



Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Better Care Fund (BCF) Plan – Update

Meeting Date: 7 October 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
Nick Robinson, Chief Accountable Officer, Bedfordshire Clinical Commissioning Group

Recommendations The Health and Wellbeing Board is asked to:

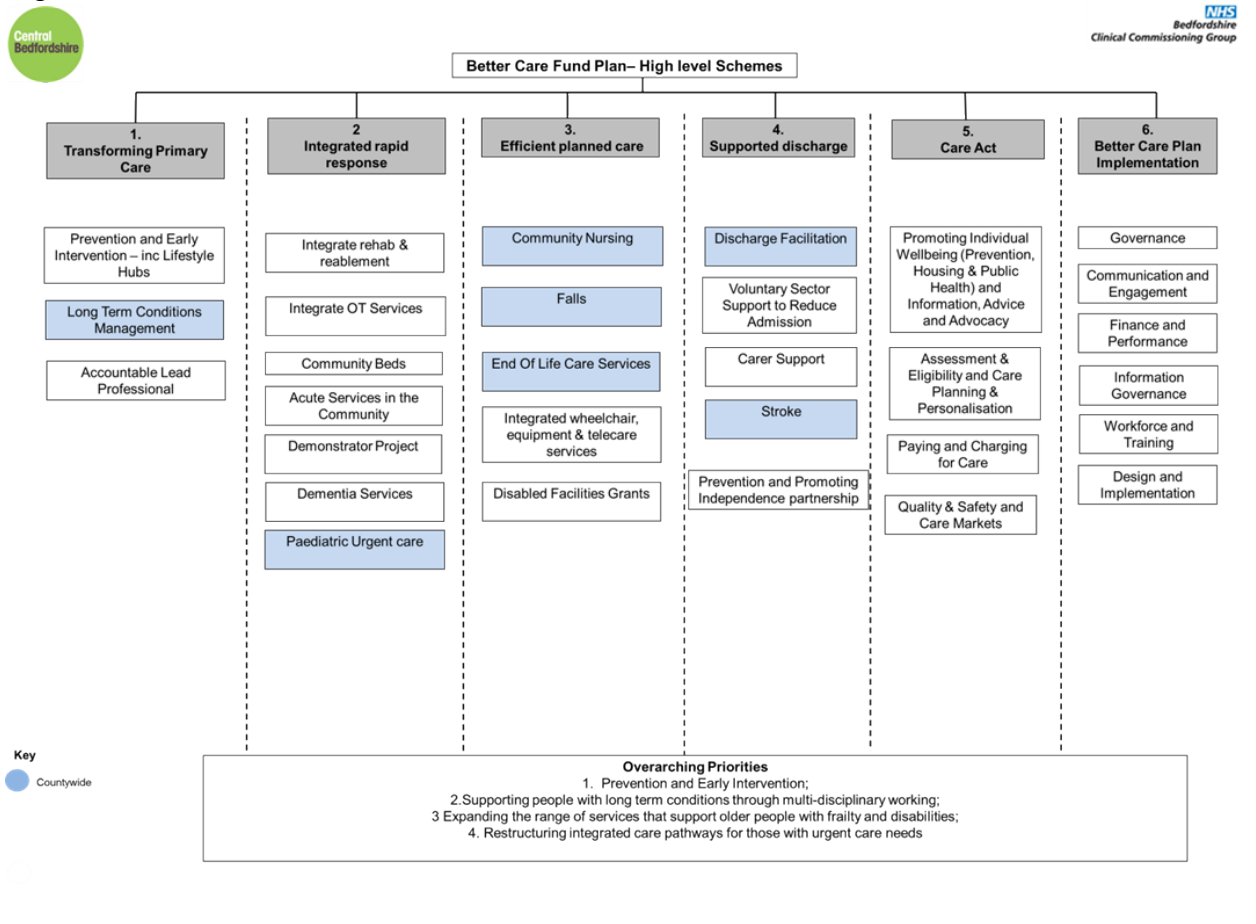
1. consider the quarterly report submitted on 28 August 2015;
2. note and approve the financial details of the BCF Plan as set out in the Section 75 agreement; and
3. approve the governance structure to support the delivery of the BCF Plan through the Section 75 pooled budget arrangements.

