

Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Better Care Fund Plan – Update

Meeting Date: 1 July 2015

Responsible Officer(s) Julie Ogley, Director of Social Care, Health & Housing
Nick Robinson, Chief Accountable Officer, Bedfordshire
Clinical Commissioning Group

Presented by: Julie Ogley, Director of Social Care, Health & Housing
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Recommendations The Health and Wellbeing Board is asked to:

1. consider the quarterly report submitted on 29 May; and
2. delegate the agreement of the quarterly BCF performance report for submission to NHS England to the Council's Director of Social Care, Health and Housing and the Chief Accountable Officer of the Clinical Commissioning Group.

Purpose of Report	
1.	To update the Board on progress with delivery of the Better Care Fund (BCF) Plan.
2.	To update the Board on the requirements and recommendations set out in the BCF Operationalisation Guidance released on the 20 March 2015. (Appendix 1)
3.	To inform the Board of the reporting arrangements for the BCF.

Background	
4.	The Better Care Fund is a single pooled budget to promote integration of health and social care services in local areas. A national fund of at least £3.8bn was announced in the summer of 2013. The Care Act 2014, Section 121 provides for this pooled budget. 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 BCF plan is owned by the Health and Wellbeing Board and overseen by the BCF Commissioning Board chaired by the Council's Director of Social Care, Health and Housing. Additionally, an Operational Delivery Group which comprises health, social care and professions allied to health staff is responsible for mobilisation and monitoring of BCF Schemes.
7.	Reports relating to the Better Care Fund Plan have previously been received at Health and Wellbeing Board meetings.
8.	<p>The Health and Wellbeing Board has been instrumental in steering and supporting the BCF Plans for Central Bedfordshire; in the last twelve months, the Board received the following updates and has taken the following decisions:</p> <ul style="list-style-type: none"> • April 2014 – endorsed the first version of Central Bedfordshire's BCF plan. • June 2014 – noted an update on the progress of BCF plans. • October 2014 – considered the transfer of funds into the pooled BCF budget and reviewed the BCF Commissioning Board's Terms of Reference. • April 2015 – reviewed and noted the joint Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group BCF Readiness Survey. <p>The proposals being considered now are a culmination of the previous 12 month's work and mark the transition of the project from planning to full delivery.</p>

Reasons for the Action Proposed

9.	The Health and Wellbeing Board (HWB) has a statutory duty to promote integration and is seen as a valuable forum for stakeholders to come together to review performance of the BCF and consider opportunities for transforming health and social care. The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners ¹ .
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¹ Section 195 of the Health and Social Care Act 2012

10.	Some progress is being made on the implementation of the Better Care Fund Plan. Creating a shift to out of hospital care and early intervention and prevention through multidisciplinary working is fundamental to the Better Care Fund Plan for Central Bedfordshire. Securing the agreement of all relevant partners has been challenging and although there has been some delay in implementing this approach, work on developing multidisciplinary working in primary care is progressing.
11.	A Better Care Fund Commissioning Board has been established and meets regularly to review progress against the plans approved by NHS England. The terms of reference for the Board are attached as appendix 2. Work is ongoing to establish a Health and Social Care Provider Alliance which will support the whole systems transformation agenda.
12.	A Section 75 agreement which covers the requirements set out in the guidance is being developed. The local authority will be the pooled fund holder and a nominated pooled fund manager will be identified. A risk sharing agreement has been developed and will form part of the S75 agreement.
Reporting and Monitoring on progress	
13.	On the 20 March 2015 NHS England released the final guidance for the operationalisation of the BCF. The guidance sets out the reporting and monitoring requirements of the fund, how progress against conditions of the fund will be managed, the future role of the BCF Support Team and advice about the alignment of the BCF targets for reducing non-elective admissions.
14.	Arrangements for monitoring delivery, accounting and audit should be governed by the local s.75 agreement, which should set out: <ul style="list-style-type: none"> • The arrangements for monitoring the delivery of the services that it covers. • Who the host organisation is that will be responsible accounting and audit. • Who the 'pool manager' is that will be responsible for submitting to the partners quarterly reports, and an annual return about income and expenditure from the pooled fund and other information by which the partners can monitor the effectiveness of the pooled fund arrangements.
15.	The guidance advises that the governance of the Section 75 should be through the Partnership Board made up of those authorised to act on behalf of their employing organisation. The BCF Commissioning Board will oversee and manage the pooled fund.
16.	The guidance requires that local areas submit quarterly and annual reports. These reports are due for submission at 5 points in the year. Health and Wellbeing Boards are required to sign off the performance report before it is submitted.

