

Hammersmith & Fulham Health and Wellbeing Board

Title: Better Care Fund Plan 2014-16	Date 24 th March 2014
<p>Summary</p> <p>This report contains the “near-final” version of the Better Care Fund Plan for sign off by the Health and Wellbeing Board. The Plan has been prepared according to the DH template and sets out the vision for health and social care services, aims and objectives and planned changes encompassing 18 workstreams to deliver integrated operational services, integrated commissioning and contracting, supported self care, personal health and care budgets and improved patient experience, and integrated infrastructure such as IT and information governance.</p> <p>The report sets out the governance arrangements to ensure that the Health and Wellbeing Board receives regular reports on progress with implementation and achievement of outcomes. It proposes bringing existing budgets together into a pooled budget within the legal framework of the s75 Partnership Agreement and identifies the risks associated with partnership working and the actions being taken to mitigate these risks. The report explains how service providers, service users and other stakeholders have been involved in preparing the plan to date, and sets out a plan for further engagement in the detailed development and implementation of the plan.</p> <p>The report addresses the national conditions as required, which are:</p> <ul style="list-style-type: none">a) protecting social care servicesb) 7 day services to support dischargec) Data sharingd) Joint assessments and accountable lead professional <p>Finally, the plan includes a set of Outcomes and Metrics, of which four have been set nationally; one relates to patient/service user experience for which two measures (one for health and one for social care) are proposed; and one local indicator which is for agreement.</p> <p>The Plan is being taken to the three Cabinet Members in Tri-borough, the three Clinical Commissioning Group Governing Bodies, and the three Health and Wellbeing Boards for consideration and approval. There may therefore be minor amendments prior to the submission date of 4th April.</p> <p style="text-align: right;">FOR DECISION</p>	
<p>Next Steps</p> <p>The Health and Wellbeing Board is recommended to approve the Plan and</p>	

specifically the following elements:

- i. The establishment of a Better Care Fund Programme of work relating to integrated operational services; service user experience; integrated contracting and commissioning; and programme delivery.
- ii. The development of a Better Care Fund pooled budget, to be held by the local authority on behalf of both the council and the NHS, (recognising that each scheme will be led by the most appropriate commissioners, either LA or CCG) to enable the development of integrated health and social care services for the people of Hammersmith and Fulham.
- iii. The allocation of £47,781,199 local authority existing budgets and £31,923,371 HFCCG existing budgets to the pooled budget in 2015/16. This is a minimum figure based on existing partnership commitments and during 2014-15 further proposals may be brought to the Cabinet Member (and the CCG Governing Bodies) for possible inclusion in the pooled budget.
- iv. Confirmation of the Integration Partnership Board as the BCF Implementation Board, reporting to the Hammersmith and Fulham Health and Wellbeing Board on delivery of the BCF Programme.
- v. Agreement that, following sign off, any significant variations to the Plan relating to the allocation of funds by the local authority will be brought back to the Cabinet Member for approval.

Reference papers

Tri-borough Better Care Fund Plan – “near-final” March 2014

Tri-borough BCF Finance and Outcomes Spreadsheet “near-final” March 2014

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1. REASONS FOR DECISION

- 1.1. As reported to Cabinet in January, development of an integrated Better Care Fund Plan is a requirement of the Department of Health and the Department for Communities and Local Government. Funding allocations to the Local Authority and to the local NHS in 2014-16 are dependent on agreement between the parties on the BCF Plan. In addition, the programme of work is consistent with the stated vision and objectives of the partners within the Hammersmith and Fulham Health and Wellbeing Board, and is a mechanism for delivering the outcomes and efficiencies required.

2. INTRODUCTION AND BACKGROUND

- 2.1. The Better Care Fund (BCF) is “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”.
- 2.2. In *Integrated care and support: our shared commitment*, integration was helpfully defined by National Voices – from the perspective of the individual – as being able to “plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”. The BCF is a means to this end and by working together we can move toward fuller integration of health and social care for the benefit of the individual.
- 2.3. The BCF does not come into full effect until 2015/16, but an additional £200m will be transferred to local government from the NHS in 2014/15 (on top of the £900m already planned) and it is expected that CCGs and local authorities will use this year to transform the system. Consequently, a two year plan for the period 2014/16 has to be put in place by March 2014.
- 2.4. The BCF provides an opportunity to transform care so that people are provided with better integrated care and support. It will help deal with demographic pressures in adult social care and is an opportunity to take the integration agenda forward at scale and pace – it is a catalyst for change.

