

HEALTH AND WELLBEING BOARD



TO:	Blackburn with Darwen Health and Wellbeing Board
FROM:	Sally McIvor, Executive Director of People
DATE:	12 th March 2014

SUBJECT: Better Care Fund

1. PURPOSE

The purpose of this paper is to provide an update on Better Care Fund plans, outline proposals for identification of a local indicator and highlight alignment of Better Care Fund plans with CCG Everyone Counts submission.

2. RECOMMENDATIONS

That the Health and Wellbeing Board;

1. Note draft Better Care Fund proposals submitted to department of Health/Local Government Association on 14th February (see appendix a)
2. Note alignment of Better Care Fund plans to Blackburn with Darwen CCG Everyone Counts Plan on a Page submission
3. Approve sign off delegation of the Better Care Fund final submission and action plan to HWBB chair prior to final submission to Department of Health/Local Government Association on 4th April 2014.

3. BACKGROUND

The BCF will provide an opportunity through pooled budget arrangements to transform local services so that people are provided with better integrated care and support. The BCF will bring together NHS and Local Government resources, and provide a real opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings at scale and pace.

Locally the fund will be £12.2 million for Blackburn with Darwen in 2015/16, with £10,806 million expected to transfer from the CCG into pooled budget arrangements. 25% of funding from 2015/16 will be performance related and the BCF plan will require a contingency in the event that planned outcomes are not achieved.

Health and Wellbeing Boards are expected to sign off the plan on behalf of their constituent CCGs and Local Authorities as set out in the better Care Fund Guidance issued in December 2013. An initial draft was, signed off by the Chair and Vice Chair of the Health and Wellbeing Board and submitted to NHS England Local Area Team and the Local Government Association on 14th February 2014. Formal feedback will be received from NHS England on 10th March as part of the CCG assurance process.

National conditions

There are 6 national conditions associated with the fund which local areas are expected to meet. They include:

- Plans to be jointly agreed by the Health and Wellbeing Board on behalf of constituent CCGs and Local Authorities
- Protection for social care services (not spending)
- As part of agreed local plans, 7 day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes in the acute sector

National and local metrics

There are 5 national performance measures which will be used to performance manage the funding for the Payment By Results element (PBR):

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Avoidable emergency admissions
- Patient / service user experience

In addition to the above five performance measures, local areas will need to choose one additional indicator from the following:

NHS Outcomes Framework

- 2.1 Proportion of people feeling supported to manage their (long term) condition
- 2.6i Estimated diagnosis rate for people with dementia
- 3.5 Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days

Adult Social Care Outcomes Framework

- 1A Social care-related quality of life
- 1H Proportion of adults in contact with secondary mental health services living independently with or without support
- 1D Carer-reported quality of life

Public Health Outcomes Framework

- 1.18i Proportion of adult social care users who have as much social contact as they would like
- 2.13ii Proportion of adults classified as “inactive”
- 2.24i Injuries due to falls in people aged 65 and over

Links to CCG Planning process

As part of the Everyone Counts Planning for Patients 2014/15 to 2018/19 guidance, CCG's must develop five year strategic, operational and financial plans. These plans must be aligned across health economies and NHS England will look to ensure that plans are consistent across primary, secondary and specialist care providers. The operational plan must demonstrate that the strategic plan is the driving force behind transformational change and the operational plan must contain outcomes and relevant metrics which shows the journey towards achievement of the overarching

strategy.

NHS England have outlined how they wish to maximise the opportunity for mutual assurance across health and social care services and the guidance outlines that CCG's operational plans should be assured at CCG and Health and Wellbeing Board Level. The Health and Wellbeing Board must be assured that the BCF plan is aligned to and referenced within the CCG's operational plan.

4. RATIONALE

Better Care Fund

The introduction of the Better Care Fund will support local areas in developing and delivering integrated care to improve services and value for money, protect and improve social care services by shifting resources from acute services into community and preventative settings at scale and pace.

The Fund creates an opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled budget. It also encourages Health and Wellbeing Boards to extend the scope of local plans and pooled budgets.

Development of joint plans:

As outlined in previous reports to Health and Wellbeing Board members (September 2013, January 2014), representatives of the CCG, NHS England and the Local Authority have been working together to establish the foundations for co-ordinated integrated delivery across health, social care, public health and the third sector.

The plans focus on the development of integrated locality teams which will provide wrap around care to frail elderly and those with long term conditions and include:

- 4 multi-skilled locality teams with aligned to GP practice population
- Self care and early intervention
- Early identification, diagnosis and case management, including 'Virtual Ward' services
- Support for carers
- Using new technologies
- Development of a frail elder adult pathway

Local delivery will be supported by the redesign of existing services to develop fully integrated 7 day 365 transfers of care service including Continuing Healthcare Team and Older Adult Hospital Liaison.

The plans outline the review and redesign of the 'transitional pathway' including:

- Integrated council and health intermediate care services
- Redesign care pathways to reduce long term residential care and unplanned hospital admissions
- Integrated accommodation strategy developing short term residential and nursing support
- Reablement and intermediate care to become first option for frail elderly
- Develop enhanced primary care offer linked to lead clinician for over 75's

Plans reflect the development of integrated 7 day services to support patients being discharged and prevent unnecessary admissions at weekends.

Longer term (2015-2018), integrated locality services will extend to cover vulnerable people who

are under 65, including children and young people.

