

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 7.3
<p>DATE OF MEETING: 16 January 2014</p> <p>REPORT OF: Director of Public Health (Chair of the Better Together board)</p> <p>REPORT AUTHORS: Michael Scorer (LBC) and Rod While (CCG)</p> <p>CONTACTS: michael.scorer@luton.gov.uk (546204) and rod.while@lutonccg.nhs.uk (532043)</p> <p>SUBJECT: Better Care Fund, formerly Integration Transformation Fund, (ITF)</p>	

WARD(S) AFFECTED: ALL

PURPOSE

1. To inform the board of the Better Care Fund (BCF), formerly called the Integration Transformation Fund, and to seek comments on the draft two year Better Care Fund plan prior to a final version of the plan coming back to the board for final approval on 31 March 2014.
2. To inform the board of the requirement to submit a draft summary of the Better Care Fund plan using the specified template by 14 February 2014.
3. To inform the board of the link between the two-year BCF plan and the five-year strategic plan.






RECOMMENDATION(S)

4. The Health and Wellbeing Board is recommended to:
5. Note the requirements of the Better Care Fund and to comment on the draft Better Care plan.
6. Agree to delegate authority to the Chair of the board to sign-off the Better Care Fund 'first cut' template for submission to the LGA and NHS England on 14 February 2014.
7. Note the overall planning structure and the requirement for the BCF plan to be an integral part of the five-year strategic plan.

BACKGROUND

8. At its meeting on 29 October 2013, the Health and Wellbeing board considered a report on the requirement to establish a pooled budget between the CCG and the Council, then called the Integration Transformation Fund now called the Better Care Fund, as part of an update report on the Better Together (health and social care integration) programme.

9. As a reminder, the announced £3.8 billion in July as part of the 2013 spending review to go into “a single pooled budget for health and social care” that “brings together NHS and Local government resources that are already committed to core activities”.
10. Since then, NHS England has published guidance on planning health and social care to 2018/19 (“Everyone Counts”) see appendix A for a summary, developing plans for the Better Care Fund see appendix B and a template for Better Care Fund planning see appendix C.
11. The CCG and the Council, overseen by the Health and Wellbeing board, must jointly develop a five-year integrated strategic health and social care plan for the years 2014/15 to 2018/19. Within this, the Council and CCG must develop and submit a two-year BCF plan that explains how it will spend the pooled budget in 2014/15 and 2015/16.
12. The ‘first cut’ of the two-year Better Care plan template must be submitted to NHS England by 14 February 2014 and the deadline to submit the final version of the plan is 4 April 2014. However, the CCG must submit the draft five-year strategy to NHS England area team, by 28 January 2014.
13. The plan must meet ‘national conditions’ and show how performance will meet targets in order to safeguard an element of grant funding that is performance related.
14. Furthermore, the two-year plan must show how the views of providers, residents, service users and carers have been considered in developing proposals for service integration and spending priorities. Whilst this plan and the five-year strategy are both currently under development, the joint health and wellbeing strategy was fully consulted upon through a public and stakeholder consultation which took place between June 14 and August 17 2012. A total of 202 people took part in the consultation and 96% of respondents agreed with the outcome goals. These outcome goals will continue to be the backbone of the refreshed joint health and wellbeing strategy as it is converted into the five-year strategy to 2019.
15. The table below lists the plans and strategies required by NHS England. This paper is concerned with the two highlighted plans: Firstly, the two-year BCF plan and secondly, the strategic five-year plan. The two-year plan must be an integral part of the five-year plan.

Plan	Produced by	Timeframe	Description
 Strategic	Unit of Planning	5 year	Strategic plan owned and signed up to by whole health economy. Includes: <ul style="list-style-type: none"> • 'Plan on a page' • Signposted key lines of enquiry return • Improvement against the 7 outcomes
 Operational	CCG	2 year	Operational metrics supporting the strategic plan
 Financial	CCG	2 and 5 year	Financial metrics supporting the strategic plan
 BCF	HWB	2 year	Plan outlining the approach to integrating health and social care for the purposes of the Better Care Fund within a local area
 Direct Commissioning	NHS England Area Teams	2 and 5 year	Area Teams plans for delivery of Directly Commissioned services, including supporting financial metrics

16.A "Unit of Planning" (referred to in the table above) in Luton is the CCG and the Council working together with all parts of the NHS in Luton, the NHS England Area Team and the Health and Wellbeing Board.

