

## HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Cllr Mohammed Khan
<b>DATE:</b>	22 <sup>nd</sup> September 2014

**SUBJECT: Better Care Fund****1. PURPOSE**

To provide feedback to Health and Wellbeing Board members on the Better Care Fund Policy Development Session including recommendations made.

**2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD**

Health and Wellbeing Board members are requested:

- Note the contents of the paper
- Note the specific aspects of Better Care Fund plan that were considered for agreement
- Note Chair of the Health and Wellbeing Board to sign off of Better Care Fund Plans prior to final submission on 19<sup>th</sup> September

**3. BACKGROUND**

Blackburn with Darwen Health and Wellbeing Board Better Care Fund plans were submitted on 4<sup>th</sup> April 2014. Further national guidance was released on 28<sup>th</sup> July 2014 which outlined expectations for all local areas to resubmit plans by 19<sup>th</sup> September.

Due to the short timescales for resubmission, an additional Policy Development Session was arranged for 9<sup>th</sup> September to allow Health and Wellbeing Board members to discuss changes to the guidance and agree proposals for final submission of the plan. Service Provider leads from Lancashire Care Foundation Trust and East Lancashire Hospitals Trust were invited to attend the session to gain health provider support to local Better Care Fund plans.

**4. RATIONALE**

The updated Better Care Fund national guidance outlined a number of changes that would be required within revised plans. They included:

- Clearer articulation of evidence, delivery chain and shift in activity away from acute
- Clearer focus on risks, risk sharing and contingency
- Alignment of BCF with other local plans and integrated care developments
- Resource for protection of social care and implementation of the new Care Act
- Evidence of provider engagement, particularly hospital providers, in the development of the plan
- Emergency admissions targets shifting from 'avoidable' to all admissions and the expectation that Health and Wellbeing Boards agree a target locally
- Pay for performance would be linked solely to the reduction in emergency admissions

## 5. KEY ISSUES

A number of key issues were discussed for agreement at the HWBB policy session which are outlined below.

### **Update on current Better Care Fund plan**

An update was provided in the initiatives agreed as part of the Better Care Fund plan. They include:

- Early intervention, prevention and self care – voluntary sector, dementia, carers
- Integrated health and social care through development of 4 locality teams
- Directory of Services for Frail Elderly and co-ordination of community bed provision
- Review and redesign of intermediate care/community beds
- Integrated discharge from hospital
- Intensive Home Support

Health and Wellbeing Board members and providers agreed with initiatives included within the BCF plan

### **Reduction in emergency admissions target**

Discussion took place on proposals to include a reduction in all emergency admissions of 3.5% against the current trend. This would enable current levels of growth to be considered as part of our local setting.

Health and Wellbeing Board members agreed with BCF proposal for a 3.5% reduction against trend

### **Other BCF metrics**

An update was provided on other targets associated with the Better Care Fund Plan, including:

- Reduction in delayed transfers of care
- Reduction in long term residential care admissions
- Improve effectiveness of reablement

### **Local measure (agreed at April HWBB)**

- Improving diagnosis rates of dementia

### **Patient experience measure**

Patients experience measures drawn from a long list proposed nationally were outlined to Members in the presentation along with details of a short list that had been developed locally – GP survey in relation to management of long standing health conditions and management of care plans. Proposals for further discussion with Clinical Commissioning Group member and 50 plus partnership were agreed.

Health and Wellbeing Board members agreed with proposals for other metrics, local measure and patient experience proposals

### **Pay for performance**

An overview of the pay for performance aspect of the Better Care Fund was provided to Board members and its relationship to the reduction in local emergency admissions. Discussions took place on how the Health and Wellbeing Board would mitigate any risks, plans for contingency and performance reporting via Executive Joint Commissioning Group and Integrated Care Programme Office.

Health and Wellbeing Board members and providers agreed with pay for performance option outlined

## Next Steps

- The views of the Health and Wellbeing Board members would inform the next draft of the BCF Plan.
- The final plan would be submitted on 19<sup>th</sup> September 2014 signed by the Chair of the Health and Wellbeing Board.
- An update would be provided to the Health and Wellbeing Board on 22<sup>nd</sup> September 2014
- A national assurance process would commence on 13<sup>th</sup> October.
- Feedback would be provided to the Health and Wellbeing Board at the meeting in December 2014.

Health and Wellbeing Board and providers agree to support the Better Care Fund Plan as outlined and detailed

## 6. POLICY IMPLICATIONS

Policy implications relating to the Better Care Fund plan were considered and reported prior to submission of the draft plan .

## 7. FINANCIAL IMPLICATIONS

Financial implications relating to the Better Care Fund plan were considered and reported prior to submission of the draft plan.