	<p>The date for the submission of these reports are:</p> <ul style="list-style-type: none"> • 29 May 2015 for period January to March 2015. • 28 August 2015 for periods April to June 2015. • 27 November 2015 for periods July to September. • 26 February 2016 for periods October to December 2015. • 27 May 2016 for periods January to March 2016.
17.	The first quarterly monitoring report was submitted to NHS England on 29 May 2015. The report was signed by both the Council and Bedfordshire Clinical Commissioning Group. A copy of the return is attached as Appendix 3.
18.	The majority of the National Conditions have been met as outlined in the attached report.
19.	There is likely to be some difficulty in aligning the signing of returns with meetings of the Health and Wellbeing Board. It is therefore proposed that the Health and Wellbeing Board renews the delegation of authority to sign off performance reports to the Council's Director of Social Care, Health and Housing and the Chief Accountable Officer of the Clinical Commissioning Group.
	Pay for Performance – Non Elective Admissions
20.	As part of the Better Care Fund performance metrics, a pay for performance measure for non-elective admissions was introduced. A challenging target for a reduction of 3.5% was set by NHS England. Achievement of the target reduction will release payments into the pooled budget. In the BCF submission, this 3.5% targeted equates to a reduction of 757 admissions on planned activity.
21.	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. In response to this, a revised target of 3.3% was agreed by the Health and Wellbeing Board ⁱ . However, further guidance from NHS England now states, that the original target of 3.5% cannot be reduced unless there is variance of more than 2% from the local CCG's operational plan. Bedfordshire CCG's operational plan's target for reduction in non – elective admission is 2% net reduction.
22.	Based on actual non-elective activity for 2014/15, which showed an increase in admission in the year, the 3.5% target of 757 reductions now equates to a required reduction of 806 admissions for Central Bedfordshire.
23.	The Health and Wellbeing Board was requested to confirm the total reduction in admission. This was confirmed and submitted on 19 June 2015 under delegated authority to NHS England. Appendix 4

24.	This pay for performance measure is broken down into quarterly targets. For the first quarter of 2015, the target was to maintain the figures for the same period in the previous year (Jan – March 2014); this target was not met and the local healthcare system experienced 607 more non-elective admissions. It is likely that a quarter of the pay for performance on this target will not be released into the pool. The risk sharing agreement is set to mitigate the risk to the pool.
25.	In view of this increase in admissions, an additional programme of work for reducing non-elective admissions was mobilised in April. This is focused on four key areas: Care Homes; Falls; Long Term Conditions and End of Life Care. Each key area has a nominated lead with regular progress monitoring by the BCF Commissioning Board.
	Next steps
26.	<ul style="list-style-type: none"> • Completion and sign off of Section 75 Agreement on pooled budgets. • Monitoring the impact of key projects for reduction in non-elective admissions • Development of a programme framework for delivery of BCF Schemes aligned to the wider transformation agenda • Convene Health and Social Care Provider Alliance

Issues

Governance & Delivery

27.	Progress on the Better Care Fund Plan will be reported to the Health and Wellbeing Board and delivery will be through agreed Joint Commissioning Board and governing boards for partners. The Health and Health Wellbeing board will provide overall assurance and sign off performance monitoring returns.
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Financial

28.	The payment by result element of the BCF may pose a risk to both CBC and the CCG. Risks have been identified as well as mitigating actions which were recorded in the BCF Risk Plan. A risk sharing agreement has been produced and will form part of the S75 agreement. The section 75 agreement is a legal contract that outlines the responsibilities of both the CCG and CBC through the aligned and pooled budget arrangements.
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Public Sector Equality Duty (PSED)	
29.	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.
	Are there any risks issues relating Public Sector Equality Duty Yes/No
	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)

Presented by Julie Ogley