

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7(a)
25 SEPTEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Jana Burton, Executive Director of Adult Social Care and Health and Wellbeing	Tel. 452409

BETTER CARE FUND SUBMISSION

RECOMMENDATIONS	
FROM : Jana Burton, Director Andrew Vowles, Chief Strategy Officer, Cambridgeshire and Peterborough CCG	Deadline date : n/a
1. The Board is asked to confirm the decision of the Borderline and Peterborough Joint Commissioning Forum to sign off the BCF submission for Peterborough	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to Board following endorsement from the Joint Commissioning Forum on Friday 19th September as the latest submission was required by noon on this date and the Health & Wellbeing Board is not due to meet until 25th September 2014

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to

(g) Formally sign off the Peterborough Better Care Fund submission.

The purpose of this paper is to update the Board on the Better Care Fund (BCF) submission in the light of the new guidance recently issued by Central Government, which requests that plans were resubmitted by 19th September 2014.

- 2.2 This report is for Board to consider under its Terms of Reference No. 2.2 To actively promote partnership working across health and social care in order to further improve health and well being of residents.

3. BACKGROUND

- 3.1 The Better Care Fund was announced by the Government in the June 2013 spending round, with the aim of supporting transformation in integrated health and social care. The BCF was announced as a single pooled budget to support health and social care services to work more closely together in local areas. The pooled budget is expected to be in place from April 2015.

- 3.2 In Peterborough, the amount allocated to the fund is £11.999m. This is not new money granted by Government, but rather a re-organisation of existing funding that is currently used to provide health and social care services in the county. Figure 1 below demonstrates the sources of funding for the BCF both nationally and locally. The ambition of Health and Wellbeing Board partners and the voluntary sector is to achieve a fundamental shift in emphasis in the health and care system, with a view to taking action which will prevent or reduce the need for costly specialist services and find effective ways to reduce reliance on

statutory support. This implies significant changes for services supporting the health and wellbeing of our residents.

- 3.3 Our original BCF plan was submitted in April 2014 following approval by the Health and Wellbeing Board. Since the last report to the Health and Wellbeing Board there have been significant changes to the national approach to the BCF as described below.

4 RECENT NATIONAL DEVELOPMENTS AND RESUBMISSION OF PLANS

- 4.1 On 25 July, Andrew Ridley, BCF Programme Director with the Department of Health, wrote to Health and Wellbeing Board Chairs to provide new guidance and templates for the Better Care Fund. The documents issued included revised BCF planning guidance, revised technical guidance and two revised planning templates to be completed. Plans were required to be resubmitted following approval by the Health and Wellbeing Board no later than midday on 19 September. Parts 1 and 2 of the Plan submitted is attached as Appendix A.
- 4.2 The main change included in the guidance is confirmation of a major shift in the performance-related element of the BCF. Of the £1.9bn additional NHS contribution to the BCF, £1bn will remain within the BCF but will be solely focused on reducing Accident and Emergency (A&E) admissions. A proportion (at least £600m nationally) will be reserved for commissioning by the NHS on out-of-hospital services in order to achieve that reduction; and the remainder will be held back as performance related funding. If the target for total emergency admissions in local areas is achieved this sum is intended be released to BCF pooled budgets; if not it will be used by commissioning groups to pay for the above target acute activity. 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 retain the funding to pay for unplanned non-elective activity if planned reductions are not achieved.
- 4.3 The expected minimum target reduction in total emergency admissions set out in the guidance is 3.5% for all Health and Wellbeing Board areas. Money will be released quarterly from the CCG to a pooled budget depending on performance against the agreed target. Each area's plan must clarify how much funding from the £1.9bn NHS additional contribution to the BCF is to be used for the protection of social care, including the share of the £135m that has been identified nationally to support the implementation of the Care Act. Locally it has been agreed that this is not achievable so the local submission reflects the local ambition more accurately as referred to in paragraph 5.3.
- 4.4 The national metrics and conditions (residential and nursing home admissions; patient and service user experience; avoidable emergency admissions; reablement; and delayed transfers of care) will still apply but will have no performance mechanism attached.
- 4.5 The aim of the new planning templates is to ensure that each area can better provide:
- **The case for change:** a clear analytically driven and risk stratified understanding of where care can be improved by integration
 - **A plan of action:** A coherent and credible evidence-based articulation of the delivery chain that underpins the shift of activity away from emergency admissions developed with all local stakeholders and aligned with other initiatives and wider planning
 - **Strong governance:** clear local management and accountability arrangements, and a credible way of tracking the impact of interventions and taking remedial action as necessary, as well as robust contingency plans and risk sharing arrangements across providers and commissioners locally
 - **Protection of social care:** How and to what level social care is being protected, including confirmation that the local share of the £135m of revenue funding resulting from new duties within the Care Act is protected, and the level of resource dedicated for carers is spelled out.

