Item 6

Health & Wellbeing Board
22nd September 2014

Better Care Fund 19th September Submission

Recommendations

(1) That the Health & Wellbeing Board notes the progress being made, and approves the Better Care Fund for submission to NHS England.

(2) That the Health & Wellbeing Board approves the revision of the national target of 3.5% to 2.3%.

(3) That the Health and Wellbeing Board approves the proposed spending proposals, outcomes, and monitoring arrangements set out in the submission.

1.0 Background and Context

1.0. The Better Care Fund is a central government driven initiative to further integrate health and social care so that there is; real improvement in the outcomes delivered, value for money achieved, and patient's experience of the health and social care economy improved.

1.3 Government are calling for a 'step change' and an ambition to see a fully functioning integrated model of health and social care provision. The funding, £3.8bn is to be used to support the redesign and remodelling of community services as a tangible alternative to Acute care.

1.4 Commissioning health and social care services in the public sector is complex. While the County Council is largely responsible for adult social care services, it currently works in partnership with three Clinical Commissioning Groups and the Five District and Borough Councils that collectively commission health, housing and social care respectively. The provider landscape is also extensive with; 3 Acute Trusts spread over 5 sites, one Mental Health Partnership Trust and a wide range of independent and third sector organisations as well as a range of joint initiatives with schools and further educational institutes.

1.5 There are already some good models of joint and aligned commissioning including pooled budgets, e.g.; Integrated Community Equipment Services. But we recognise that there is much more that we can do together.

1.6 It is also recognised and acknowledged that there are further opportunities to deliver aligned services that are value for money and achieve improved

outcomes to clients/patients. A key driver for integration is the opportunity to deliver end to end care, to find more innovative cost effective models of delivery and to increase patient and user satisfaction in their journey of care.

1.0 Key Issues

2.1. Post the 4th April 2014 submission and during July government announced further changes to the Better Care Fund. These changes included:

2.2. …In summary, the previous £1bn Payment for Performance framework has been revised so that the proportion of the £1bn that is now linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity). The national planning assumption is that this will be in the region of a 3.5% reduction against the baseline detailed in the technical guidance.

2.3. Given these changes Government required a further submission by the 19th September 2014. *In acknowledgement of the additional work that may be required in some areas to revise and develop their plans, an extended planning timetable has been agreed, with plans to be resubmitted by midday on 19 September.*

2.4. Finally Government have also incorporated the need for providers to sign off the plans prior to submission…*To encourage greater provider engagement, a crucial change to the revised BCF planning process is a requirement for projected non-elective activity data to be shared with local acute providers. In response these providers will need to submit their commentary in response to those figures to confirm the extent to which they agree with the projections, and set out that those assumptions are built into their own two year plans.*

2.0 Policy Change in Summary

3.1. The substantive change in the BCF policy is that, of the £1.9bn additional NHS to the BCF, £1bn will remain within the BCF but will now be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions. 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 are effectively compensated for unplanned non elective activity.

3.2. The £1bn proportion of the BCF will replace what was originally the 'pay for performance' fund linked to the production of a plan and delivery against national and local metrics. No payment will now be linked to these metrics, although Health and Wellbeing Boards will be expected to continue to set levels of ambition for these within their plans. Total emergency admissions replaces the original metric of avoidable emergency admissions.

3.3. Health and Wellbeing Boards are required to agree a target reduction in total emergency admissions. The funding corresponding to any reduction forms one element of the pay for performance fund. The outstanding balance will be

spent by CCGs on 'NHS commissioned out-of-hospital services' as part of the BCF plan.

3.4. If the locally set target is achieved then all of the funding linked to performance will be released spend on BCF activities. If the target is not achieved, then the CCG will retain the money proportional to performance, to be spent by the CCG in consultation with the Health and Wellbeing Board.

3.5. The expected minimum target reduction in total emergency admissions will be 3.5% for all Health and Wellbeing Board areas, unless an area can make a credible case as to why it should be lower.

