

11th September 2014		ITEM: 9
Health and Wellbeing Board		
Thurrock Revised Better Care Fund Plan		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Roger Harris, Director of Adults, Health and Commissioning, and Mandy Ansell, Acting Interim Accountable Officer, Thurrock CCG		
Accountable Head of Service: n/a		
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning, and Mandy Ansell, Acting Interim Accountable Officer, Thurrock CCG		
This report is Public		

Executive Summary

This report outlines the rationale for the revised Better Care Fund Plan and also the issues requiring resolution prior to the final plan being ready for sign off.

The first Better Care Fund Plan was submitted in April 2014. In July, the Government announced that Plans were to be revised and issued new guidance. Revisions are focused around achieving reductions in total unplanned admissions – with performance linked to reductions.

Revised plans are due for submission on the 19th September 2014.

1. Recommendation(s)

1.1 That the Board agree the outline Better Care Fund Plan; and

1.2 That the Board agree to delegate final sign-off to the Chair.

2. Introduction and Background

2.1 Thurrock's Better Care Fund Plan was submitted in April 2014 having been agreed by the Health and Wellbeing Board at a special meeting held in February 2014. The Plan set out Thurrock's ambition for health and social care and identified the steps that would be taken to deliver that ambition.

- 2.2 The Better Care Fund was announced as part of the June 2013 Spending Round (originally known as the Integration Care Fund). The purpose of the Fund as set out within the Spending Round was:

'To improve outcomes for the public, provide better value for money, and be more sustainable, health and social care services must work together to meet individuals' needs. The Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people.'

- 2.3 Areas were asked to develop plans by April 2014 which would set out the area's ambition for health and social care, how the £3.8 bn would be used to deliver that ambition, and also how a number of national conditions would be achieved.

- 2.4 Subsequent to submitting Thurrock's Plan, it was assured and signed off and arrangements were put in place to oversee its development and delivery.

- 2.5 In July 2014, the Department of Health and Department for Communities and Local Government sent a letter to Health and Wellbeing Board Chairs to announce changes that they were making to the Better Care Fund. The changes related to the letter's following statement:

'we know that unplanned admissions are by far the biggest driver of cost in the health service that the Better Care Fund can affect. We need the plans to demonstrate clearly how they will reduce emergency admissions, as a clear indicator of the effectiveness of local health and care services in working better together to support people's health and independence in the community'

- 2.6 The fundamental change relates to the pay for performance element of the Fund (£1 billion of the total £3.8 billion). In the first tranche of guidance related to the April 2014 submission, pay for performance was spread across 5 key indicators – both adult social care indicators and health indicators. At least 70% performance against target was required for the performance element of the BCF to be paid – with improvement plans required if this target was not achieved. All of the performance money would remain within the pooled fund.

- 2.7 The July 2014 guidance changes the pay for performance element of the Fund which is linked solely to achieving a reduction in 'total emergency admissions' – the expected minimum target being 3.5% for 'all Health and Wellbeing Board areas, unless an area can make a credible case as to why it should be lower' (Revised planning guidance 25/07/14). Furthermore, if Plans do not deliver the agreed reduction in total emergency admissions, the performance element that would have been part of the pooled fund will remain within CCG budgets to pay for the unplanned acute activity. Guidance also states that the remaining money from the £1 billion performance pot 'will be

spent by CCGs on NHS commissioned out-of-hospital services as part of the BCF plan'. There is concern that a number of the elements that have an impact on 'total unplanned admissions' will not be within the BCF's control – e.g. paediatric admissions.

- 2.8 As a result of the newly released guidance, all areas were required to revise their BCF plans – which are to cover the year 15/16 only. Due to the changes required, this has meant a rewrite of the original plan and a greater degree of detail.
- 2.9 Attached to this report is the outline Better Care Fund Plan for Thurrock. The guidance was issued during the height of the summer period, and taking into consideration committee report deadlines and the availability of key individuals, it has not been possible to present a final report to the Board. As with the first iteration in April, the Board are asked to agree the outline plan and delegate final sign-off to its Chair prior to the submission deadline of 19th September.

3. Issues, Options and Analysis of Options

- 3.1 At the time of writing this report there are a number of issues to resolve before Thurrock's Plan can be finalised. A verbal update will be given to the Board at its meeting on areas where progress has been made. Key issues are detailed below:

Pay for performance

Thurrock's pay for performance amount (e.g. as part of the £1 bn) is £2.8 million. As a proportion of this, a 3.5% reduction in emergency admissions equates to approximately £800k. Work is currently taking place to identify what a stretching but achievable reduction would be in Thurrock. Thurrock CCG's 2-year plan has set a target for 0% in 2015/16 (although the 2014/15 plan represents a 6% reduction on the previous year). The section 75 group are working on identifying how the financial risk of not receiving the £800k will be managed – it is certain that none of the £800k can be committed to redesign. The remaining amount of Thurrock's performance pot - £2 million – will need to be spent on CCG commissioned out-of-hospital services.

