

Committee(s):	Date(s):
Health and Wellbeing Board	1 st April 2014
Subject:	Public
Better Care Fund	
Report of:	For Decision
Assistant Director People	
Summary	
<p>The Better Care Fund (BCF) was introduced to Members of the Health and Wellbeing Board at its January meeting. The final BCF plan is to be submitted to NHS England on 4 April 2014.</p> <p>The assurance process set out by NHS England required the submission of a draft BCF plan on 14 February 2014. This initial submission identified concerns from NHS England relating to the statistical significance of the City of London's outcomes and compliance (due to limited scale) with the recording systems put in place.</p> <p>The City's officers have maintained a constructive dialogue with NHS England and agreed to submit a further draft plan on 26 March 2014 for comment.</p> <p>Given this timetable, and the desire to ensure the final BCF plan addresses any issues raised through the NHS England assurance process, it is not possible to circulate the final BCF plan with the Health and Wellbeing Board document pack. The final plan will be circulated to members by noon on Monday 31 March 2014.</p> <p>The BCF must be signed off by the statutory Health and Wellbeing Board. In the event that NHS England feedback is delayed, or discussion at the Health and Wellbeing Board leads to amendment or additions to the BCF Plan, it will be necessary to delegate authority to approve the plan in order to meet the deadline for final submission.</p> <p>The City's BCF plan will set out how it will deliver the national conditions set by government, identify measurable improvements in performance against key metrics, and describe the proposed actions and initiatives to deliver the City's vision for better outcomes and experience for our residents. The detailed development work that will support the delivery of the City's BCF plan will take place in 2014/15 to enable full implementation in 2015/16.</p>	
Recommendation(s)	
Members are asked to:	
<ul style="list-style-type: none"> • Note the report. • Approve the final BCF plan for submission to NHS England. • Delegate authority to the Director of Community and Children's Services in consultation with Chairman to approve minor changes arising from discussion at the Health and Wellbeing Board. 	

Main Report

Background

1. The £3.8bn Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas. The City's BCF allocation is £776k.
2. The BCF was introduced to the Health and Wellbeing Board on 31 January 2014. The report to that meeting set out the process for developing the City of London's draft submission and the priorities it would seek to address.

Current Position

3. A draft BCF plan was submitted to NHS England on 14 February 2014 for initial feedback. Generalised feedback was given to all local authorities identifying common issues. These issues predominantly related to financial data and baseline and performance metrics.
4. On 10 March 2014, the City received specific feedback from NHS England on its submission. Their comment focussed on the outcomes and metrics delivered by the City's proposed BCF plan. Five of the six outcomes sought by the BCF plan are determined by Government, and the reporting of these requires that they are counted per 100,000 of the population. The scale of City is such that the proposed outcomes do not comply (due to their limited scale) with the performance framework set by NHS England and are rejected as being statistically insignificant.
5. NHS England has suggested the City's BCF plan is not of sufficient scale to operate in isolation and may better be delivered as part of a wider City and Hackney BCF plan. The City, and its partner CCG, strongly support the delivery of a City-specific BCF plan.
6. The City has continued to develop its BCF plan, responding both to the shared and City-specific issues raised by the initial assessment process. We have worked with the CCG, meeting on 18 March 2014, to strengthen the financial detail and outcome metrics.
7. We have agreed with NHS England to submit a further draft for comment on 26 March 2014. It is anticipated that any comments from NHS England will be received on 28 March 2014. This will allow the finalisation of the City's BCF plan on 31 March 2014. For this reason it has not been possible to circulate the final BCF plan with the document pack for the Health and Wellbeing Board.

