

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	17/09/2014
TYPE	An open public item

<u>Report summary table</u>	
Report title	Better Care Fund
Report author	Jane Shayler, Telephone: 01225 396120
List of attachments	Appendix 1: Better Care Plan Summary Revisions Appendix 2: Summary of schemes to be funded from the Better Care Fund
Background papers	Report to Health and Wellbeing Board (HWB), 26 th March 2014, "5-Year Strategic Plan 2014/15-2018/19, Better Care Plan and Operational Plan 2014-16"
Summary	<p>In early July 2014, the Department of Health (DH) announced the Government's decision to place different requirements on the use of £1bn of the £3.8bn Better Care Fund (BCF). This was followed in the last week of July with the publication of new guidance on the use of the BCF and revised templates for the submission of plans along with the timetable for submission and assurance of plans, with a deadline for submission of plans signed-off by the Health and Wellbeing Board of 19th September 2014.</p> <p>Changes to the use of the BCF do not, for Bath and North East Somerset, require amendments to the Better Care Plan 2014/15-2018/19 agreed by HWB on 26th March 2014 or to the use of the BCF.</p> <p>The revised guidance and templates do require clarification of the vision for integrated care and support, case for change and plan of action along with the locally agreed target for reduction in total emergency admissions (to hospital).</p> <p>This report sets out: i) summary of key changes to the guidance on use of the BCF; ii) the associated timetable; iii) better care plan summary revisions (Appendix 1); and iv) summary of schemes to be funded from the BCF with revisions highlighted (Appendix 2).</p> <p>The report seeks delegated authority to the Chair of the HWB and CCG's Interim Accountable Officer to sign-off submission of plans to meet the deadline of 19th September.</p>

Recommendations	<p>The Board is asked to agree:</p> <ul style="list-style-type: none"> • The summary of schemes to be funded from the Better Care Fund as revised from that approved by March 2014 HWB (Appendix 2); and • Delegation to the Chair of the Health and Wellbeing Board and the CCG's Interim Accountable Officer of sign-off of BaNES BCF submission in the required revised format on 19th September 2014.
Rationale for recommendations	<p>Health and Wellbeing Board in March 2014 approved and endorsed BaNES's Better Care Plan 2014/15-2018/19 and the associated schemes to be funded from the Better Care Fund in the context of the local vision for and delivery of integrated care and support. This local vision is aligned with and makes a significant contribution to delivery of the outcomes in the Joint Health and Wellbeing Strategy as follows:</p> <p>Theme One - Helping people to stay healthy:</p> <ul style="list-style-type: none"> • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. <p>Theme Two – Improving the quality of people's lives:</p> <ul style="list-style-type: none"> • Improved support for people with long term health conditions; • Reduced rates of mental ill-health; • Enhanced quality of life for people with dementia; • Improved services for older people which support and encourage independent living and dying well. <p>Theme Three – Creating fairer life chances:</p> <ul style="list-style-type: none"> • Improve skills, education and employment; • Reduce the health and wellbeing consequences of domestic abuse; • Increase the resilience of people and communities including action on loneliness. <p>Timescales for revised BCF submission, following publication of revised guidance at the end of July 14 are extremely challenging and adjustments to the detailed submission in the required template(s) are likely, therefore, to be made right up to the deadline for submission on 19th September. It is, therefore, necessary to seek delegation of sign-off of this detailed submission.</p>
Resource implications	<p>Proposed use of BCF funding in 2014/15 and 2015/16 is set out in Appendix 2. The most significant revision from the use of BCF funding agreed by HWB in March is provision for additional financial burdens arising from the Care Act, which establishes a number of new duties for local authorities, from April 2015. The Government is indicating that an element of the BCF should be used to meet the additional costs arising from the new Care Act. However, the indicative amount falls significantly short of the current estimated cost of the new financial burdens for B&NES.</p>

