



HEALTH & WELLBEING BOARD

Subject Heading:

Draft submission to NHS (England) for the Better Care Fund Programme

Board Lead:

Joy Hollister / Alan Steward

Report Author and contact details:

John Green
Tel 01708 433018
john.green@havering.gov.uk

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Following the announcement, in July '13 of the Integration Transformation Fund, subsequently renamed the Better Care Fund; the detailed planning guidance was received in December '13. The initial draft submission required in relation to this fund is to be submitted by February the 14th with the final submission to be formally received by April 4th. In particular committed judgements on performance, financial commitments and outcomes need to be clear by that date.

This report outlines the joint view of the CCG and the LA in their approach both to the desire for greater integration in care delivery and in commissioning. The report describes the five year ambition of both and identifies the initial two year actions to achieve that vision.

RECOMMENDATIONS

The Board is asked to:

1. Subject to receiving approval from the London Borough of Havering [and the CCG] the draft Better Care Fund bid be approved for submission to NHS England.

Health & Wellbeing Board, 12th February 2014

2. Give authorisation to the Chairman to sign the draft submission to NHS England, subject to obtaining approval from the Local Authority and Clinical Commissioning Group to do so.
3. To receive , prior to April 4th , the final submission in respect of the Better Care Fund.

REPORT DETAIL

The Better Care Fund (BCF) has three key objectives:

- Ensuring more joined up and effective commissioning including procurement, specification and contracting of NHS and ASC services
- Delivering more integrated solutions for citizens /service users and patients at the most appropriate and local level possible
- Ensuring improved management of the use of high cost resources through targeted and GP centric and locality interventions , so avoiding hospital and long term care home admissions

A formal pooled fund, totalling circa £16.884m will be created from April 2015, bringing together historical Section 256 allocations into a single resource, together with the Disabled Facilities grant and Adult Social Care capital grant. During the course of 2014-15 an allocation of £4.6m is to be utilised in preparation for meeting the objectives above, together with, in part, the protection of Adult Social Care and related expenditure for implementation of the Care Bill.

The BCF is associated with a number of national performance indicators and targets which require sign off at a national level against local benchmarking and self-identified ambition. The performance targets are:

- Reducing admissions to long term care homes
- Effectiveness of reablement
- Delayed transfers of care
- Avoidable emergency admissions
- Patient and service user experience;

with one additional measure to be locally determined. The recommendation would be for a measure associated with carers to complement the emphasis in the Care Bill for a renewed focus on this area of policy. Work is ongoing to identify this metric and set a baseline from which improvement can be identified.

A proportion of the BCF is payable on the achievement of the agreed performance targets with performance, in the main, against 14/15 measurement. In total this represents some 25% of the total £16.884m.

The submission attached reflects joint work between the CCG and the LA describing a five year vision for integrated delivery of care and effective integrated commissioning where that is appropriate. Within that five year horizon a more detailed approach to the next two years is described including clarity of priorities and the actions to implement in 14/15. This is entirely convergent with previous decisions on Section 256 expenditure.

The annexe describes the initial position on the resource allocation, the performance targets and contingency. It will continue to be developed by the CCG / LA during the course of the next two months leading up to final submission by April 4th 2014.

IMPLICATIONS AND RISKS

Health & Wellbeing Board, 12th February 2014

Financial implications and risks:

The draft and final submissions will cover financial years 14/15 and 15/16.

The national position is that in 2014/15, in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer to enable localities to prepare for the BCF in 2015/16. NHS England will only pay the additional £200m if jointly agreed and signed off two-year plans for the BCF have been submitted. Havering's allocation using the social care relative needs formula (RNF) is expected to be £4.609m, of which £838k is related to the additional funding. 2014/15 funding will be subject to the same conditions attached to the existing transfer.

The 2015/16 national £3.8bn BCF fund will be created from:

- £1.9bn of NHS funding
- £1.9bn based on existing funding in 2014/15 that is allocated across the health & care system:
 - £1.1bn existing transfer from health to adult social care.
 - £130m Carers' Break funding.
 - £300m CCG reablement funding
 - £354m capital funding (including £220m Disabled Facilities Grant)

Havering's 2015/16 BCF allocation is expected to be:

DFG £829K
Capital £560k
BCF £15,495

Total £16,884

A condition of accessing the funding is that there must be joint spending plans and these plans must meet certain requirements.

The spending round indicated that £1bn of the £3.8bn will be linked to achieving outcomes, both national and local. Half of the funding is expected to be released in April 2015. £250m of this will depend on progress against four national conditions, and £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015, and will relate to further progress against the national and locally determined metrics.

From April 2015 the pooled fund will be governed by section 75 agreement.

Caroline May – Strategic Finance Business Partner

Legal implications and risks:

There are no apparent legal implications in approving the draft submission. If the bid is approved in due course legal advice will be necessary for the detailed aspects of implementation.

Stephen Doye - Legal Manager (Litigation)

Human Resources implications and risks:

Any impact on Havering employees as a result of the need for greater integration in care delivery and commissioning in terms of restructures or changes to job roles will be dealt in accordance with the Councils Managing Organisational Change and Redundancy policy and procedure.

Health & Wellbeing Board, 12th February 2014

All Havering employees in management positions are required to participate in the Management Development Programme during 2014/15 which will support and embed leadership, coaching and change management skills and help prepare managers to deal with the cultural changes that a success move to greater integration will require.

Geraldine Minchin – HR Business Partner

Equalities implications and risks:

Equality and Diversity issues are a mandatory consideration in decision-making for the LA and CCG pursuant to the Equality Act 2010. The LA, CCG and all other organisations acting on their behalf, must have due regard to the equality duties when exercising a public function. Individual schemes and initiatives funded by the Better Care Fund will be subject to an equality analysis to ensure compliance with the Equality Act 2010.

All identified opportunities for integrated delivery of care and effective integrated commissioning in Havering will be informed by the local population needs identified in the Joint Strategic Needs Assessment and the priorities for health improvement and wellbeing set out in the Health and Well-Being Strategy. The proposed programme of integration initiatives should enable partner organisations to identify more effective ways of meeting future demographic challenges in the delivery of health and social care services across Havering, such as the significant and growing proportion of older people in the Borough and increasing ethnic minority population.

Shirani Gunawardena - Corporate Policy and Diversity Advisor (Interim)

BACKGROUND PAPERS

1. Havering Health and Wellbeing Strategy 2012-14
2. Developing a Commissioning Strategy for Integrated Health and Social care services in Barking and Dagenham, Havering and Redbridge
3. Joint Strategic Needs Assessment (JSNA) London Borough of Havering
4. Market position statement / ASC / Summer 2013
5. Joint commissioning paper dated 2/1/14
6. Development of Intermediate Care Community Services / CCG / 24/9/13
7. Health and Wellbeing Board Report : Section 256 funding / 13/11/13
8. Council plan: The Way Forward , a Connected Council
9. CCG Commissioning Strategic Plan 2015/19
10. Everyone Counts : Planning for Patients: 2014-2019
11. Local Government Association : various
12. Integrated Care , Better Care Fund Guidance / Toolkit