

	<b><u>Agenda Item: 12</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>30<sup>th</sup> June 2015</b>
<b>TITLE:</b>	<b>Better Care Fund (BCF) Update</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Margaret Ashton-Gray, Head of City Finance, People Directorate, Birmingham City Council</b>

<b>Report Type:</b>	<b>Information</b>
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<b>1. Purpose:</b>
<p>To advise the board on the progress made to date regarding the implementation of the Better Care Fund (BCF) pooled fund arrangements with the three NHS Clinical Commissioning Groups (CCG's) – Birmingham South Central, Birmingham Cross City and Sandwell &amp; West Birmingham and to advise the Board of the establishment and monitoring arrangements for the BCF pooled budget fund.</p>

2. Implications:		
BHWP Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		Y
Patient and Public Involvement		
Early Intervention		Y
Prevention		Y

### **3. Recommendation**

- 3.1 Note that Cabinet approval has been given for Birmingham City Council to act as Host for the Better Care Fund pooled budget under provision of Section 75(2) of the National Health Service Act 2006 and that agreement has been given for the detailed work to be completed by delegated officers regarding the Section 75 agreement and the pooled budget arrangements. The delegated officers are Peter Hay, Strategic Director, People Directorate, Alan Lotinga as Service Director Assessment and Support Planning, Louise Collett, Service Director Commissioning and Margaret Ashton-Gray, Head of Finance as Pooled Budget Manager.
- 3.2 Note the delegated authority for the Strategic Director for People in consultation with the Director of Legal & Democratic Services and the delegations to the Accountable Officers from each of the CCG's to continue to negotiate, execute and complete all necessary documents to give effect to the BCF and pooled budgets arrangements.
- 3.3 Note that further updates will be submitted for Board consideration on the 17<sup>th</sup> November 2015 and the 29<sup>th</sup> March 2016.

### **4. Background**

- 4.1 The formation and operation of the Better Care Fund was alluded to in the Health and Wellbeing Report presented to Board on the 20<sup>th</sup> January 2015. This report provides an update on progress made to date.
- 4.2 Birmingham's proportion of the £3.8bn BCF nationally is £82m in 15/16, please note this is not new money; more a reallocation or re-prioritisation of existing funding – primarily from CCG's mainstream budgets and existing Section 256 transfer funding from the NHS to Social Care
- 4.3 A BCF Programme Director was appointed along with work stream leads, a Finance lead and a BCC officer lead to set up the BCF and to work on and monitor jointly the progress on the integrated plans.
- 4.4 The four priorities for the BCF are:-
- Keeping people well where they live
  - Making help easier to get
  - Better Care at times of crisis
  - Making the right decisions when people can no longer cope
- 4.5 The things that people have identified they want from their BCF are:-
- I want to stay at home for as long as possible
  - I want help to understand my illness and how to manage it
  - I don't need experts all the time
  - I worry about having to go into hospital and about when I can't look after myself anymore

- I worry about my carers
  - GP surgeries are important points for me but I don't always need to see a doctor
  - I need people who can help and advise me, not put barriers in my way to stop me getting what I need
  - I want to be understood
- 4.6 These points have been taken into consideration when developing the priorities and work streams for the BCF. More information is available on the dedicated website for Birmingham's Better Care Fund on [www.birminghambettercare.com](http://www.birminghambettercare.com)
- 4.7 Birmingham has been required to submit detailed plans to NHS England; submissions of these plans took place in February and April 2014 with further submissions in September 2014, November 2014 and a final submission in January 2015. The September submission had a covering letter signed by local commissioners and providers (including all three local acute hospitals) explaining that the plan is predicated upon maintaining the current investment in and provision of health and social care and that reductions in budgets that change provision of social care outside of the agreed parameters outlined in the BCF plan would place delivery of the plan (and the associated financial savings) in significant jeopardy.
- 4.8 In October 2014, NHS England's assessment of the Birmingham BCF plan was "approved subject to conditions", meaning there are some substantial issues or risks in your plan without enough demonstration of how these will be mitigated. Subsequent work has been done and the final resubmission in January led to the removal of the conditions
- 4.9 The final submission of the BCF plan for 15/16 in January, included a covering letter from the City Councils Chief Executive Officer confirming the position regarding protecting Social care and next steps for Cabinet budget approval, was given formal approval by Council in March 2015.
- 4.10 The Birmingham Better Care Fund plan has now been approved by NHS England and the Secretary of State for Health with no additional conditions. This was approved in February 2015
- 4.11 National policy dictates that the Better Care Fund has to be established as a pooled budget. Given the complexity of the commissioning landscape in Birmingham the arrangements which underpin this pooled budget, through a Section 75 agreement, are important and equally complex. A Governance Paper has now been approved by the Better Care board, which sets out the parameters for that Board's and a Commissioning Executive's operation. The additional Governance requirements around the BCF and the Health & Well Being Board are forming part of the Section 75 agreement.
- 4.12 Birmingham City Council has now been identified as the host for the Better Care Fund pooled budget, and the fund itself has been established. The required monthly monitoring of the fund and performance of schemes will be reported to the Better Care Board
- 4.13 The final legal amendments to the draft Section 75 agreement are being undertaken with a view that it will be a signed document by the end of July 2015

