BCF Plan should proceed with implementation.
10.	Section 75 Agreement and Transfer of Funds
11.	Section 75 of the 2006 NHS Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
12.	The purpose of this Agreement is to set out the terms on which the Council and CCG have agreed to collaborate on the BCF Plans and to establish a framework for securing the future position of health and social care services through lead or joint commissioning arrangements.
13.	Work is progressing to draft the Section 75 agreement in line with national guidance.
14.	Once completed the Section 75 agreement will be signed off under delegated powers by the Director of Social Care, Health and Housing, Chief Operating Officer of the CCG and Chief Financial Officers for both organisations.

Non-elective (general and acute) admissions reductions ambition	
15.	The approval letter also stated a recognition that some areas may want to revisit their ambitions for the level of reduction of non-elective admissions, set out in their BCF Plan, in light of their experience of actual performance over the winter, and as they become more confident of the 2014/15 outturn, and firm-up their plans to inform the 2015/16 contracting round.
16.	Any such review should be approved by HWBs. NHS England will assess the extent to which any proposed change has been locally agreed in line with BCF requirements, as well as the risk to delivery of the ambition, as part of its assurance of CCGs' operational plans.
17.	In January 2015, NHS England carried out an exercise to gauge the potential for local areas to revise their ambitions for reduction of non-elective admissions, as included in BCF plans for 2015-16. Health and Wellbeing Board were required to provide a return.
18.	The Survey return stated the intention is to deliver the number of non-elective admissions of 757, contained within the BCF plan, which would result in a level of ambition of 3.3%, based on an estimate of December's activity. By delivering the reduction of non-electives contained in the submission, the plan should still achieve the predicted savings to be reinvested within the BCF plan. A copy of the survey response is included as Appendix 3.
	Risk Sharing
19.	Both the Council and the Clinical Commissioning Group face significant challenges from demographic changes and increases in demand for health and social care services. As a result, if the Better Care Fund schemes do not reduce demand for services as expected both the Council and CCG will have risks to their finances, which can impact on service provision and service quality.
20.	A risk log will be held and reviewed by the BCF Commissioning Board.
21.	A risk sharing arrangement will be agreed as part of the Section 75 agreement. Operation delivery and monitoring of risks will be through the Better Care Fund Commissioning Board.
Governance and Performance Reporting	
22.	Governance for the BCF will be through the Health and Wellbeing Board with day to day operational delivery managed by the BCF Commissioning Board. A programme management approach will be implemented to ensure delivery.

23.	A Performance framework for the Better Care Plan has been produced and regular monitoring of progress will be undertaken by the BCF Commissioning Board with highlight reporting to the Health and Wellbeing Board.
Readiness for Delivery	
24.	<p>A self assessment tool was completed and submitted on 19 March. The purpose of the self assessment was to provide NHS England with information to:</p> <ol style="list-style-type: none"> 1) support local areas in carrying out a self-assessment of their own readiness for delivery to inform discussions locally; 2) inform the planning and allocation of resources and support that will be made available to areas in 2015-16 to further help them with implementation and delivery of Better Care Fund plans; and 3) provide feedback on how the national team could best support local areas in 2015-16. <p>A copy of the submission is attached as Appendix 4.</p>
Conclusion and Next Steps	
25.	Continue to plans to implement the BCF Plan and develop Section 75 Agreement to establish the BCF pooled fund.
26.	The Better Care Fund Commissioning Board will provide day to day operational oversight of the Plan and report to the Health and Wellbeing Board.
Detailed Recommendation	
27.	That the Health and Wellbeing Board:
	<ul style="list-style-type: none"> • Notes the approval of Better Care Plan submitted on 28 November 2014.
	<ul style="list-style-type: none"> • Not the response to the survey to gauge the potential for local areas to revise their ambitions for reduction of non-elective admissions.
	<ul style="list-style-type: none"> • Notes the ongoing work to develop the Section 75 agreement to establish the BCF pooled fund.
	<ul style="list-style-type: none"> • Note the procedure for approval of the Section 75 Agreement.

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

Both the Council and the Clinical Commissioning Group face significant challenges from demographic changes and increases in demand for health and social care services. As a result, if the Better Care Fund schemes do not reduce demand for services as expected both the Council and CCG will have risks to their finances, which can impact on service provision and service quality. This risk is mitigated through the development of joint local plans, a risk log and identification of consequential impact of the proposed changes with all key providers. The risk log will be monitored by the Better Care Fund Commissioning Board.

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Source Documents	Location (including url where possible)