



## HEALTH & WELLBEING BOARD

**Subject Heading:**

**Draft Submission to NHS (England) for the Better Care Fund Programme - Update**

**Board Lead:**

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**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 consideration of, and agreement to, the Better Care Fund draft submission by the Health and Wellbeing Board on 12<sup>th</sup> February 2014, it was submitted to NHS England on 14<sup>th</sup> February 2014.

Work has continued on the content of the submission both to strengthen certain elements, and, and is ongoing to complete and confirm the annexe in respect of financial resources and the performance metrics. The most up to date draft of the submission is attached in order to keep members fully informed.

The final date for submission remains 4<sup>th</sup> April 2014.

However further work remains necessary prior to that date to clarify between the partners of the CCG and LA the means and accountabilities for implementation of the programme detailed in the submission.

### RECOMMENDATIONS

1. Delegate the authority to approve the final submission of the Better Care Fund application to the Chairman to sign the final submission to NHS England on 4<sup>th</sup> April, subject to obtaining approval from the Local Authority and Clinical Group to do so.

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2. To receive, post 4<sup>th</sup> April, the final submission, and subsequently to receive monitoring reports at six monthly intervals.

### **REPORT DETAIL**

Extensive background information on the Better Care Fund was provided to the HWBB at its meeting on 12<sup>th</sup> February and the draft submission was made to NHS England on 14<sup>th</sup> February 2014.

It was recognised at that point in time that further work was required to:

- Establish the benefit realisation arising from the investment plan detailed in the annexe, ensuring a robust approach to financial management.
- Clarify the use of the NHS number to ensure improvements both to shared case information and analytics.
- Define the implementation plan for each of the Better Care Fund schemes, together with the accountabilities.
- Continue to seek improvements to the presentation of the final submission.

Work will continue on these elements during the remaining period to 4<sup>th</sup> April. The attached report reflects the current position in respect of the above.

### **IMPLICATIONS AND RISKS**

#### **Financial implications and risks:**

The finance scheme recurrent and non-recurrent spend figures remain the same as at the draft submission. The planned savings at final submission will be based on the metrics. The supplementary guidance issued on 24 Feb 2014 states "it is recognised that the details of planned service changes may be subject to ongoing refinement through 2014/15. This will ensure that plans remain aligned with the ongoing process of developing five-year strategic plans and whole system savings targets."

The figures submitted on 4 April will need to be considered in the context of current savings programmes and future budget strategy. As BCF plans are implemented and whole system impact seen benefit realisation will be tracked.

The maximum support available should savings not be achieved will equate to the benefits shortfall – there is no ongoing additional funding for any contingency, although the budget will need to be balanced.

It should be noted that for 2015/16 performance related funding will not apply. However, although financial sanctions will no longer apply in the first year (guidance on future years is awaited), all areas will still have to meet the following conditions:

- protection for adult social care services;
- provision of seven-day services to support patients being discharged and to prevent unnecessary admissions at weekends;
- "agreement on the consequential impact of changes in the acute sector";

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- putting in place an “accountable lead professional” for integrated packages of care.

Good performance on the metrics will also need to be demonstrated. If an area fails to deliver 70% or more against plan then a recovery plan is likely to be required.

Caroline May – Strategic Finance Business Partner

### **Legal implications and risks:**

There are no apparent legal implications in making the recommended decisions

Stephen Doye - Legal Manager (Litigation)

### **Human Resources implications and risks:**

There are no direct HR implications or risks to the Council, or its workforce, that can be identified from the recommendations made in this report.

Eve Anderson – HR Business Partner

## **BACKGROUND PAPERS**

- Draft submission to NHS (England) for the Better Care Fund Programme Health and Wellbeing Report – January February 12<sup>th</sup> 2014
- Havering Health and Wellbeing Strategy 2012-14
- Developing a Commissioning Strategy for Integrated Health and Social care services in Barking and Dagenham, Havering and Redbridge
- Joint Strategic Needs Assessment ( JSNA ) London Borough of Havering
- Market position statement / ASC / Summer 2013
- Joint commissioning paper dated 2/1/14
- Development of Intermediate Care Community Services / CCG / 24/9/13
- Health and Wellbeing Board Report : Section 256 funding / 13/11/13
- Council plan: The Way Forward , a Connected Council
- CCG Commissioning Strategic Plan 2015/19
- Everyone Counts : Planning for Patients: 2014-2019
- Local Government Association : various
- Integrated Care , Better Care Fund Guidance / Toolkit