<b>5. Compliance Issues</b>
<b>5.1 Strategy Implications</b>
The uses of the funding in this report directly support the delivery of both the Health and Wellbeing Board's Strategy, the Birmingham Better Care Fund programme and associated national conditions e.g. the protection of adult social care services.
<b>5.2 Governance &amp; Delivery</b>
The BCF pooled budget will be monitored on a monthly basis along with progress against the agreed schemes and reported to the Better Care Board. Any issues would be escalated to the Senior officer responsible and ultimately to the Health & Wellbeing Board
<b>5.3 Management Responsibility</b>
Alan Lotinga as Director support to the Board that will be accountable for delivery Judith Davis as Programme Manager along with her team will be responsible for the delivery of the agreed schemes

<b>6. Risk Analysis</b>			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
BCC financial position is so severe and financial challenge impacts on 15/16 onwards available budgets, making plan delivery impossible	4	4	Birmingham Social Care achieved a balanced budget position for 2014/15 under very difficult financial circumstances, BCC is committed to continue to reduce costs and find new ways of working. The whole system approach of the BCF will facilitate this
Better Care Fund schemes will not succeed in reducing permanent admissions to residential care	3	5	Ensure implementation of schemes on time and to budget through robust programme management.  Better Care Board to review performance against plan and take corrective action.
Schemes fail to have impact on desired priority outcomes, acute activity and savings not	4	4	Commitment of organisations to work together through the BCF and Commissioning

achieved or whole system spend increases.			Executive  Developing schemes that can evidence impact on target population.  Programme management of schemes overseen by Programme lead supported by a team of project officer
Governance arrangements are insufficient to make investment decisions, ratify the vision and ensure ongoing alignment of the programme with whole system strategic direction.	3	3	Programme has clearly defined purpose, Members CEO level. Defined process for decision making with appropriate schemes of delegation, Clear method for disagreement resolution. Rules on data and performance management agreed.
Failure to separate the business of making partnership work from internal priorities of each organisation.	3	4	Agreed risk-sharing agreement that sets out interdependencies and how pooled budget arrangements will work across health and social care have been developed
Failure to understand and agree appropriate funding flows throughout the system particularly in relation to savings (perception of double counting), benefits and risk.	4	4	Track record of integration around LD and MH.  Already recognise system wide savings challenge  Modelling savings based on both fixed and variable costs.  Dialogue commenced with providers
Unprecedented level of Workforce change required across; clinical and professional practice, terms and conditions, organisations, culture, engagement	4	4	Agreement to collectively work towards creating the Impetus for Chang3Link with LET C Older Adults integration programme  Scheme Projects include workforce considerations including skill mix and

with people and each other			recruitment.
Community capacity not in place in sufficient scale to meet demand pattern changes	4	4	Modelling of requirement to ensure accuracy and building clarity on current capacity.  Start of market engagement and stimulation in 15/16
Patients and the public do not adequately engage with the BCF schemes resulting in dissatisfaction and associated reputational risk	4	3	Continue to engage with patients, public and local communities through existing forums and involvement of Health Watch in BCF programme.

#### Appendices

None

#### Signatures

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**

The following people have been involved in the preparation of this board paper:

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