

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD – 24<sup>th</sup> SEPTEMBER 2014**

**THE BETTER CARE FUND HEALTH & SOCIAL CARE INTEGRATION**

**REPORT OF: CLIVE JONES: ASSISTANT DIRECTOR FAMILY, COHESION & COMMISSIONING & FRAN BECK EXECUTIVE DIRECTOR COMMISSIONING TELFORD & WREKIN CCG**

**LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

The purpose of this report is to update members of The Health & Wellbeing Board regards proposals for resubmitting its plans for the integration of health and social care under proposals for creating The Better Care Fund.

**2. RECOMMENDATIONS**

2.1 The following recommendations are made:

That the Health and Wellbeing Board:-

- note revised requirements to put in place a Better Care Fund
- approves the BCF plan (submitted to NHS England on 19<sup>th</sup> September 2014).
- delegate power to the Chairman of the Health and Wellbeing Board to sign any further documentation relating to the revised BCF plan document that may be required
- delegate power to the Chairman of the Health and Wellbeing Board, in consultation with the Chief Operating Officer (CCG), to approve any further minor amendments or minor additions to the BCF plan as required by both the National Audit and Cabinet Office.

### **3. IMPACT OF ACTION**

3.1 Our initial plan was submitted for approval in February 2014. Following reviews by both the National Audit and Cabinet Office, CCGs and local authorities are now being asked to review their plans assuming a 3.5% reduction in emergency admissions. We must resubmit our plan by the 19<sup>th</sup> September 2014. National conditions are unchanged, the following key changes must be demonstrated within revised BCF plans:

- A more detailed case for change and plan of action must be set out
- A more detailed analysis of risk (including mitigation) and risk sharing agreement must be defined and included in our resubmission
- The plan must demonstrate an alignment with other NHS and Council plans
- Each plan proposal must be described in more detail
- We must detail protection being given to social care services through BCF
- We must show evidence of engagement with stakeholders
- We must show how we have involved providers
- Specific requirement to show how we will reduce admissions by 3.5% with detailed modelling and phased activity assumptions to be included

3.2 Given that national conditions remain largely unchanged and the main purpose of the resubmission is to provide additional detail against an amended target for reducing admissions, the decision has been taken to use delegated powers approved by the Health & Wellbeing Board on the 12<sup>th</sup> February to approve submission of the amended plan prior to the meeting in order to meet the required dates for submission.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<p><i>Improve emotional health and wellbeing of Borough residents.</i></p> <p><i>Support people with specific health needs to live independently for as long as possible.</i></p> <p><i>Support people with dementia.</i></p> <p><i>Support people with autism.</i></p>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>Vulnerable children and adults</i>
	Will the proposals impact on specific groups of people?	
Yes	<i>Will impact on people who are ill or disabled, who need support and on their family carers.</i>	
<b>TARGET COMPLETION/DELIVERY DATE</b>	<i>From April 2015</i>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>In Telford, it is anticipated that the net contribution to the Better Care Fund in 2015/16 will be revised to £12.068m since our last submission. Significantly more detail showing how the fund will be spent and the expected value of benefits must be included in the resubmission. The project team are currently working on the detail which will be sent out to Health and Wellbeing Board members ahead of the meeting.</p> <p>This submission will also need to consider risk in more detail describing the process for developing a risk sharing model. The final risk sharing model will need to be approved by all parties as part of the finalisation of the Section 75 legal agreement.</p> <p>Whilst all metrics included within the plan will be monitored, only the reduction in admissions target will have any impact on funding to the Pooled Budget. The required minimum 3.5% reduction is linked to £840k of performance pay which will be held back out of the Pooled Budget and only released as and when admission reductions are achieved. If they are not achieved then this money will flow to the acute sector to</p>

		<p>fund admission activity. This is currently the only quantifiable financial risk known. Potential areas of financial risk are being identified but further work will be needed to ensure the value of these risks can be identified.</p>
<p><b>LEGAL ISSUES</b></p>	<p>Yes</p>	<p>The NHS England planning guidance sets out the recommended process and format for developing a plan for the Better Care Fund. If the guidance is not followed at any point there needs to be a justifiable reason for doing so as this may jeopardise the award of funding (as outlined in the guidance). Following the initial submission both the Audit and Cabinet Office have stipulated further requirements to the BCF Plan and further consideration by the HWBB. Accordingly, whilst the first BCF submission was considered by both the HWBB (12<sup>th</sup> February 2014, minute number HWB – 49) and the Cabinet (30<sup>th</sup> January 2014, minute number CB - 82) it is appropriate for the HWBB to review the revisions and confirm their approval or otherwise.</p> <p>There will be standards for the plan which are national requirements. However, there will also be the Council's and CCG's own requirements which should be in place to ensure good governance, effective contract management and the protection of sensitive data. Further, if the plan results in any possible changes to existing service provision to people, consideration needs to be given as to whether further equalities impact and consultation work needs to be undertaken.</p> <p>The new integration provisions will bring significant changes to the commissioning of some Council and Clinical Commissioning Group (CCG) services. As the plan moves from being a strategic to a more operational process, officers will identify specific areas where changes to existing commissioning processes will be needed to incorporate the integration required.</p> <p>If the changes may affect the Council's and CCG's commissioning plans and may require separate reports elsewhere such as Cabinet and CCG Governance Board. For example, changes to existing delegated powers may need to be made to undertake the new joint commissioning. There is reference to potential legislative</p>

		changes which, if implemented, will need to be complied with as part of this process. It should be noted that in addition to the delegations requested as part of this report, Cabinet have previously delegated powers to the Interim Director of Health, Wellbeing & Care, in consultation with the Cabinet Member: Adult Social Care, to submit the Better Care Fund plan on behalf of the Council, subject to the required assurances being received from the Clinical Commissioning Group (Cabinet meeting 30 <sup>th</sup> January 2014 – CB – 82).
<b>IMPACT ON SPECIFIC WARDS</b>	No	
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	<i>The timeframe for submitting a revised plan by 19<sup>th</sup> September has been challenging and required rapid joint effort by the Council and CCG working with its partners.</i>