Purpose of Report	
1.	To update the Board on performance against the delivery targets of the Better Care Fund Plan.
2.	For the Board to note the submission of BCF Quarter 1 performance return to NHS England and narrative on progress.
3.	To recommend for approval the Section75 agreement for the Better Care Fund which also consolidates existing s.256 agreements (made pursuant to the NHS Act 2006) with the Better Care Fund.

Background	
4.	Implementation of Better Care Fund Plan commenced on the 1 April 2015 following the unconditional approval of the plan by NHS England in December 2014. Central Bedfordshire's overall commitment to the pooled fund is £18.7million which is set against 6 key schemes.

5.	The fund is a catalyst to improve services through a shared vision for health and social care in Central Bedfordshire. The priorities of the Plan are targeted at transforming services jointly to mitigate the increase in demand and complexity of need, impact of financial pressures, to secure longer term sustainability and efficiencies through integrated care and to improve outcomes for local people.
6.	The focus of BCF delivery is now on the operationalisation of the schemes within the plan with 2015/16 being the first year of delivery. The schemes, set out below, will contribute to the successful delivery of the performance metrics, including the pay for performance element of the fund.

Figure 1



7.	A requirement by NHS England is for the Better Care Fund to be transferred into a pooled fund under a Section 75 agreement between the Council and the Clinical Commissioning Group (CCG).
8.	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 remains fundamental to the Better Care Fund Plan for Central Bedfordshire. There is some progress on implementing approaches to multidisciplinary working and plans are on going to transform community health services.

9.	<p>An integrated, localised whole systems approach is central to success of the Better Care Fund Plan Schemes (Figure 1). The schemes aim to help deliver improvements, cost efficiency and more streamlined pathways of care. Success is predicated on transformation of community health services, through an integrated response to supporting people with long term conditions and in particular frail older people. There is currently very limited evidence of integrated working across community based services.</p>
10.	<p>The pay for performance element of the Better Care Fund, which is focused on reducing non-elective admissions, remains a key priority. A reshaping of how care is delivered is required and is being addressed through a joint approach to commissioning community health services.</p>
11.	<p>The BCF Plan sets out a shared vision for health and social care in Central Bedfordshire, rooted in a locality based model and that care is coordinated around the full range of an individual's needs with prevention and support for maintaining and maximising independence remaining central. This will ensure that people have access to good quality, safe, locally delivered health and care services across its towns and rural areas.</p>
12.	<p>These changes in the way services are organised means people will:</p> <ul style="list-style-type: none"> • Experience seamless access to a timely, coordinated offer of health and care support. • Have access to a wider range of support to prevent ill-health, with increased emphasis on early interventions supported by voluntary, community and long-term condition groups, enabling them to stay healthier for longer. • Be supported to remain independent with integrated GP and community multidisciplinary teams delivered directly within their own home wherever it is possible to do so. • Have access to a wider range of health and care services in the community that will help to avoid unnecessary hospital admission and, following any necessary admission, will enable discharge to home care as soon as it is safe to do so. • Have access to mental health services that are integrated with physical health and social care services, through primary, community and specialist teams and aligned to lifestyle Hubs. • Have access to rehabilitation and reablement services that will avoid or minimise the need to enter into residential or nursing home care. • Experience reduced variations in care with improved outcomes. • Have support for carers that is timely and person centred with an integrated response underpinned with joint planning and assessment, as appropriate. • Experience services that are person-centred, highly responsive and flexible, designed to deliver the outcomes important to the individual. • Benefit from stream-lined and integrated working with joint information systems.

13.	A Community Health Services Programme Group has been established and will report to the BCF Commissioning Board and CCG Executive team. The group will inform future service models and commissioning options for community health services, in line with the BCF vision.
14.	Work is ongoing to establish a Health and Social Care Provider Alliance and a first meeting is planned for November 2015.
15.	An update on the individual BCF Schemes will be included in future BCF report to the Health and Wellbeing Board.
	Performance Update
16.	The quarterly monitoring report for Quarter 1 was submitted to NHS England on 28 August 2015. The report was signed by both the Council and Bedfordshire Clinical Commissioning Group. A copy of the return is attached as Appendix 1. The majority of the National Conditions have been met as outlined in the attached report.
17.	Quarter 1 return narrative on overall progress in delivering the Better Care Fund Plan noted that prevailing and challenging financial pressures, capacity and engagement issues within our local health and care system continues to have an impact on delivery. Furthermore, the CCG's current focus majoring on its financial recovery continues to have implications for wider joint investments in transformation.
18.	A Programme Director for Community Services has been appointed at the CCG to provide the necessary focus to develop a comprehensive model for transforming community health services, which will be agreed by health and social care. This is seen as a priority as the current community health services contract is considered to be a barrier to developing joint working and integrated approaches to primary and community based services. Creating a shift to out of hospital care and early intervention and prevention through multidisciplinary working remains central to our Better Care Fund Plan. These challenges are both strategic and cultural and require changes from both commissioners and providers of services.
19.	Significantly, a reduction in the pay for performance measure on non-elective admissions is not being achieved. Further opportunities to address this are being explored.
20.	An additional programme of work for reducing non-elective admissions has been mobilised and is being monitored by the BCF Commissioning Board. This is focused on four key areas: Care Homes; Falls; Long Term Conditions and End of Life Care.