8. The City's final BCF plan is to be submitted on 4 April 2014. The plan must be signed off by the Health and Wellbeing Board

Proposed City of London BCF plan

9. The City BCF plan seeks to deliver a vision for integrated health and social care. It will develop a bespoke locality model to meet the needs and wishes of City residents and to keep the experience of our service users/patients central to all the services the City provides.
10. Underpinning the City's BCF plan is a focus on systems that support and remove barriers to integrated care through:
 - prevention and proactive support through care planning and co-ordination
 - caring for people in the most appropriate setting, starting at home
 - supporting independence through understanding individual capabilities and needs
 - tackling social isolation, with "whole-person" approaches to wellbeing
 - using technology to develop networked, personalised health and care services, and
 - eliminating gaps, duplication and disconnects between our health and care services.
11. The City's BCF plan will deliver the national requirement to:
 - protect social care services
 - provide 7-day services to support hospital discharge
 - share data between services, and
 - provide joint assessments and an accountable lead professional.
12. The impact of the City's BCF plan will be measured against improved performance in relation to:
 - delayed transfers of care
 - emergency admissions
 - effectiveness of reablement
 - admissions to residential and nursing care
 - patient and service-user experience, and
 - effective support to carers (local metric).

An element of the BCF payment is linked to performance and achievement of targets set against these areas.

13. The final BCF plan will include a range of actions and initiatives to deliver the outcomes sought. Improved **preventative services** will be delivered through better data sharing between health and social care providers, early identification of those who are vulnerable and at risk of ill health, social

prescribing to reduce isolation and build community resilience, and improved management of medicines to minimise the risk of adverse reaction among those who take multiple medications.

14. The plan will improve the **targeting of services** through the use of risk stratification of patients and the development of a General Practice-based case management approach for those identified. This approach will deliver an individualised care plan, practice-based coordination of care, regular scheduled home visits and one responsible named doctor to ensure continuity of care is maintained.
15. The **integration of care** pathways and services will be supported by the appointment of two joint care navigator posts with responsibility for co-ordinating services for our residents discharged from acute care. Their role will include the facilitation of services within the hospital setting to ensure a smooth transition to home and community-based services, or to other care as required.
16. The BCF plan will examine the scope for **better management of long term conditions** in the community through the provision of locality based Community Nursing services. This approach will be supported by the extension and enhance use of telecare and telehealth.
17. The plan also proposes a number of initiatives to **reduce acute hospital admission** including specialist provision within the community to prevent A&E admission.
18. The BCF resources will be deployed in 2015/16. The City will receive an initial allocation of funding of £41k in 2014/15 to support the implementation of the plan and the development of the proposals it contains.

Corporate & Strategic Implications

19. This report will fit with the Corporate Plan under the Key Priorities:
KPP2: Maintaining the quality of our public services whilst reducing our expenditure and improving our efficiency
KPP3: Engaging with London and national government on key issues of concern to our communities including policing, welfare reform and changes to the NHS
20. The government's agenda of closely integrating Health and Social Care is intended not only to deliver cost efficiencies, but to maximise opportunity for innovation and creating a new culture within Health and Social Care that will deliver services fit for the 21st Century.

21. Integrated care will require us to work closely with the CCGs with whom our service users engage, and with London as a whole, in order to develop our approaches.

Implications

22. There will be a number of implications arising from this fund and the proposals that will emerge. Principally, it will change the funding streams to Adult Social Care with the creation of one fund that comprises the Carers Grant, Disabled Facilities Grant, CCG reablement funding and transformation funding.
23. The intention from the Government is that CCGs and local authorities will create pooled budgets in order to facilitate integration. Given that our population is so small, having separate pooled budgets for each integration project would likely not be viable. However, there is the possibility of combining the whole fund into one pooled budget to have a City-specific pooled budget with the CCG. This would require careful management, negotiation and legal advice and would need to be one of the projects during the transition phase to test the viability.
24. If there are any joint-funded posts as a result of the fund, this would also require HR advice on management arrangements.
25. There may be a risk due to our low volumes that the City could miss out on the performance related element of the funding available as it will be difficult to demonstrate improvement (e.g. there have been no delayed discharges, so demonstrating an improvement in this area would not be possible).

Conclusion

26. The BCF provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. It is anticipated that the changes brought about by the City's BCF plan will provide locally delivered services that meet the distinct needs City residents.

Appendices

None

Background Papers:

A report introducing the BCF was presented to the Health and Wellbeing Board on 31 January 2014.

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