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

- 1.1 The Health and Social Care Act 2012 set out expectations around greater integration of health and social care services to provide more effective pathways and better outcomes and value for patients/service users. The spending review at the end of June 2013 set out the requirement to set up an Integration Transformation Fund, renamed the Better Care Fund (BCF) by April 2015, with at least a minimum value of CCG and Council funding included in the Better Care Fund.
- 1.2 The fund will be allocated to local areas where it will be put into a pooled budget under joint governance between the CCG and Council, with a condition that they must have a jointly agreed plan which meets certain requirements set nationally. There are six national conditions:
- Plans to be jointly agreed
  - Protection for social care services (not spending)
  - Seven day services in health and social care to support patient discharge from hospital and prevent unnecessary admissions at weekends
  - Better data sharing between health and social care based on the NHS number
  - Joint approach to assessments and care planning, funding used for integrated packages and a named accountable professional in all cases
  - Agreement on the consequential impact of changes in the acute sector.
- 1.3 Elements of the BCF will be performance related.
- 1.4 The Health & Wellbeing Board approved the draft plan for submission to NHS England at their meeting on the 12<sup>th</sup> February 2014.
- 1.5 A Better Care Commissioning and Transformation Group, reporting to the Health & Wellbeing Board has been established to oversee the implementation of Better Care arrangements.

### **PROGRESS TO DATE**

- 1.6 The following progress has been made since the initial submission of our plan in February 2014:
- The Better Care Commissioning & Transformation Group, supported by a number of sub groups is in place
  - An Accelerated Pilot has been introduced, with the main aim of reducing hospital admissions
  - A pilot befriending service is currently being commissioned
  - Consideration is being given to creating an integrated front door and response for accessing adult care and health services

- Engagement activity has taken place with the social care and health workforce, voluntary sector and providers.
- 1.7 NHS England planning documents noted that emergency admissions would need to fall by 15% to finance the fund. Following reviews by both the National Audit and Cabinet Office, CCGs and local authorities are now being asked to review their plans assuming a 3.5% reduction in emergency admissions.
- 1.8 We must resubmit our plan by the 19<sup>th</sup> September 2014. National conditions are unchanged; the following key changes must be demonstrated within revised BCF plans:
- A more detailed case for change and plan of action must be set out
  - A more detailed analysis of risk (including mitigation) and risk sharing agreement must be defined and included in our resubmission
  - The plan must demonstrate an alignment with other NHS and Council plans
  - Each plan proposal must be described in more detail
  - We must detail protection being given to social care services through BCF
  - We must show evidence of engagement with stakeholders
  - We must show how we have involved providers
  - Specific requirement to show how we will reduce admissions by 3.5% with detailed modelling and phased activity assumptions to be included.
- 1.9 The Department of Health have put in place a Better Care Task Force headed by Andrew Ridley (BCF Programme Director). The Task Force will be part of the Department for Communities and Local Government.
- 1.10 The Task Force have introduced/taken a number of temperature checks from each area to assess progress, have or are in the process of providing considerable additional guidance and have offered additional consultancy support to each CCG/Council.
- 1.11 The Task Force has also put in place a comprehensive assurance process/phase involving NHS England, CCGs, LGA and Local Authorities which will assess plans in detail once submitted on the 19<sup>th</sup> September.
- 1.12 The amended plan must be signed off by the Chair of the Health & Wellbeing Board, Chief Operating Officer (CCG) and the Chief Executive of The Shrewsbury and Telford Hospital NHS Trust.
- 1.13 The project team will be working on the required revisions to our initial plan. This will be shared with members of the Board as soon as it is ready. Given the extremely tight timescale set by NHS England and the amount of work required The Chair of the Health & Wellbeing Board in consultation with The Chief Operating Officer have approved the plan for submission.

## **Key Dates**

1.14 The following key dates apply to our plan resubmission

Activity	Date
New BCF Task Force in place led by Andrew Ridley (DCLG)	July 2014
New Templates & Guidance Issued	25 <sup>th</sup> July
1:1 West Midlands Task Force Clinic	10 <sup>th</sup> September
Revised Plan Submitted	19 <sup>th</sup> September
All Plans assessed using common methodology	19 <sup>th</sup> Sept to 3 <sup>rd</sup> Oct
Telford Health & Wellbeing Board	24 <sup>th</sup> Sept 2014
Moderation of Assurance Process	6 <sup>th</sup> – 10 <sup>th</sup> October
Plans reviewed by Simon Stevens & Bob Kerslake	6 <sup>th</sup> – 10 <sup>th</sup> October
Plans reviewed by ministers	13 <sup>th</sup> – 17 <sup>th</sup> October

## **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

N/A

## **3. PREVIOUS MINUTES**

Health & Wellbeing Board – 12<sup>th</sup> February 2014 (HWB – 49)  
Cabinet – 30<sup>th</sup> January 2014 (CB – 82)

## **4. BACKGROUND PAPERS**

**Report prepared by Clive Jones, Assistant Director Family, Cohesion and Commissioning Telephone: 01952 380900**