

**CABINET - 1 APRIL 2014****BETTER CARE FUND UPDATE****REPORT OF THE CHIEF EXECUTIVE****PART A****Purpose of Report**

1. The purpose of this report is to provide an update on the work in progress by the County Council, the two Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board to finalise the Better Care Fund Plan for Leicestershire for submission by 4<sup>th</sup> April 2014.

**Recommendations**

2. It is recommended that the Cabinet supports the Better Care Fund Plan, noting that it will be submitted to the Health and Wellbeing Board for approval and will be subject to any final amendments to be made by the Chief Executive prior to its submission to NHS England on 4<sup>th</sup> April 2014.

**Reasons for Recommendations**

3. To ensure that the Cabinet is informed of developments in respect of the revised draft Better Care Fund Plan.

**Timetable for Decisions (including Scrutiny)**

4. The Health Overview and Scrutiny Committee considered this matter on 12<sup>th</sup> March, noting the progress made in preparation of the Plan. The Adults and Communities Overview and Scrutiny Committee was also scheduled to consider the issue, for its information, at its meeting to be held on 25<sup>th</sup> March, comments from which will be reported to the Cabinet as necessary.
5. The Health and Wellbeing Board also meets on 1<sup>st</sup> April to consider the final draft of the Better Care Fund Plan for submission to NHS England on 4<sup>th</sup> April. Any comments made by the Cabinet will be reported to the Board. A copy of the Plan will be circulated to the Cabinet prior to its meeting.
6. Nationally it is acknowledged that the introduction of the BCF is complex and plans are likely to continue to be refined beyond 4<sup>th</sup> April.
7. Other national milestones may therefore apply during 2014/15, pending further guidance.

8. Appendix 1 to this report shows a detailed breakdown of all the activities and governance milestones that have been in place in order to complete and submit the BCF product for Leicestershire by 4<sup>th</sup> April. This has included refining the BCF draft and producing a “BCF Plan on a Page” to enhance how the work is communicated and presented externally.

### **Policy Framework and Previous Decisions**

9. The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced by the Government in June 2013 as part of the 2013 Spending Round.

### **Resource Implications**

10. Initial modelling work includes financial assumptions to meet the national conditions which need to be addressed in the plan which includes an element of protection for social care services. They are significant sums of money which are still to be finally agreed. The total fund for Leicestershire in 2015/16 is expected to be £38.3m. Health and Social Care Integration is a priority for both the County Council and NHS. Close and more co-ordinated working will deliver efficiencies which will help to address some of the budgetary pressures facing the health and social care system.
11. The Director of Corporate Resources has been consulted on the content of this report.

### **Circulation Under the Local Issues Alert Procedure**

12. None.

### **Officer to Contact**

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**PART B****Background**

13. Planning Guidance was issued by NHS England and the Local Government Association in December 2013, which included a requirement for all Health and Wellbeing Boards to develop and approve a Better Care Fund Plan covering the period from 2014/15 to 2015/16 by 4<sup>th</sup> April, 2014.
14. The Better Care Fund Plan sets out joint priorities in each local area in order to:
  - a. Improve the integration of health and care for the benefit of local citizens
  - b. Develop a more integrated, comprehensive and consistent set of community based services operating on a 7-day basis.
  - c. The aim is to:
    - i. Reduce the number of avoidable admissions to hospital.
    - ii. Offer more integrated, proactive care to those with complex needs/long term conditions and prevent their escalation into urgent care wherever possible.
    - iii. Reduce the length of time people spend in hospital, including through improved, integrated discharge and reablement services.
15. Local partners developed the vision for health and care integration during a Health and Wellbeing Board workshop in December 2013.
16. Work completed in January and early February 2014 led to a draft Better Care Fund (BCF) Plan being developed. This is constructed under 4 key themes as follows: Unified Prevention, Long Term Conditions, Urgent Response, Discharge and Reablement.
17. The proposals are a combination of:
  - a. Existing joint priorities which have been progressed over the past two financial years using the social care allocation funds
  - b. An extension of existing priorities to provide greater coverage and scale to community based services, such as extending services to 7 day working/night cover
  - c. New, transformational work to change how we jointly deliver care and support. These will be subject to business case development. For example
    - i. Options to improve the whole pathway of care for frail older people, which will be developed and considered rapidly in 2014/15
    - ii. Developing a unified prevention offer to promote wellbeing and self care, by improving the availability, consistency and coordination of advice information and support in localities, including housing expertise.
  - d. Provisions have also been made in the plan in line with national requirements for the introduction of the Care Bill and ensuring there is sufficient protection for those social care services that support hospital discharge and admission avoidance.

18. The Cabinet at its meeting on 4<sup>th</sup> February authorised the Health and Wellbeing Board to approve the final BCF Plan and any implementation plans arising from it (the revised Terms of Reference for the Board were subsequently approved by the Constitution Committee and full Council).