4. KEY ISSUES

The key issues associated with the completion of the Better Care Fund plans and submission are outlined below:

Performance and outcome monitoring

The inception of the Better Care Fund offers the opportunity to examine the potential for an **integrated performance and governance framework**, particularly across the Council and Clinical Commissioning Group. The need for this framework is increasing in importance, particularly in light of the Francis enquiry and Keogh review, as there is an expectation that local authorities; clinical commissioning groups and health and well-being boards should have oversight of the health systems as a whole, including performance measures that provide early warnings of system failure. There will also need to be closer monitoring of agreed outcomes to ensure that our service integration activities are achieving the required benefits.

Alignment with Everyone Counts: Planning for Patients

Blackburn with Darwen CCG's "Plan on a Page" (appendix 1) and developing 5 year strategic plan are closely aligned to Better Care Fund Plan. Specific links include:

- Development of integrated health and care teams across 4 localities supported by 7 day working in primary care
- Early identification, diagnosis and case management including dementia
- Early intervention and self care
- Transfers of care
- Transitional system review and redesign

Timescales

The final submission is expected as part of CCG's Strategic and Operational Plans by 4th April 2014 and must be signed off by the Health and Wellbeing Board. Plans include the strategic vision for health and care services, aims and objectives of local integrated care, how local areas will meet the national conditions, risks, outcomes and financial plans for the first two years.

Finances

Work is ongoing across the Local Authority and CCG to scope the financial impact of the Better Care Fund across Blackburn with Darwen and identify aspects of spend which are currently committed as part of the overall financial allocation. Alongside finance, innovative contracting models are being explored to support integrated service delivery.

Geographical footprints

The successful delivery of Blackburn with Darwen's Better Care Fund and Integrated Care plans are interdependent across Pennine Lancashire due to shared acute care services. Blackburn with Darwen are working closely with East Lancashire CCG and the wider Pennine area to ensure any impact of BCF plans does not destabilise current service provision during transformation.

Risks

Risks to delivery and mitigating actions to minimise their impact will be outlined as part of the final Better Care Plan submission.

5. POLICY IMPLICATIONS

The expectation to develop and roll out the Better Care Fund delivery plans as part of wider integration of local services is set out within a number of key national policies and guidance including:

- The Care Bill which contains provisions covering adult social care reform, care standards (and the government's response to the Francis Inquiry), and health education and research.
- NHS Planning Guidance- Everyone Counts: Planning for Patients 2014/15 to 2018/19. Better Care Fund is an integral part of the CCGs submission of operating and strategic plans for 2014-2018.

7. FINANCIAL IMPLICATIONS

The pooled budget arrangements for the Better Care Fund will be set at a minimum of the value of the published section 256 revenue funding transfer from BwD CCG for 2015/16 of £10,806,000, as advised by government office. Thereafter, from 2016/17, the fund will match the detailed budget proposals agreed by the Health & Wellbeing Board, which may include any additional budget contributions, agreed between Health and Social Care under the terms of the section 256 agreement.

Management, governance and monitoring arrangements for the fund will be established in the period leading up to March 2014, with due regard to published Outcomes Frameworks for Health Care, Social Care and Public Health for 2014/15.

These will form part of the detailed CCG five year Strategic Business Plan and initial 2 year Operational plans, and will include ongoing monitoring, accountability and reporting arrangements to enable the HWB to meet its statutory core functions.

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 gives Health and Wellbeing Boards specific statutory functions. These are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).
- To encourage integrated working between health and social care commissioners
- To encourage close working between commissioners of health-related services and the board itself.
- To encourage close working between commissioners of health-related services (such as housing and other local government services) and commissioners of health and social care services.
- Other functions that may be delegated by the council under the Health and Social Care Act 2012. For example certain public health functions, functions relating to joint commissioning and the operation of pooled budgets between the NHS and the council.

These are a statutory minimum and other functions may be delegated by the Council under the Health and Social Care Act 2012. Currently, the Health and Wellbeing Board only exercises the core statutory functions.

It is unclear at this point in time whether funding for the Better Care Fund will be released under existing legal arrangements or whether further legislation will be made for the creation of pooled budgets.

9. RESOURCE IMPLICATIONS

Initially the key resource implication will be officer time to support the development of the Better Care Fund plans within the expected timescales.

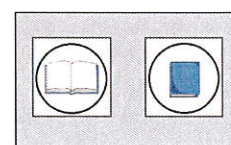
10. EQUALITY AND HEALTH IMPLICATIONS

An equality assessment will be carried out as part of the Better Care Fund planning process. The Better Care Fund aims to reduce the impact of inequalities faced by vulnerable groups through the development of integrated community services.

11. CONSULTATIONS

The expectation to fully engage and consult with service providers, patients, service users and the public is clearly outlined within the Better Care Fund submission. Engagement has taken place to date with provider forums including Pennine Lancashire Clinical Transformation Board, 50+ Partnership and Families, Health and Wellbeing Consortia. Additional consultation sessions for patients, service users and the public have been carried out between January and March 2014 including a focus group of residents over 65 and carers, patient groups and The Older Peoples Forum.

VERSION:	2.0
CONTACT OFFICER:	Claire Jackson
DATE:	3 rd March 2014
BACKGROUND PAPER:	Better Care Fund and local implementation – Health and Wellbeing Board, 20 th January 2014 http://94.236.33.182/CmiswebPublic/Binary.ashx?Document=11316



To aim to deliver effective and efficient high quality integrated health and social care in order to improve the health and wellbeing of the population of Blackburn with Darwen and raise the life expectancy in the Borough to the National Average in the next 10 years