Schemes

There is an expectation that the BCF Plan will be accompanied by a detailed scheme descriptions for each scheme attached to the Fund. At the time of writing – and possibly even at the time of submission – the Council and CCG continue to identify a) the size of the Better Care Fund; and b) what funding streams will transfer from CCG and Council budgets to the pooled fund. Our Plan focuses on the over 65 age group most at risk of admission to hospital or a residential home, so the CCG and Council are looking at existing funding streams linked to these areas. An added complication is that funding is mostly linked to contracts, and therefore freeing up resource to be able to redesign or reprocure services is complex. Due to the time taken to instigate redesign, it is unlikely that we will see much change during the 15/16 year and

therefore it is likely that schemes will reflect this fact.

Provider Engagement

Health providers will need to complete a template to say that they agree with the Plan and that it is achievable – in terms of reducing non-elective admissions. At the time of writing, we are intending to approach providers through the South West Essex Resilience Group. This will take place in conjunction with Basildon and Brentwood CCG – in recognition that both Basildon and Thurrock CCGs will be requiring a reduction in unplanned admissions from the same hospital. We continue to work with providers through our Strategic Leadership Group.

Risk and Contingency Arrangements

At the point of writing this report, we are still developing our contingency plan and risk sharing arrangements. This will also be considered as part of the developing section 75 agreement between the Council and Health. We are clear that the £800k linked to a 3.5% reduction in total emergency admissions cannot be contributed to any other redesign initiatives due to the high risk that very little reduction will be achieved.

Plan of Action

Plan guidance expects areas to detail key milestones associated with the delivery of the BCF Plan and any key dependencies. As already stated within this report, due to the time associated with system redesign, it is unlikely that we will see significant change much before 2016. As a result, our 'plan of action' will detail how we are using our Whole System Redesign Project Group to undertake this work, and the key milestone we will have to achieve in order to review and revise how the money within our pooled fund is currently spent. This includes changes to commissioning intentions, contract variations, and procurement.

3.2 Next Steps

Next steps are as follows:

- Health and Wellbeing Board to sign off outline plan and agree to delegate sign off for final plan to its Chair – 11th September
- Final national checkpoint (3 of 3) – 12th September
- Final sign off by Thurrock Health and Wellbeing Board Chair and Thurrock CCG Chair – by 18th September
- Final submission – by midday 19th September
- Assurance on submitted plans – between 19th September and 10th October

- 3.3 Whilst the focus of this report is on delivering the requirement for a revised Better Care Fund centred on reducing total unplanned admissions, the focus of our work locally remains the same. Our ambition is to deliver whole system transformation, and transformation that not only enables health and social care to be sustainable, but ensures a seamless experience for the individual

regardless of the organisation they interact with.

4. Reasons for Recommendation

- 4.1 All areas (based on Health and Wellbeing Boards) are required to submit revised Better Care Fund Plans by the 19th September. The Plans must have been signed off by the relevant Health and Wellbeing Board.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Consultation on the Plan and subsequent redesign is taking place through the Health and Social Care Transformation Programme's Engagement Group. Health providers have been engaged via the Strategic Leadership Group – and possibly at the time of writing – via the South West Essex Resilience Group.

6. Impact on corporate policies, priorities, performance and community impact

The Plan contributes to the 'Improve Health and Wellbeing' priority.

7. Implications

7.1 Financial

Implications verified by: Mike Jones

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Financial implications are detailed within the report. Key implications are linked to the risk sharing arrangements that will be contained within the related section 75 agreement.

7.2 Legal

Implications verified by: Dawn Pelle 02082272657

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The Department of Health and Department for Communities and Local Government wrote to the Chairs of Health and Wellbeing Boards on the 11th July to ask all areas to submit revised plans. NHS England and LGA guidance (Better Care Fund – Revised Planning Guidance) sets out additional requirements and supersedes previous planning guidance released in December 2013 (Better Care Fund Annex of Planning Guidance).

7.3 Diversity and Equality

Implications verified by: Natalie Warren
01375 652186

Thurrock's Better Care Fund focuses in the first instance on those over the age of 65 who are at greatest risk of hospital admission or admission to residential home. According to research carried out by Thurrock's Public Health team, individuals aged 75 admitted to A&E are over two times higher than the under 75 population; 60% have a limiting long-term illness; 32% are predicted to have a fall; and 28% are unable to manage at least one mobility activity on their own. It is hoped that focusing on the over 65 age group will have the greatest impact on reducing unplanned hospital admissions or admissions to residential homes.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None identified.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Department of Health and Department for Communities and Local Government letter to Health and Wellbeing Board Chairs 11th July 2014

Better Care Fund – Revised Planning Guidance 25/07/14

Health Needs Assessment for the over 75 year old Thurrock Population

9. Appendices to the report

Thurrock Better Care Fund September 2014

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