- 2.5. The BCF will align with the strategy process set out by NHS England and supported by the LGA and others in *The NHS belongs to the people: a call to action*¹. The BCF will provide part of the investment required to achieve the shared vision for health and social care.
- 2.6. The BCF will support the aim of providing people with the right care, in the right place, at the right time, including expansion of care in community settings. This will build on CCG Out of Hospital strategies and local authority plans expressed locally through the Community Budget and Pioneer programmes.

3. CONSULTATION

- 3.1. The Better Care Fund has been developed within the existing Whole Systems partnership between the local authority and the NHS, with service providers and with service user and carer representatives including Healthwatch, and reflects the shared aspirations for integrated care. The draft plan has been made available to partners for comment, in the knowledge that it captures a range of workstreams which already involve local stakeholders. An engagement plan is being developed with all stakeholders to ensure full involvement and, where possible, co-production of the specific initiatives going forward.

4. EQUALITY IMPLICATIONS

- 4.1. Each workstream within the Better Care Fund programme will be preparing an Equality Impact Assessment and as the programme develops a programme-wide EIA will be prepared. The programme contributes to the implementation of integrated health and care services across the tri-borough area and will improve services for the most vulnerable adults in the community.

5. LEGAL IMPLICATIONS

- 7.1 The Department of Health and the Department for Communities and Local Government have established a multi-year fund, confirmed in the Autumn Statement, as an incentive for councils and local NHS organisations to jointly plan and deliver services, so that integrated care becomes the norm by 2018. A fund will be allocated to local areas in 2015/16 to be put into pooled budgets under Section 75 joint governance arrangements between CCGs and Councils. A condition of accessing the

¹ <http://www.england.nhs.uk/2013/07/11/call-to-action/>

money in the Fund is that CCGs and councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

7.2 Legislation is needed to ring-fence NHS contributions to the Fund at national and local levels, to give NHS England powers to assure local plans and performance, and to ensure that local authorities not party to the pooled budget can be paid from it, through additional conditions in Section 31 of the Local Government Act 2003, which will allow for the inclusion of the Disabled Facilities Grant

7.3 Implications verified by: Andre Jaskowiak, Senior Solicitor, Bi-Borough Contract Law Team. Tel: 020 7361 2756

8 FINANCIAL AND RESOURCES IMPLICATIONS

8.1 In 2014-15 the minimum value required of the BCF Pooled Budget is £2,590,000; Tri-borough partners are proposing at least £157,110,353 which includes the funding in existing s75 and s256 agreements. Of this, £49,715,999 will come from the London Borough of Hammersmith and Fulham and £12,629,786 from Hammersmith and Fulham CCG. The detailed budgets are shown in Part 2 of the BCF Plan and a summary appears in the table below.

8.2 In 2015-16 the minimum value required of the BCF Pooled Budget is £47,836,000 and the Tri-borough authorities are proposing at least £211,460,612. Of this, £47,781,199 will come from the London Borough of Hammersmith and Fulham and £31,923,371 from Hammersmith and Fulham CCG.

8.3 It is estimated that the programme will contribute to the delivery of around £15m in savings across Tri-borough partners by the end of 2015/16, if targets are fully met, as shown in the table below.

8.4 In addition to the identified savings we will be constructing a financial model which enables NHS revenue to flow into out of hospital services delivered by social care, and reimburses the local authority against agreed targets. This will reflect an agreed portion of the savings which will accrue to the NHS by preventing unnecessary admissions and facilitating timely discharge from hospital.

8.5 The near-final BCF Plan includes figures based on current estimates of costs and savings. These are being refined and it is anticipated that revised proposals will be submitted periodically through 2014-15 as the detailed modelling of the integration work is undertaken.

8.6 Implications verified/completed by: Rachel Wigley, Director of Finance,
Tri-borough Adult Social Care.

Tri-borough Better Care Fund Financial Summary

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)	Anticipated Benefit
Westminster City Council	Y	28,761,068	1,379,000	26,252,068	4,895,193
Royal Borough of Kensington and Chelsea	Y	22,942,850	874,000	22,003,850	
London Borough of Hammersmith and Fulham	Y	49,715,999	1,052,000	47,781,199	
Central London CCG	N	27,137,037	13,553,000	43,754,621	3,366,231
West London CCG	N	15,923,613	17,830,000	39,745,502	3,572,468
Hammersmith and Fulham CCG	N	12,629,786	13,148,000	31,923,371	3,873,119
BCF Total		157,110,353	47,836,000	211,460,612	15,707,010

Actual savings will be tracked by borough or, where at tri-borough level, will be pro-rated by population.

Our intention is for the local authorities to hold the pooled budget, but the pooling agreement will recognise that each scheme will be led by the most appropriate commissioner, LA or NHS.