

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Dr Mark Johnston, Associate Director Acute Commissioning and Service Redesign, Blackpool CCG
<b>Relevant Cabinet Member:</b>	Councillor Eddie Collett, Cabinet Member for Public Health
<b>Date of Meeting:</b>	3 <sup>rd</sup> September 2014

## Better Care Fund Resubmission

### 1.0 Purpose of the report:

- 1.1 To receive a presentation to highlight key changes to the policy framework underpinning the Better Care Fund (BCF); including the additional requirements which local areas are now expected to address and the new schedule for revising and submitting locality plans. The presentation will also outline the progress made in updating Blackpool's Better Care Fund plan in light of these changes.

### 2.0 Recommendation(s):

- 2.1 To note the presentation.
- 2.2 To review the key policy changes underpinning the Better Care Fund and how these are being addressed locally.
- 2.3 To be assured that Blackpool's locality plan takes account of and robustly evidences the additional requirements set out in the new guidance.

### 3.0 Reasons for recommendation(s):

- 3.1 Health and Wellbeing Boards have a crucial role to play in preparing local plans ready for implementation of Better Care Fund from April 2015. On 25<sup>th</sup> July 2014 a letter was issued to Health and Wellbeing Board Chairs from the Director of the newly expanded Better Care Fund Programme Team describing the main changes to the Better Care Fund framework accompanied by updated technical and planning guidance and new plan templates. Health and Wellbeing Boards will need to be assured that local plans are sufficiently robust to meet the new requirements before being resubmitted for ministerial sign off in mid-September 2014.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

There are no alternative options to be considered.

#### **4.0 Council Priority:**

4.1 The relevant Council Priority is

"Improve health and well-being especially for the most disadvantaged"

#### **5.0 Background Information**

5.1 The £3.8bn Better Care Fund (BCF) was announced in the June 2013 spending review. The key ambition of the Fund seeks to transform local services to ensure people are provided with better integrated care and support – which is joined-up, personalised and provided closer to home.

5.2 In order to access the Better Care Fund, every local area developed a locality plan aligned to the two-year operational and five year strategic plans of their Clinical Commissioning Group. Plans must also meet certain national conditions including a commitment to seven day working, better sharing of information and protection of social care services. Draft and final plans were approved by Health and Wellbeing Boards in February and April 2014 respectively before being take forward for ministerial sign off.

5.3 Following a ministerial review in April it was recognised that whilst many plans reflected the ambition of the Fund, certain aspects required further development as follows:

- More evidence of financial risk and performance metrics;
- Sufficient provider engagement and agreement on the impact of plans;
- Greater clarity around the alignment of the Better Care Fund plan to wider plans and policies, such as how Better Care Fund schemes will align with and work alongside primary care;
- More evidence of robust finance and analytical modelling underpinning plans.

- 5.4 To address these requirements, NHS England has published updated guidance, revised plan templates and extended the timetable for revising and submitting locality plans.
- 5.5 The key changes to the Better Care Fund Framework are set out below:

#### **Planning and Technical Guidance and Timescales**

NHS England published updated guidance and plan templates along with a new timetable for revising and submitting plans with local areas working to three 'progress' checkpoints of 7 August, 27 August and 11 September. The final submission date has been extended to 19 September with ministerial sign off expected in early October 2014.

The expectation is that local areas will produce stronger plans which better articulate the following:

- The local vision for health and care services: and the schemes that will deliver this vision
- The case for change: a clear analytically driven (i.e. risk stratified) understanding of where care can be improved by integration
- A plan of action: A coherent and credible evidence-based articulation of the staff, services, resources and management that underpins a plan of action to shift activity away from the acute sector
- Strong governance: clear local management and accountability arrangements, and a credible way of tracking the impact of interventions and taking remedial action as necessary
- Alignment with acute sector and wider planning: including two-year operational plans, five-year strategic plans, and plans for primary care
- Protection of social care: how and to what level social care is being protected, including confirmation that the local share of the £135m of revenue funding resulting from new duties within the Care Act is protected, and the level of resource dedicated for carers is spelled out
- Engagement: a record of engagement with health and social care providers, patients, service users and the public

#### **Support for health and wellbeing boards**

NHS England Area Teams and Local Government regional leads will work closely with Health and Wellbeing Boards to help strengthen plans where needed. This will be two-tiered with general support available to all; and more bespoke support for areas that require further assistance. Areas team will provide regular updates to the central team on progress (at the checkpoints outlined above).

### **Pay for performance**

Of the 3.8bn pooled budget, the £1bn allocated to the Pay for Performance framework has been revised so that a reduction in unplanned admissions is now the sole indicator underpinning this element of the Better Care Fund, and linked to a 3.5% reduction. Unplanned admissions are the biggest driver of cost in the health service that the Better Care Fund can affect. Plans will need to demonstrate clearly how they will reduce total emergency admissions, as a clear indicator of the effectiveness of local health and care services. If achieved, this could equate to a national payment for performance of £300m. The remaining £700m will be made available up front in 2015/16 to be invested in NHS commissioned out-of-hospital services as agreed locally by Health and Wellbeing Boards.

### **Final assurance and approval of plans**

Once plans are submitted, a two week review will be undertaken. The outcome of the review will form the basis of the assurance process ahead of plans being recommended to Ministers for sign-off.

5.6

### **Progress of Blackpool's locality plan**

On 31 July 2014, local Better Care Fund planning leads including members of Blackpool Health and Wellbeing board met with NHS England Area Team representatives to discuss how well Blackpool was placed to meet the new requirements of Better Care Fund and to identify any support needs. Whilst the vision and core elements of Blackpool's existing locality plan are unchanged, the new requirements will have to be addressed and to this end, the Better Care Fund Programme Board has established a task and finish group to rework the plan accordingly. Work is also underway to re-examine and adjust performance figures in recognition of the new 3.5% reduction required in unplanned admissions.

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| 5.4 | Does the information submitted include any exempt information? | NO |
| 5.5 | List of Appendices:<br>None                                    |    |
| 6.0 | <b>Legal considerations:</b>                                   |    |
| 6.1 | None                                                           |    |
| 7.0 | <b>Human Resources considerations:</b>                         |    |
| 7.1 | None                                                           |    |

**8.0 Equalities considerations:**

8.1 None

**9.0 Financial considerations:**

9.1 The agreed Better Care Fund budget for Blackpool is £14million\*which can be broken down as follows:

BCF Contributions	
Blackpool Council	£1.6 million
NHS existing	£1.6 million
NHS Social Care	£4.1 million
NHS New	£6.7 million
*Of the total, £10.4 million is fixed with the remaining £3.6 million subject to performance – which is equivalent to the national requirement of a 3.5% reduction in unplanned admissions.	

**10.0 Risk management considerations:**

10.1 Nationally, work is ongoing to define Better Care Fund risk share arrangements so that these can be further developed locally.

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 Arrangements for ongoing engagement with the public, service users, patients, GP's, primary and secondary care providers, staff and wider partners on Blackpool's Better Care Fund plan and locality model will continue under the oversight of the Better Care Fund programme Board supported by Communication leads from the Council, Clinical Commissioning Group and Healthwatch Blackpool.

**13.0 Background papers:**

13.1 None