## 8. LEGAL IMPLICATIONS

Legal implications relating to the Better Care Fund plan were considered and reported prior to submission of the draft plan

## 9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan were considered and reported prior to submission of the draft plan

## 10. EQUALITY AND HEALTH IMPLICATIONS

Equality and Health implications relating to the Better Care Fund plan were considered and reported prior to submission of the draft plan

## 11. CONSULTATIONS

Consultations relating to the Better Care Fund plan were considered and reported prior to submission of the draft plan and are ongoing for future plans.

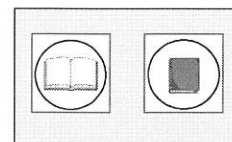
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<b>CONTACT OFFICER:</b>	Claire Jackson
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<b>DATE:</b>	12 <sup>th</sup> September
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**BACKGROUND  
PAPER:**

Commissioning priorities – CCG, Integrated and Local Authority, Health and Wellbeing Board, 23<sup>rd</sup> June 2014






# Better Care Fund

## Health and Wellbeing Board Development Session

### 9th September





Blackburn with Darwen  
Clinical Commissioning Group



## Aims and objectives of session

Chris Clayton

- Provide an update on BCF plan progress to date
- Support discussion on:
  - Local plans
  - Proposals for reduction in emergency admissions
  - Financial implications
  - HWBB and providers agreement to support Better Care Fund Plan



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Clinical Commissioning Group

## Role of HWBB

Sally McIvor

- Agree target relating to reductions in emergency admissions and associated performance related pay
- Sign off for resubmission of plans by 19<sup>th</sup> September



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## BCF updated guidance

Claire Jackson

- Further guidance released on 28th July
  - Clearer articulation of evidence, delivery chain and shift in activity away from acute
  - Clearer focus on risks, risk sharing and contingency
  - Alignment of BCF with other local plans
  - Resource for protection of social care and implementation of the new Care Act
  - Evidence of provider engagement
  - Pay for performance
  - Emergency admissions



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## Pay for performance

Roger Parr

- Focus solely on the reduction of hospital admissions
- Shift from avoidable emergency admissions to total emergency admissions
- £1 billion of NHS contribution nationally
- HWBB expected to propose performance pot based on local ambition
- Initial expectation was 3.5% reduction against plan (lower target can be agreed locally)



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## Pay for performance

Roger Parr

- Made up of:
  - Reduction in Emergency Admissions (HWBB target)
  - NHS commissioned out of hospital services
- Resource remains the same for BwD but the shares between the elements can be varied
- Each organisation should establish a contingency plan and risk sharing agreement



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## Our plans (1)

Steve Tingle

- Early intervention, prevention and self care – voluntary sector, dementia, carers
- Integrated health and social care through development of 4 locality teams



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## Our plans (2)

Steve Tingle

- Directory of Services for Frail Elderly and co-ordination of community bed provision
- Review and redesign of intermediate care/community beds
- Integrated discharge from hospital
- Intensive Home Support



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## Discussion

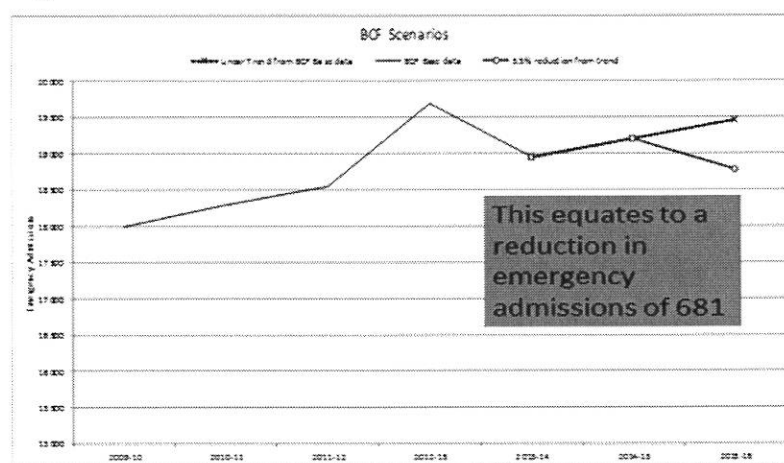
- Are you clear about your role and responsibilities in relation to Better Care Fund?