	Overview of performance
21.	<ol style="list-style-type: none"> 1. Non-elective admission rates remain high and are rising. 2. The rate of permanent admissions to care homes in older age groups was higher than the target set within the BCF submission, with dementia and frailty being the most common reason for admissions. 3. Reablement service effectiveness at 91 days is currently slightly lower than the target set with the submission, but was an improvement on the previous year's outturn. 4. Delayed transfers of care are high although rates have fallen over recent months. 5. Although outturn for 2013-14 is not yet published, locally monitoring is showing that the number of older people being admitted to hospital following a fall continues to rise. 6. The patient/service user experience indicator is broadly in line with national and regional averages.
	Section 75 Agreement
23.	The Section 75 agreement sets out the terms on which the Council and the CCG have agreed to collaborate and to establish a framework for joint commissioning arrangements for health and social care services.
24.	NHS England guidance requires 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. In Central Bedfordshire the BCF Commissioning Board is the mandated partnership board to oversee and manage the pooled fund.
25.	<p>The s75 agreement has been developed jointly by the Council's BCF Finance lead and the CCG's Finance lead, in line with government guidance and covers the following Schedules:</p> <p>Schedule 1 : Scheme Specification – see Figure 1 above in point 6</p> <p>Schedule 2: Governance</p> <p>Schedule 3: Risk share and overspends</p> <p>Schedule 4: Joint working obligations</p> <p>Schedule 5: Performance arrangements</p> <p>Schedule 6: BCF Plan</p> <p>Schedule 7: Policy for Management of Conflicts of interest</p> <p>Schedule 8: Information Sharing Protocol</p> <p>Schedule 9: Payment Schedule</p> <p>Legal representatives from both the Council and the CCG have been involved in developing the S75 Agreement.</p>

26.	<p>Governance arrangements for the Pooled Budget are as follows:</p> <ul style="list-style-type: none"> • The Pooled Budget will be hosted by the Council • The BCF Commissioning Board will have delegated authority from the CCG and the Council to manage the Pooled Budget to ensure the achievement of the desired outcomes • The Pooled Budget will be managed as a whole • Risk share will be managed as agreed and set out in Schedule 3
27.	<p>Key Performance Indicators are as agreed for the BCF Plan and are as follows:</p> <ul style="list-style-type: none"> • Reduction in Non Elective Admissions by 1.5% (Pay for Performance) • Reductions in admissions to residential and nursing care homes • Increase proportion of older people still at home 91 days post discharge from hospital • Reduce delayed transfers of care • Patient and Service user experience • Reduce emergency admissions due to falls

Reasons for the Action Proposed	
28.	<p>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 commissioners¹.</p>
29.	<p>NHS England guidance requires that local areas submit quarterly and annual reports. Health and Wellbeing Boards are required to sign off the performance report before it is submitted.</p>
Next steps	
30.	<ul style="list-style-type: none"> • Implement Section 75 Agreement on pooled budgets. • Continue to monitor the impact of key projects for reduction in non-elective admissions • Implement a programme framework for delivery of BCF Schemes aligned to the wider integration agenda • Convene Health and Social Care Provider Alliance

¹ Section 195 of the Health and Social Care Act 2012

Issues	
Governance & Delivery	
31.	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.
Financial	
32.	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.
Public Sector Equality Duty (PSED)	
33..	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)
BCF Plan	http://www.centralbedfordshire.gov.uk/Images/The-Central-Bedfordshire-Better-Care-Plan-final_tcm6-62825.pdf#False

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Appendix 1

BCF Quarter 1 performance return

Appendix 2

(Section 75 Agreement – to follow)