3.6. All plans will be expected to clarify the level of protection of social care from the £1.9bn NHS additional contribution to the BCF, including that at least £135m has been identified for implementation of the Care Act

3.7. Every Health and Wellbeing Board is asked to sign off and resubmit their Better Care Fund Plan by 19 September. Up to and after this date there will be a support and assurance process so that the Chief Executive of NHS England (as the accounting officer of the BCF) and Ministers can be confident that the plans are affordable and deliverable in 2015/16. Warwickshire Health and Wellbeing Board has permission to submit as soon as possible after the meeting on 22nd September.

3.0 Revised 19th September Submission

3.1. The revised template for the 19th September submission is attached as appendix Part One. It has been significantly revised to incorporate a more evidenced based approach, for example more robust evidence for the case for change, detailed governance structure, the delivery chain and more information about the impact of each scheme on the health and social care system.

3.2. There continue to be six schemes that embody the principles established in the original submission as illustrated by the diagram below:

3.3. And now includes a series of foundation/enabling projects that will underpin the schemes; IT infrastructure, Communications, Workforce Developments, Data sharing, 7 day working.

3.4. Also included is the impact of our ambitions for 2019/20 and beyond:

By 2019/20 and beyond….

- People with health and/ or social care needs will know how to navigate the health and social care system;
- People with health and/or social care needs will be able to access the right information at the right time and will be able to access the support they need;
- Citizens of Warwickshire will have an increased understanding of the benefits of the five ways to wellbeing and will utilise local community resources to put this into practice;
- People in local communities will have a range of locally grown support mechanisms such as carer led support groups, patient led self-management groups for long term conditions;
- Through social prescribing GPs will support people to navigate to the right support to avoid more expensive and often unnecessary interventions;
- Integrated teams will work closely with GP practices and will envelop individuals and work closely with provider services including local community and voluntary sector services;
- People with long term conditions will have the ability to hold their own personalised care records and use Personal Budgets and Personal Health Budgets to manage their own care;
- People with long term conditions and those defined at risk (using the risk stratification tool) will have the ability to see and share their health and social care records;
- People will be able to have repairs, adaptations and improvements made to their homes quickly and within timescales acceptable to them;
- Carers will be supported to have a life outside of caring and will be supported in their caring role;
- There will be parity of esteem for all patients/clients especially those with mental health issues including children and young people with mental health issues. (This means much improved access to services when needed);
- Over time we will create a flexible workforce that can deliver more than one service for the benefit of patients and carers and the health and social care system.

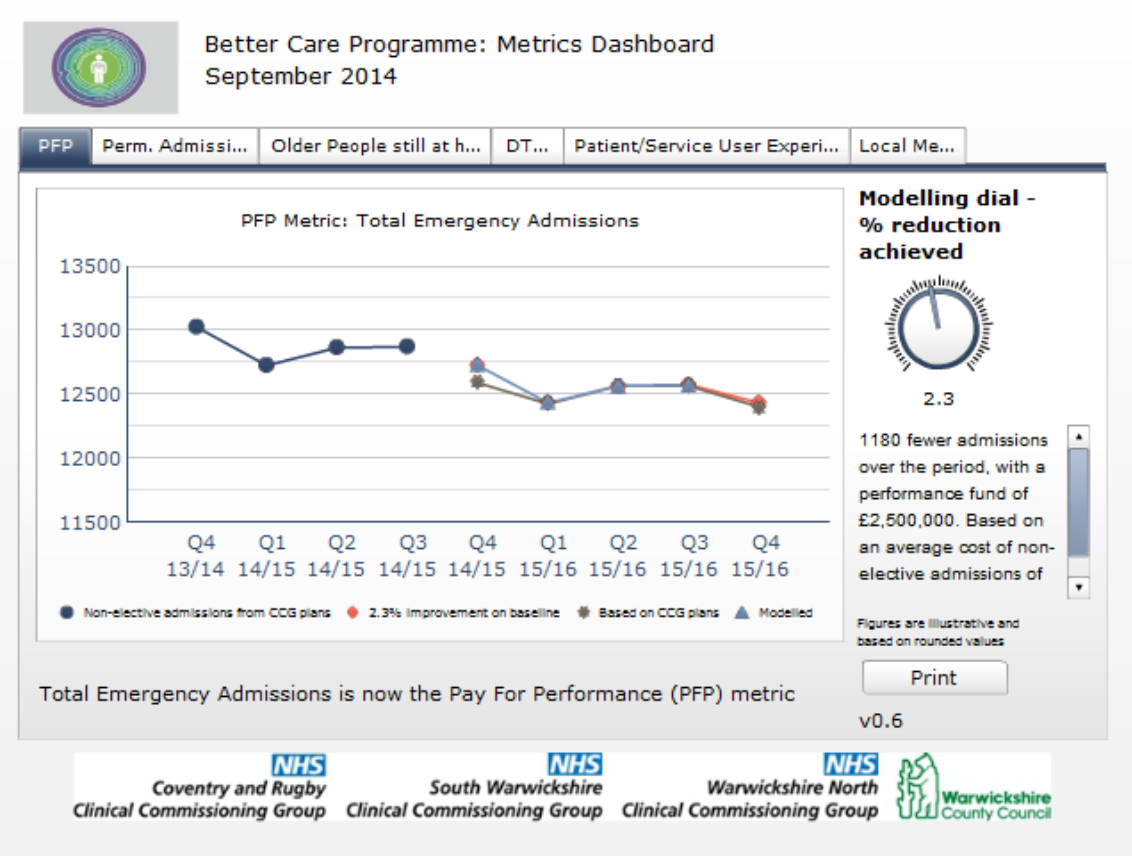
4.0 Case for change from national 3.5% target to 2.3%