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## Emergency admissions reduction

Roger Parr



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## Other measures

Steve Tingle

- 3 national
  - Reduction in delayed transfers of care -2.4% by 2015/16 (currently in review after further national guidance)
  - Reduction in long term residential care admissions - 7.1% by 2015/16
  - Improve effectiveness of reablement from 94.7% in 13/14 to 95.5% in 2015/16
- 1 local (agreed by HWBB April 2014)
  - Improving diagnosis rates of dementia from 53.3% in 2012/13 to 68% in 2015/16



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## Patient experience measure

Claire Jackson

- Long list proposed nationally, Short list developed locally.
- Preferred options
  - For respondents with a long-standing health condition
    - In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health (GP survey measure)
  - Did you help put your written care plan together?
    - By 'helping' we mean setting goals for yourself or choosing how you want to manage your health (GP survey measure)



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## Group discussion

- Do you agree with proposed emergency admissions reduction target?
- Do you agree with proposed options for patient experience measure?



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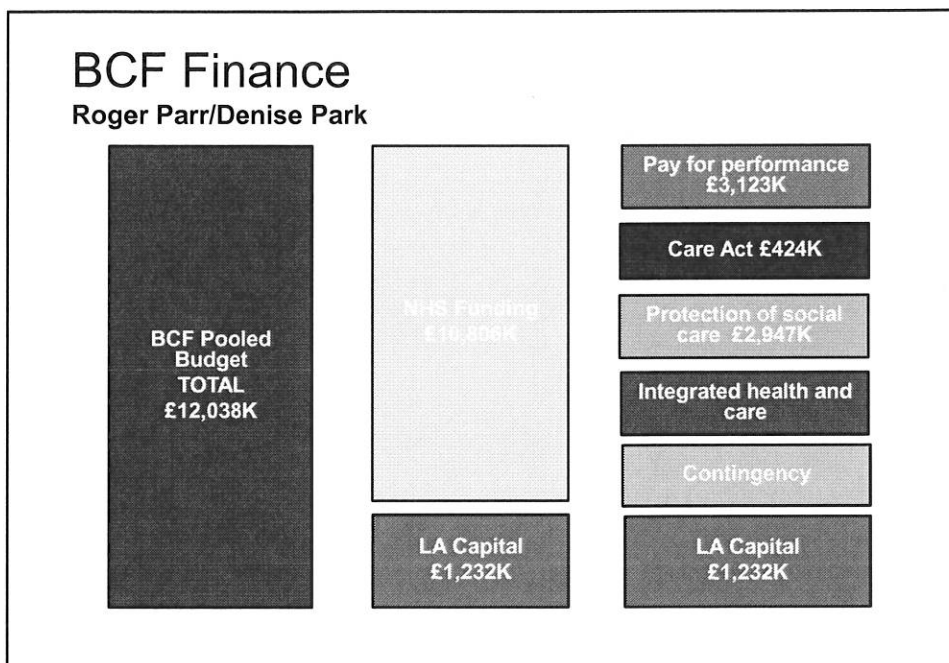
## Plan impact on metrics

Claire Jackson

Metrics	Emergency admissions	Delayed transfers of care	Residential care	Reablement	Dementia Local measure	Patient experience Local measure
<b>Scheme</b>						
Voluntary Sector Capacity Building						
Coordination of Dementia Services						
Integrated offer for Carers						
Integrated Locality Teams						
Integrated Intermediate care						
Integrated Discharge Services						
Intensive home support						
Care DQS/Coordination hub						




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### BCF finance Pay for Performance

Roger Parr/Denise Park

- Proposed 3.5% reduction on trend equates to 2.2% against plan
- This results in £657k HWBB Pay for Performance (contingency)
- Further reduction in admission target would increase the HWBB contingency requirement



**BLACKBURN DARWEN**

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## Managing the risks

Roger

Parr/Claire Jackson

- Joint risk log in development
- Finance and performance monitoring
- Mitigation plans
- Contingency reserve
- Section 75 agreement- BCF risk sharing across Health and Local Authority
- Regular reporting & assurance to Exec JCG and HWBB through Integrated Care Programme Office



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## Group discussion – facilitators

- Do you understand financial implications?
- Do you agree with risk management arrangements?
- Questions, comments and feedback



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## HWBB sign up

Sally McIvor/Chris Clayton

- HWBB and providers agreement to support Better Care Fund Plan



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## Next steps

Sally McIvor/Chris Clayton

- HWBB member views inform next draft of BCF plan
- Plan and associated metrics finalised
- HWBB chair agree final submission
- Final draft submitted 19th September
- Update provided to HWBB 22nd September
- National assurance process commence 13th October
- Feedback to HWBB members December



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**INFORMAL NOTES OF THE PRIVATE HEALTH AND WELLBEING BOARD POLICY DEVELOPMENT**  
**SESSION HELD ON 9<sup>TH</sup> SEPTEMBER 2014**