#### Further Analysis of the BCF Plan

19. Following discussion and approval of the draft BCF plan at the Health and Wellbeing Board on 13<sup>th</sup> February, the components of the BCF Plan have been subject to further analysis to assess the anticipated impact and benefits from the proposals.
20. The contribution that the components of the plan will make individually and collectively to a stepped reduction in emergency admissions and delayed discharges from hospital have been examined in particular. The outputs of this analysis will be presented to the new Integration Executive (see paragraph 23 below) on 25<sup>th</sup> March 2014. The Integration Executive is overseeing the delivery of the BCF plan.
21. A key feature of the BCF Plan is the need to ensure the proposals and their implications are agreed by all partners in the local health and care system including the providers of NHS services, whose baseline activity and income will be directly affected by these changes with effect from April 2014.
22. The BCF assumptions have therefore being factored into the CCGs' contractual arrangements with University Hospitals of Leicester and Leicestershire Partnership NHS Trusts.
23. The implications involve a reduction in acute hospital activity and income in 2014/15 and 2015/16 in favour of investment in the jointly agreed community based developments within the BCF.

#### Governance

24. Following approval at the Health and Wellbeing Board on 13<sup>th</sup> March 2014 a new Integration Executive has been established, with representation from all partners including providers. The Integration Executive reports to the Health and Wellbeing Board and will oversee delivery of BCF plan and the associated pooled budget.
25. The BCF plan is an important element of the overall strategy to transform health and care services across Leicester, Leicestershire and Rutland (LLR) over the next 5 years. This strategy is in the process of being developed and will be finalised by June 2014.
26. Leicestershire's Joint Health and Wellbeing Strategy, BCF plan and all the work of the Leicestershire Health and Wellbeing Board are closely connected to the LLR-wide strategy, with good representation from the Integration Executive and the Health and Wellbeing Board on the LLR-wide programme Board.
27. There have been discussions specifically to discuss the alignment of the Leicestershire BCF with the LLR-wide programme and local governance arrangements.

28. An initial BCF programme plan has been developed showing the milestones partners need to achieve within the BCF plan over the 2-year period. This will be shared with the Integration Executive at its first meeting on 25<sup>th</sup> March.

### Consultation

29. Local Healthwatch has been engaged throughout this work, through its active participation in the Health and Wellbeing Board and through its support and assistance in planning a stakeholder engagement event about the Better Care Fund and the County Council's Joint Health and Wellbeing Strategy which was held on 24<sup>th</sup> February. A summary of the outputs of the engagement event was reported to the Health and Wellbeing Board on 13<sup>th</sup> March.

### Regional Assurance

30. In line with national arrangements for assurance of CCG draft operational plans and the BCF draft submissions, each Health and Wellbeing Board was asked to submit a self-assessment showing the current stage of BCF development and the further work needed to finalise the BCF as at 14<sup>th</sup> February. The regional assurance process was agreed between NHS England and the LGA. It involves lead officers from the NHS Local Area Team, the local authority chief executives, directors of adult social care and the LGA's regional advisor. The Chief Executive of Leicestershire County Council is the lead local authority chief executive.
31. The outcome of the regional assurance review showed no major concerns with the Leicestershire Plan BCF plan. In line with themes arising from regional assurance all BCF plans are encouraged to show further detail on the following areas:
- a. implementation of the NHS number across partners/data integration
  - b. implementation of 7 day working
  - c. engagement of providers in the development and approval of BCF plans
  - d. metrics associated with the BCF plan – analysis from NHS England showed some variation in data quality and completeness in setting baselines and trajectories when applying the the technical guidance.

These matters have all been considered and addressed in the final draft of the BCF submission, per the documents submitted to the Health and Wellbeing Board for approval on 1<sup>st</sup> April, 2014.

### **Background Papers**

Report to to the Health and Wellbeing Board on 13<sup>th</sup> February 2014  
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=4072&Ver=4>

Better Care Fund Planning Guidance  
<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

### **Appendices**

Appendix 1 - detailed breakdown of activities and governance milestones

### **Equal Opportunities Implications**

32. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand. As part of the implementation of the Plan, an Equalities and Human Rights Impact Assessment and other relevant impact assessments will be undertaken to ensure that there is a clear understanding of how various groups are affected.

### **Risk Assessment**

33. A risk analysis for the introduction of the BCF has been undertaken and a multi-agency workshop was held in February to:
- a. Review and refine the risk analysis
  - b. Consider the impact of the pooled budget
  - c. Discuss the risk sharing principles for all parties in the health and care system engaged in the BCF (a paper on the principles was received at the Integration Executive on 25<sup>th</sup> March.)
  - d. Discuss the programme of work needed to develop a section 75 agreement with effect from 2015/16.
34. The risk analysis can be found at the end of *NHS England Better Care Fund Template 1*, per the papers submitted to the Health and Wellbeing Board for its meeting on 1<sup>st</sup> April 2014.