- **Alignment with acute sector and wider planning:** including NHS two-year operational plans, five-year strategic plans, and plans for primary care as well as local government plans

5. CHALLENGES IN DEVELOPING THE BCF

- 5.1 Since receiving Andrew Ridley's letter in July, officers from the CCG and City Council have been working to understand the guidance and begin to complete the new templates for BCF plans.
- 5.2 The timetable for completion of the new templates was extremely ambitious and there were a number of areas which needed to be resolved prior to the completion of the revised templates. The main issue is that all of the resources that will make up the BCF are currently funding existing housing, health and social care services. The funding for the BCF is drawn primarily from NHS budgets, although it is made up of some ring-fenced resources (such as the Disabled Facilities Grant) and some resources that are already transferred to the local authority. The resources that form the existing transfer are currently allocated in CCC budgets for the provision of adult social care services.
- 5.3 Both the Council and CCG have significant concerns about the ability to reduce the pressures on A&E admissions on the scale now required by the updated guidance. Because of the current increasing trend in emergency admissions a stretching and achievable target of 1% has been proposed. There is a mismatch between the BCF vision (which proposes reduced acute activity) and providers' 5-year plans (which plan for increased acute activity and staffing); and this must be addressed. The scale of the challenge ahead is acknowledged in the CCG's Five Year System Blueprint which includes re-designing non-elective care. The CCG has established a Strategic Transformation Group (at Chief Executive or equivalent level) to drive system service transformation.
- 5.4 Finally the local procurement of Older People and Community Services by the CCG means that it is challenging to achieve the flexibility required in budgets that are within scope of the procurement exercise, particularly before the provider has been appointed. Officers from the CCG and Council are continuing to work together to address this as far as possible before the appointment of the provider in Autumn 2014. Reducing A&E admissions will though be a key objective of the new provider, who will be incentivised to reduce bed days for the over 65s.
- 5.5 These issues were highlighted to central Government in the 'checkpoint' updates we are required to submit under the new timetable for the Better Care Fund.

6. NEXT STEPS

- 6.1 The submission was made on 19th September and will then under go an assurance process. Plans will be categorised as follows:
- Approved
 - Approved with support
 - Approved with conditions
 - Not approved
- 6.2 The BCF steering group will continue to develop plans during this time assuming that the plan will be assured.

7. CONSULTATION

- 7.1 Consultation amongst partner organisations has been ongoing throughout this process. There has been some patient engagement in the process, but it is suggested that further engagement takes place as workstreams are developed in detail.

7.2 The JCF will carry out further scrutiny in order for the local clinicians and patients to have sufficient time to fully consider the content and implications of the plan. The JCF will provide further input and recommendations on how the joint working and transformation in the BCF can be delivered

8. ANTICIPATED OUTCOMES

8.1 The BCF seeks to make transformational change to how health and social care services are delivered.

9. REASONS FOR RECOMMENDATIONS

9.1 The Better Care Fund is a Government requirement for each Local Authority and CCG area.