**PRESENT**

Councillor Mohammed Khan (Chair)	BwD
Councillor Frank Connor	BwD
Councillor Mustafa Desai	BwD
Councillor Michael Lee	BwD
Dominic Harrison	BwD
Steve Tingle	BwD
Linda Clegg	BwD
Ben Aspinall	BwD
Laura Wharton	BwD
Denise Park	BwD
Saly McIvor	BwD
Gifford Kerr	BwD
Christine Wood	BwD
Dr C Clayton	CCG
Dr P Muzaffar	CCG
Debbie Nixon	CCG
Claire Jackson	Integrated Programme Team
Roger Parr	CCG
Vicky Shepherd	VCFS
Sir Bill Taylor	Healthwatch
Mark Rasburn	Healthwatch
Paul Hegarty	Integrated Programme Team
Sue Moore	LCFT
Vicky Shepherd	Age UK
Martin Hodgson	ELHT
Paul Hegarty	LCFT

Apologies were received from Mark Fowell, Carol Pantelli, Joe Slater, Heather Tierney-Moore, Ken Barnsley, Arshad Rafiq, Philippa Cross and Neil Holt.

Councillor Mohammed Khan (Chair) welcomed everyone to the meeting and due to the high turnout from a wide variety of organisations everyone present introduced themselves.

**Aims and objectives of the session - Better Care Fund (BCF):**

- Briefing for all Members to provide an update on BCF plan progress to date.
- Opportunity for all Members of Board to ask questions and state views on current proposals.
- For those present to agree to the proposals of the Final Submission Plan.

Members were advised of the recent BCF updated guidance which had been released on 28<sup>th</sup> July 2014 and the subsequent interpretation updates that have been released since.

Members received a presentation which outlined all proposals of the BCF final submission in relation to:

Pay for performance- 2 aspects which impact on the BCF funding

Local plans for delivery

- Early intervention, prevention and self care – voluntary sector, dementia, carers
- Integrated health and social care through development of 4 locality teams
- Directory of Services for Frail Elderly and co-ordination of community bed provision
- Review and redesign of intermediate care/community beds
- Integrated discharge from hospital
- Intensive Home Support

3 national measures:

- Reduction in delayed transfer of care
- Reduction in long term resident care admissions
- Improve effectiveness of reablement
- Emergency admission reduction proposals were also outlined in the presentation.

RESOLVED - 1 local measure (dementia diagnosis as agreed by the HWB in April 2014) - AGREED

RESOLVED - Patients experience measures drawn from a long list proposed nationally were outlined to Members in the presentation along with details of a short list that had been developed locally – GP survey in relation to management of long standing health conditions and management of care plans

RESOLVED - Proposed emergency admission reduction target - AGREED

RESOLVED - Proposed options for patient experience measure to be discussed further at 50+ Partnership and CCG – AGREED

RESOLVED Proposed 3.5% reduction on trend which equated to 2.2% - which would result in £657k HWBB Pay for Performance (contingency) - AGREED

Members were advised of the BCF finance Pay for Performance

Members were advised of the process to be followed in managing the risks

RESOLVED – Proposed risk management arrangements – AGREED

RESOLVED – Proposed BCF finance Pay for Performance – AGREED

Members were advised that:

- The views of the Health and Wellbeing Board members would inform the next draft of the BCF Plan.
- The final plan would be submitted on 19<sup>th</sup> September 2014 Signed by the Chair of the Health and Wellbeing Board.
- An update would be provided to the Health and Wellbeing Board on 22<sup>nd</sup> September 2014
- A national assurance process would commence on 13<sup>th</sup> October.
- Feedback would be provided to the Health and Wellbeing Board at the meeting in December 2014.

RESOLVED – That the Health and Wellbeing Board and providers agree to support the Better Care Fund Plan as outlined and detailed



Members were advised to forward any queries in relation to the current plan to Sally McIvor, Dominic Harrison, Chris Clayton, Sue Moore, Martin Hodgson or Claire Jackson within the following five days in order for due consideration to be given prior to formal submission.

#### **ISSUES RAISED IN RELATION TO THE PLAN**

- How we manage targets?
- How we manage risks?
- £50 million spent on less than 2% of the population
- Avoiding duplication of work
- Where are points of weakness?
  
- How to reduce hospital admissions:
- Would the targets be amended due to take account of local crisis e.g. an outbreak or epidemic etc? – No advice/guidance in relation to this.
- BCF emphasis on frail/elderly. Young people highlighted in particular in relation to mental health issues.
- Education of carers – i.e. calling Doctor rather than emergency services.
- Accident prevention – poor weather, trips and falls increase – unable to resolve this issue.
- Local people making choices. Consultation.
  
- Awareness of BCF. Are the general public and health service staff aware?
- Urgent Care System.
- Workforce Development.
- Better coordination and communication across partnership in planning and delivery.
- Identifying and addressing any skills gaps.