Committee: Health and Wellbeing Board

Date: 30 September 2014

Agenda item:

Wards: All

Subject: Better Care Fund

Lead officer: Simon Williams, Director of Community and Housing

Lead member: Cllr Caroline Cooper-Marbiah

Forward Plan reference number:

Contact officer: Simon Williams, Director of Community and Housing

---

Recommendations:

A. That the resubmission of the Better Care Fund Plan together with the associated documentation is noted.

---

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report sets out the reasons for the resubmission of the Better Care Fund (PCF) Plan by 19 September and provides detail of the changes to the overall BCF environment, to which the resubmission had to respond. The report confirms that the Plan was agreed by the Chair of the Health and Wellbeing Board under delegated powers on 16 September, as well as by the Chairman of Merton CCG, Dr Howard Freeman, the LBM Director of Community and Housing and by the chief executives of each of the NHS provider Trusts

2. BACKGROUND

1.1. The Better Care Fund was a rebranding of the DH's 'Integration Fund' and plans were submitted to NHS England and the Local Government Association by all Health and Wellbeing Boards by 4 April 2014 setting out how the local area would use the Fund primarily to support integrated working.

1.2. There was no new money attached to the BCF; it was about pooling existing resources to fund new ways of working that would keep people out of hospital. It had a secondary but no less important objective of supporting and protecting social care by ensuring that the wider health and social care economy used existing funds to make up for funding gaps in social care.

1.3. Following submission, delivery of Merton's plans continued with a revised and more formal project management environment with effect from April 2014. The schemes outlined in the original BCF Plan were being developed and implemented in accordance with the stated timescales and the need to start delivering the anticipated benefits of the BCF by the beginning of 2015/16.

1.4. The schemes were originally set up to respond to both (a) the local integration environment in Merton, which had been operating fully since

February 2013 and (b) the need to meet the requirements of the 'National Conditions' set out by the Department of Health around seven-day working, data sharing initiatives, carers' breaks, etc.

1.5. Rumours circulated for a few months following the original submission regarding additional work that might be required to align plans but it was not until the end of July that there was any formal notification of the detail of further work that would be required.

1.6. When they were received, the instructions from NHS England set out the need for a complete resubmission of plans and with a specific focus on ensuring that HWBs had plans that would reduce the levels of non-elective admissions (NELs) to their local Acute hospitals by at least 3.5%, which, when considering that the CCG's QIPP plans also projected an overall growth in NELs of 2.2%, meant that Merton's target would be an overall reduction of 5.7% for 2015/16.

1.7. There was also a specific requirement for local Acute providers to sign off that they agreed with the data relating to the impact of the BCF in terms of a reduction in NEL admissions.

2 DETAILS

2.1. The resubmission, like the original plan before it, comprises two related documents: a narrative and a spreadsheet setting out the figures.

2.2. The timescale for delivering the resubmission was very challengingly set for 19 September. This effectively required a completely rewritten submission focusing on the reduction of NELs and was compounded by a landscape of changing advice and templates issued by NHS England, the need for full provider engagement and the fact that this occurred over the Summer holiday period meaning that essential people were often on leave.

2.3. Nevertheless, the revised plan has been completed on time and has met the principal requirements of identifying a 3.5% reduction in NEL growth and of achieving agreement from the local Acute providers of the plans.

2.4. The next steps following the signing of the Plan are that there will be a period of assessment, during which NHS England local area teams will make appointments to discuss the plans with HWB areas. We don't have precise details on how these appointments will be conducted (whether by phone or in person) or the subject matter that they wish to discuss. It has been stated, however, that they will expect to be able to discuss plans with members of the Health and Wellbeing Board.

2.5. Following the assessment and assurance process, plans will be presented to the heads of NHS England and the Local Government Association for final review before being submitted to Ministers in the middle of October.

2.6. Plans will then be put into one of the following categories:

- Approved.
- Approved with support.
- Approved with conditions.
- Not approved.

2.7. The National BCF Programme Manager, Andrew Ridley, has stated that he anticipates the vast majority of plans will fall into one of the two middle categories, following submission of the first six 'pathfinder' plans, all of which were approved 'with support'. We should therefore assume that our plans will not be passed as 'approved' first time.

2.8. The headline matters to note in the submission are as follows:

- The formal project to deliver the original BCF schemes began in April 2014 so there was already four months' worth of intensive work completed by the time the notice to resubmit plans was received. Consequently, there was little opportunity to change the structural delivery of the schemes as originally set out in the April submission.

- Changes to schemes were made to reflect the nature of 'proactive' and 'reactive' schemes and so various components were reorganised to match these titles, although principally the same work is taking place to deliver them.

- The 'proactive' schemes focus principally on the 'risk stratification' and multi-disciplinary teams (MDT) model of identifying patients and service users at risk of deteriorating health and managing their care more proactively to prevent avoidable admissions to care homes or Acute hospitals.

- The 'reactive' schemes focus on having seven-day services available to respond to 'crisis' situations and to put in place care on a short-term basis that maintains independence and prevents further deterioration.

- There is a significant focus within the BCF on supporting social care as a component of the delivery mechanism. This is due to the need to provide funding to meet gaps in other budget streams. The plan delivers this.

- The 3.5% is achievable in Merton and the figures indicate that the 2.2% growth is also able to be accommodated. However, Epsom & St Helier has indicated in its approval of the plans that NEL growth is already being recorded at 5% in year.

- The only area of concern that has been submitted to NHSE during the 'temperature check' process (evaluating progress on resubmission) is around data sharing, which is being explored on a SW London basis and is unlikely to deliver a fully integrated environment by 2016/17. All HWB areas are submitting the same response.

3 ALTERNATIVE OPTIONS

3.1. The Plan was submitted on 17 September, having been signed off under delegated powers by the Chair of the Health and Wellbeing Board on 16 September. There are, therefore, no alternative options.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Consultation with service providers was an essential component of this resubmission, as it was an imperative that providers agreed and signed off the plans. Consequently, there has been broad consultation through workshops and other meetings with Merton's service providers and the plan has been agreed and signed off by the chief executives of the provider trusts. There is already wide scale consultation throughout the project with service users, patients and the voluntary sector, both through the mechanisms of the project governance structure and through engagement via Healthwatch.

5 TIMETABLE

5.1. The deadline for submission of the plans was 19 September. Next steps are outlined in the section, 'Details', above.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. The commitment of the partner commissioning authorities in financial terms is set out the report and can be summarised as follows:

	Expenditure	
	2014/15 £m	2015/16 £m
Acute	-	-
Mental Health	-	-
Community Health	3,231	3,813
Continuing Care	-	-
Primary Care	-	-
Social Care	3,183	6,452
Other	1,434	1,933
Total	**7,848**	**12,198**

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. No specific implications.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. None specific to this report.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None.

9.2.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None specific to this report.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- BCF Plan Submission: 17 September 2014.
- BCF Plan Technical Template: 17 September 2014.

12 BACKGROUND PAPERS

12.1. Better Care Fund Guidance issued by DCLG and DH July2014, followed by significant documentation, toolkits, supplementary advice, etc.

12.2. Merton Better Care Fund Plan Submission: 4 April 2014.

12.3. Project documentation.

This page is intentionally left blank