4.1. The Joint Commissioning Board, charged with the responsibility of delivering the Better Care Fund activities is seeking Health & Wellbeing board approval to submit a more realistic target for Warwickshire of 2.3% for admission avoidance.

4.2. This aligns to the 2 and 5 year operational plans of the three CCGs and accords with the analysis of the stretch target that can be realistically achieved by the People Group intelligence team. Based on the figures provided by NHS England the total number of avoidable admissions for the period to be calculated (Qtr 4 Jan – March 2014 – Qtr 3 Sept – Dec 2015) is 1180.

4.3. The dashboard below illustrates the trajectory required to achieve 2.3%. It is an interactive tool and by moving the dial (with your mouse) you can see the difference each % point makes to the number of admissions that need to be avoided over the period of time. The dashboard shows at 2.3% that our trajectory accords with CCGs plans.

4.4. This case for change has been discussed with the Local Area Team who have confirmed agreement with our rationale for 2.3%.



5.0. Additional changes to the metrics

5.1. Attached as Appendix Part 2 are the detailed metrics, benefits, and financial plan. In summary we will:

- Decrease the number of admissions to permanent residential care by 4% by 15/16
- Increase reablement by 16% in actual numbers by 15/16 (from 13/14 figures)
- During 14/15 we will be turning the curve so that for 14/15 to 15/16 there will be a 3% reduction in delayed transfers of care
- Local metrics will improve by 2% (statistically significant)

6.0. Financial position

6.1. Discussions have been held with each of the clinical commissioning groups and subject to the agreement of respective governing bodies to the following funding arrangement have been agreed:

6.2. Jointly we have agreed that

- Funding for this year 14/15 will continue (as defined within the S256)
- The minimum Care Act costs for 15/16 will be included (£1.3m)
- Protecting social care will include the funding for the Discharge to Assess (D2A) beds and the Moving on Beds across the County.

6.3. We will also be covering

- Some CHC related costs where through D2A we are generating savings overall in the whole system i.e.; Savings for health which creates a small cost for social care.

We will continue to invest the social care capital.

We will be setting up a Performance fund against which bids to improve the whole system can be applied.

And we will be setting up a performance fund to protect social care from costs that it will bear from reductions in overall admissions activity.

6.4. Please see attachment template Part 2 for the detailed financial plans.

7.0. Next Steps

Attached are the Better Care Fund governance arrangements which set out how the fund will be monitored and progressed. Further work is required to agree formal partnership arrangements and these will be through a Section 75 and or other formal means of risk sharing.

Over the next few months the governance arrangements will include a reporting mechanism that will incorporate regular reports upwards through the dashboard and will include mechanisms for receiving feedback through the 'I' statements.

Progression of the projects will be managed through the Joint Commissioning Board and reported to the Integration Executive who will provide progress reports to the Health & Wellbeing board as determined.

Background Papers

1. http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/
2. http://www.england.nhs.uk/wp-content/uploads/2014/07/bcf-rev-plan-guid.pdf

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