

	<u>Agenda Item: 6</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	22 nd March 2016
TITLE:	BETTER CARE FUND UPDATE
Organisation	BCC
Presenting Officer	Judith Davis, Programme Director

Report Type:	Decision and Endorsement
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1. Purpose:
<p>Following the presentation at the last Health and Wellbeing Board this paper updates members on progress on the 2016/17 Better Care Fund plan and submission and at the point of writing outlines the guidance that has been received.</p> <p>An update of progress will be provided at the meeting.</p>

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

3. Recommendation

The Board is asked to:

- endorse the approach taken to development of the planned submission
- delegate authority to the Health and Wellbeing Board Chair, Director of People BCC and CCG Chairs to jointly sign off the final submission prior to the final submission date of 25th April

4. Background

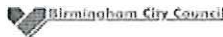
- 4.1 The previous Health and Wellbeing Board meeting received a progress report on delivery of the 2015/16 Better Care Fund Plan, including a review of progress, success and issues including the delivery or not of anticipated trajectories against the BCF metrics. It also outlined the BCF Policy guidance for 2016/17 and this included the removal of the previous payment for performance element of policy to be replaced by two new national conditions.
- 4.2 It was noted that the supporting technical guidance had been delayed considerably from its original planned release date. The Board gave delegated authority to the Chair of the board and CCG Chairs to sign off the initial submission when the guidance arrived.
- 4.3 The awaited technical guidance was released on 23rd February and included the national conditions including two new ones, vii and viii below. The conditions require:
- (i) That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and by the constituent Councils and CCGs;
 - (ii) A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17.
 - (iii) Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
 - (iv) Better data sharing between health and social care, based on the NHS number;
 - (v) A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
 - (vi) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
 - (vii) That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk

- sharing agreement; and
- (viii) Agreement on a local action plan to reduce delayed transfers of care.
- 4.3 The submission was required on 2nd March and the main focus was to confirm minimum pool size and proposed trajectories for the BCF metrics. It also included an outline joint spending plan of pool resources that has been jointly agreed for 2016/17.
- 4.4 The submission followed the proposal and agreement at the last Health and Wellbeing Board to maintain current pool size, roll over the schemes, and therefore spending plan, started in 2015/16 to completion and evaluate the impact against the planned trajectories of the BCF metrics. The planned trajectories are based around the planned timescales for delivery and a more detailed impact assessment than previously possible. However there remains a significant risk to achievement of the metrics given the many dependencies that impact on each area of service targeted e.g. the reasons why people are admitted to hospital. It is anticipated that ultimately the mitigations around this risk will be clearly defined and supported through the more comprehensive Sustainability and Transformation Planning Process.
- 4.5 The submission requirements for the 2nd March did not include a commentary about the plan or any details of risk sharing agreements arising from the first of the new conditions. Both will be required for the next submission required on the 21st March.
- 4.6 The delay in the technical guidance was as a result of ongoing debate about the use of previous performance monies between health and social care representative bodies. The guidance states:
- ‘New condition vii replaces the national payment-for-performance element of the Fund, linked to delivering a reduction in non-elective activity that was a condition in 2015-16. It is expected that a similar local performance element will be deployed in areas which have not achieved the required reduction in non-elective admissions.’
- 4.7 This requirement applies to Birmingham and at the time of writing this report agreement around the use of this element and the instigation of any risk share has not been agreed. An update can be provided at the meeting.
- 4.8 Guidance on the narrative requirements was received on 7th March and has a requirement to give evidence for 75 ‘key lines of enquiry’. It has been agreed by the Programme Board that the plan submitted in 15/16 should be used as the basis and updated rather than a rewrite as it was always anticipated that the plan was for longer 2 years.
- 4.9 As outlined at the last meeting the actions outlined in the table below have been achieved this year and also successful delivery of targets in the metrics of reduced numbers of long term care home placements, delayed transfers of care, enablement (if baseline corrected) and length of stay reductions. It is recognised that close working through the System Resilience Group has

contributed significantly to these achievements.

- 4.10 In addition it has fulfilled the national conditions as outlined within the policy except the joint approach to assessments and care planning, which was highlighted previously and the approach has now been changed.

4.11



The Story So Far

What we have achieved

- A suite of products to support integrated working in primary care which supports ethos of person centred and anticipatory care – ready to use
- Procurement of wellbeing co-ordinators and route to wellbeing – live from April 2016
- Agreement on use of carers monies for 16/17
- Procurement of CUR tool – implementation from January 2016
- Commissioning of 26 virtual beds for winter – live Dec/Jan
- Improved processes for hospital discharge
- Commissioning additional enablement resource – increase from Dec 2015 incl provision particularly for those with challenging behaviours
- Retention of EAB beds
- New dementia cafes and training for carers around physical health crises – in place
- Progress on information sharing agreements and protocols

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- 4.12 The last Health and Wellbeing Board received a summary of the challenges that had occurred during 15/16 and these have been considered by the Commission Executive in its decision to continue with the implementation of plans to fruition and conduct an appropriate evaluation of schemes over the next 12 months.
- 4.13 The BCF Programme Board has recommended that the BCF Programme should move into the STP as quickly as possible, were the other factors impacting upon particularly the decisions to admit to hospital, can be addressed. This is the only area where progress has not been made and has been an issue for the majority of BCFs nationally.
- 4.14 The final BCF submission is required on the 25th April. The Health and Wellbeing Board is asked to delegate authority to the Chair to sign off this final submission, along with the Chairs of the CCGs and Director of People as required by the policy guidance.

4.15 Timetable

Second submission following assurance and feedback, to consist of: <input type="checkbox"/> Revised BCF planning return <input type="checkbox"/> High level narrative plan	21 st March 2016
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25 April 2016
All Section 75 agreements to be signed and in place	30 June 2016

5. Compliance Issues

5.1 Strategy Implications

This plan is concerned with delivering a sustainable and transformed health and social care system and therefore will have support the achievement of HWBB aims and outcomes

5.2 Governance & Delivery

Governance arrangements will be reviewed in light of Sustainability and Transformation Planning requirements and proposals developed

5.3 Management Responsibility

Alan Lotinga is the senior responsible officer

6. Risk Analysis

In relation to the specific nature of this report around the 2016/17 plan

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Reputational – failure to agree submission and in particular payment for performance elements	3	5	Negotiations at executive level

Appendices

None

Signatures <i>P. Hamilton</i>	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	<i>11/3/2016</i>

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

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