	<p>As well as having wider implications for the Council’s financial planning for 2015/16 and beyond, the additional financial burdens associated with the Care Act and use of the BCF to meet an element of these costs could become an increasing issue that would place a strain on the other objectives of the BCF.</p> <p>On an annual basis and in accordance with each organisation’s financial planning processes and decision making, adjustments are likely to be made to BCF funded schemes; model(s) of service; and/or capacity. Revisions will take account of i) evidence of the outcomes delivered by the schemes; ii) the principles and conditions of use of the BCF, including any future revisions; iii) any changes in the statutory obligations of either or both of the organisations; and iv) best value.</p> <p>The overarching aim of BCF funding is to act as a key enabler of the delivery of integrated services that support and safeguard older and vulnerable people to remain independent through timely interventions that contain, stabilise, decrease and/or de-escalate risks, care and support needs. Also, to continue to reduce unnecessary and unplanned admissions. This requires a shift in focus and of resources to the “front end” of the pathway/system to place greater emphasis on prevention and early intervention. This strategy is critical to responding in a sustainable way to the increasing volume, complexity and acuity of older people and those with long term conditions whilst also achieving the best possible outcomes for individuals.</p> <p>In the longer term this strategic shift of resources is likely to require a reduction in the proportion of funding to acute and specialist health in order to fund sufficient capacity and capability in community services.</p>
<p>Statutory considerations and basis for proposal</p>	<p>This report responds to the national technical and planning guidance on the Better Care Fund published on 25th July 2014. In order to draw down the maximum BaNES’ BCF allocation, it is necessary for BCF plans and proposals to comply with this guidance.</p>
<p>Consultation</p>	<p>Key contributors to this report are:</p> <ul style="list-style-type: none"> • Council Section 151 Officer; • CCG Chief Finance Officer; • Strategic Business Partner – Joint Commissioning (Council & CCG); • CCG Interim Accountable Officer; • Senior Commissioning Managers (Council & CCG); <p>The local vision for integrated care and support and associated plans have been developed and endorsed by a broad range of partners, including representatives from: provider organisations; primary care; VCSE (Voluntary, Community and Social Enterprise) sector organisations; Healthwatch BaNES; the HWB; the CCG and Council, including Public Health; and NHS England.</p> <p>Specific consultation and engagement has been undertaken with</p>

	key health and social care providers. Also with relevant Cabinet Members and Council Officers.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. The BCF submission includes a Risk Log with mitigating actions.

THE REPORT

Better Care Fund Revised Guidance (25th July 2014) - Policy Changes in Summary

- 1.1 The substantive change in policy is that, of the £1.9bn additional NHS contribution to the BCF, £1bn will remain within the BCF but will now be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions. The intention of this policy change is to ensure that the risk of failure for the NHS in reducing emergency admissions is mitigated, and CCGs are effectively compensated for unplanned non elective activity.
- 1.2 The following bullet points summarise the changes to policy agreed by Ministers.
- The £1bn proportion of the BCF will replace what was originally the 'pay for performance' fund linked to the production of a plan and delivery against national and local metrics. No payment will now be linked to these metrics, although Health and Wellbeing Boards will be expected to continue to set levels of ambition for these within their plans. Further detail on requirements for these metrics is included in the technical guidance. Total emergency admissions replaces the original metric of avoidable emergency admissions.
 - Health and Wellbeing Boards are invited to agree a target reduction in total emergency admissions. The funding corresponding to any reduction forms one element of the pay for performance fund. The outstanding balance will be spent by CCGs on 'NHS commissioned out-of-hospital services' as part of the BCF plan.
 - For the proportion of the £1bn funds linked to a reduction in total emergency admissions, money will be released from the CCG into the pooled budget on a quarterly basis, depending on performance. These payments start in May 2015 based on Quarter 4 performance in 2013/14. The remaining proportion of the £1bn will be released to the CCG upfront in Quarter 1 in 2015/16.
 - If the locally set target is achieved then all of the funding linked to performance will be released to the Health and Wellbeing Board to spend on BCF activities. If the target is not achieved, then the CCG will retain the money proportional to performance, to be spent by the CCG in consultation with the Health and Wellbeing Board.
 - The expected minimum target reduction in total emergency admissions will be 3.5% for all Health and Wellbeing Board areas, unless an area can make a credible case as to why it should be lower. All areas can set more ambitious

targets should they wish, and the amount of funding linked to performance will increase accordingly.

- The local target and resulting funding linked to total emergency admissions will be based on the total figure for the whole Health and Wellbeing Board area, not just to the portion resulting from BCF schemes.
- All plans will be expected to clarify the level of protection of social care from the £1.9bn NHS additional contribution to the BCF, including that at least £135m has been identified for implementation of the Care Act
- Every Health and Wellbeing Board is asked to sign off and resubmit their Better Care Fund Plan by 19 September. Up to and after this date there will be a support and assurance process so that the Chief Executive of NHS England (as the accounting officer of the BCF) and Ministers can be confident that the plans are affordable and deliverable in 2015/16.

1.3 Timetable

Date	Process
25 July	Guidance and templates issued
28 July – 19 September	<ul style="list-style-type: none"> • Support to local areas to strengthen plans • Checkpoints for regional support and assurance on 8 August, 29 August, 12 September
19 September	<ul style="list-style-type: none"> • Revised BCF plans submitted to bettercarefund@dh.gsi.gov.uk and copied to Area Teams and local government regional peers by 12pm
22 September – 3 October	<ul style="list-style-type: none"> • Desktop review of plans
10 October	<ul style="list-style-type: none"> • Moderation exercise complete
17 October	<ul style="list-style-type: none"> • Final presentation and recommendations to Sir Bob Kerslake, Simon Stevens and Ministers

- 1.4 These key national policy changes along with the associated template documents (parts one and two), planning and technical guidance have resulted in the revisions to the better care plan (summarised in Appendix 1) and to the schemes to be funded from the Better Care Fund (summarised in Appendix 2). Detailed Scheme Descriptions will be Annexed to BaNES' submission (Template One) as required.

Please contact the report author if you need to access this report in an alternative format