REPORT

17. The Luton Clinical Commissioning Group and Luton Borough Council are jointly developing the existing joint health and wellbeing strategy into a five year 'outcomes-based' strategy covering the years 2014/15 to 2018/19. In line with guidance from NHS England, this strategy builds on the existing joint health and wellbeing strategy and the NHS outcomes framework. The former explains how the whole health and social care economy in Luton will rise to the challenges and needs identified in the Joint Strategic Needs Assessment 2011 (JSNA). As such it sets out three priorities: Reduced health inequalities in Luton; healthier and more independent adults and older people; every child and young person has a healthy start in life. The latter describes five priorities: prevent people from dying prematurely; have the best possible quality of life; ensure quick and successful recovery from illness or injury; a great experience for patients; keeping patients safe and protected.

18. Additionally, the strategy will set out how all parts of Luton's health and care economy will collectively improve outcomes under seven national headings (from NHS England).

- Securing additional years of life for those with treatable and physical health conditions
- Improving the health related quality of life of the 15m people with one or more long term condition including mental health
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community

- d) Increasing the proportion of people living independently at home following discharge from hospital
- e) Increasing the number of people with mental and physical health problems having a positive experience of hospital care
- f) Increasing the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and the community
- g) Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

19. The CCG's existing commissioning strategy 2012/13 – 2014/15 contains ten strategic priorities:

- a) Ensuring a healthy start in life for children and young people
- b) Primary and secondary prevention of disease
- c) Empowering people to live independently
- d) Active management of long term conditions
- e) Improving medicines management
- f) Managing planned care and the quality of referrals
- g) Improving urgent care
- h) Improving the management of people with mental health needs
- i) The integration of health and social care
- j) Delivering high quality, safe and value for money services.

20. Of these, just priorities 5 and 6 are not covered fully in the existing joint health and wellbeing strategy.

21. The renewed joint strategy, which will be a refresh of the existing joint health and wellbeing strategy, will cover all of the above areas.

22. The Better Care Fund plan, which will formally be governed by a Section 75 agreement, will describe how the pooled budget will be deployed to achieve joint strategic health and care outcomes.

23. [A S.75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England (in this case Luton CCG). Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised].

24. The plan will demonstrate how all parts of Luton's health and social care economy have been engaged in deciding the priorities for spending the pooled budget. This includes the major NHS service providers: SEPT which provides mental health services, Cambridgeshire Community Services which provides community health services and the Luton and Dunstable hospital. Additionally, the CCG and the Council have engaged with the voluntary and community sector in Luton and with residents, service users and carers in the community.

25. In developing the two-year plan and five-year strategy, the CCG and the Council are mindful of NHS England guidance that major service changes should be

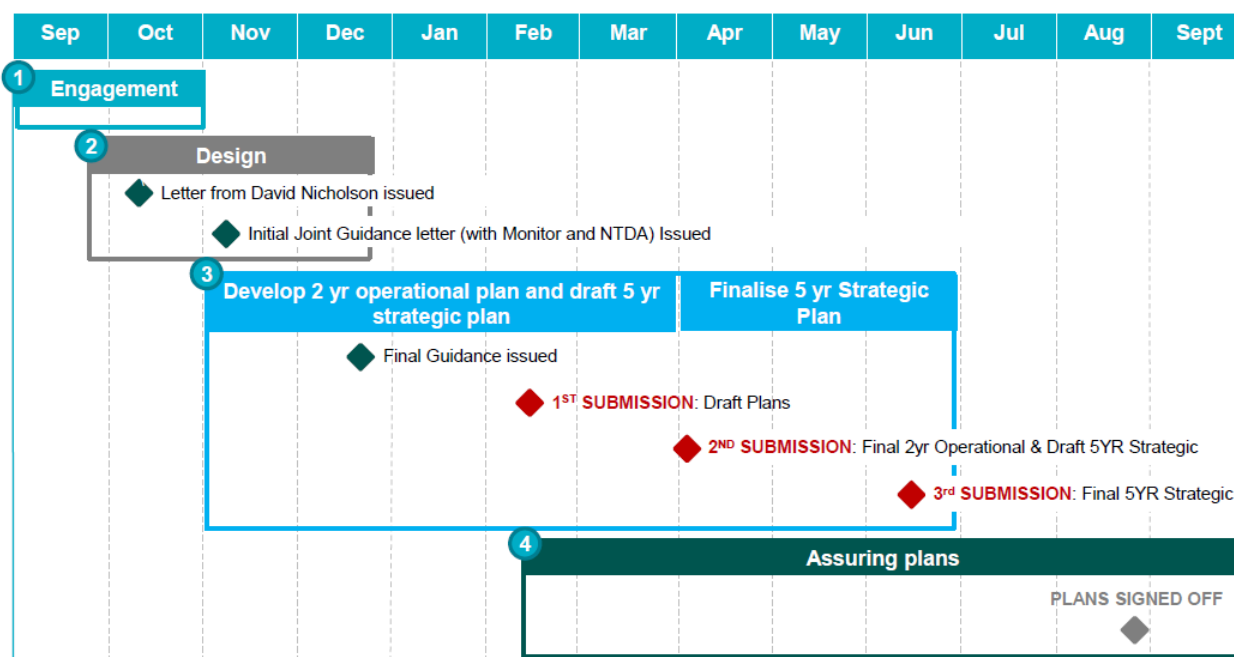
evidence-based, and informed by how organisations can best meet the health and care needs of local populations within available resources. In 2010, the Government introduced four clear tests for reconfigurations, which are that schemes should demonstrate:

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- a clear clinical evidence base; and
- support for proposals from clinical commissioners.

26. A key requirement of the Better Care plan and the spending of the pooled budget is that Luton will set out how this will protect social care outcomes. Luton has made good progress in reducing unnecessary hospital stays and in admissions to residential and nursing care. As a result funding will continue to be spent on ensuring that the good outcomes in these areas are maintained.

27. In addition to running existing services and maintaining levels of outcomes for residents, the pooled budget will be used to develop seven-day working, to enable data sharing and to ensure that service users have an 'accountable professional' responsible for coordinating their overall health and care. The projects that will deliver these improvements through integration will be driven by the Better Together board working in partnership across the whole of Luton's health and care economy.

NHS England planning timetable



28. The Better Care Fund 'first cut' template must be submitted in the "1st submission" on 14 February. The board is recommended to agree that this is completed in line with the draft plan attached to this report when spending plans for 14/15 and 15/16 have been agreed by the CCG and the Council. The board is asked to agree that the Chair signs-off the pro-forma on its behalf subject to agreement from the Council and CCG through their respective management teams. Further, that the pro-forma will be reported to the next board meeting on 31 March 2014 along with the proposed final Better Care Fund plan and draft five-year strategic plan, in time for the "2nd submission" on 4 April 2014.

FINANCIAL IMPLICATIONS

29. Of the £3.8bn, announced in the 2015/16 spending review, LBC's understanding is:

- £1.8bn already committed in the system (but managing demand / prevention)
- £1bn "pay-for-performance" – joint commissioned spend on integrated services
- £1bn for protecting social care

30. Luton's Better Care Fund allocation for 2014/15 is £657,000. For 2015/16, the allocation is £11,998,000 revenue funding, plus £439,000 social care capital grant and £584,000 disabled facilities grant. The latter sum is already committed in the Council's capital programme as part of a larger capital investment in disabled facilities that year.

31. The Health and Wellbeing Board will also wish to note that some existing funding from both LBC and the CCG is due to go into the Pooled Budget.

For the Council, this includes:

- £2.82million existing spend subject to a joint agreement with Health (S256), and this is mainly used for meeting existing demographic pressures, under the heading of maintaining current eligibility criteria, £1.6m, reablement, and other specific projects.
- Government's grant towards Disabled Facilities Grants (£584k for 15/16)
- Government's grant towards Adult Social Care capital (£439k for 15/16).

32. 50% of the pay-for-performance element will be paid at the beginning of 2015/16 contingent on:

- The HWB adopting a plan that meets the national conditions by April 2014
- Adequate performance in 2014/15.

33. The remaining 50% will be based on in year performance in 2015/16 and could be paid in the second half of the year. In the event that performance is inadequate a recovery plan will have to be agreed locally and signed-off by peer reviewers, including NHS England.

34. Both the Luton CCG and Luton Borough Council face financial pressures due to the need to make savings and to provide for predicted growing health and care needs in the town.

35. The principal risk relates to the fact that most of the BCF money is being taken from CCGs' budgets and is therefore covering existing services. This money in 2015/16 will have to be stretched further to cover existing health and social care services, demographic and needs growth pressures as well as the costs associated with integrating services.

IMPLICATIONS

36. Legal and equalities issues will be considered during the development of the plans.

CONSULTATIONS

37. It is important to note that the Better Care plan and the renewed joint health and wellbeing strategy both build on considerable community engagement in identifying areas of concern and priority to Luton residents. This is set out in more detail in the draft BCF plan attached to this report as appendix D.
38. Both the Council and the CCG are fully committed to involving all parts of the local communities in co-designing and co-developing health and care services, in line with the NHS principle of not taking decisions about people without involving them.
39. The programme fully involves Luton Healthwatch and both the Council and the CCG will work closely to develop mechanisms for resident and customer engagement.

APPENDICES

Appendix A - Planning for patients (summary of “Everyone Counts”), NHS England guidance. The full document is available at <http://www.england.nhs.uk/everyonecounts/>

Appendix B - Annex to the NHS England Planning Guidance, Developing Plans for the Better Care Fund.

Appendix C - Better Care Fund planning template, parts 1 and 2.

Appendix D – Draft Better Care Fund plan 2014/15 and 2015/16.

LIST OF BACKGROUND PAPERS **LOCAL GOVERNMENT ACT 1972, SECTION 100D**

No papers that require listing were used in the preparation of this report.