CABINET

14 JANUARY 2014

HEALTH AND SOCIAL CARE BETTER CARE FUND PLAN (FORMERLY KNOWN AS INTEGRATION TRANSFORMATION FUND)

Portfolio Holder:	Councillor David Brake, Adult Services
Report from:	Barbara Peacock, Director of Children and Adults Services
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Summary

This report provides the Cabinet with background information in relation to the Better Care Fund Plan and its implications for Medway.

The Cabinet are requested to note the progress made to date in relation to developing the Better Care Fund Plan for submission to the Local Government Association (LGA)/NHS England by 14 February 2014, given the externally imposed deadlines currently being worked towards.

This report seeks approval from the Cabinet to delegate authority for the final sign off of the plan to the Director of Children and Adults Services, in consultation with the Portfolio Holder for Adults Services.

1. Budget and Policy Framework

1.1 The principles of the Better Care Fund Plan to use a single pooled budget in order for health and social care services to work more closely together aligns directly with the vision and principles highlighted in the Joint Health And Wellbeing Strategy (JHWS) for Medway: a commitment to an integrated systems approach and partnership working and a focus on prevention and early intervention in all areas. This also links directly to the Council priority of adults maintaining their independence and living healthy lives as well as linking with the themes evidenced in the Joint Strategic Needs Assessment for Medway, to enable our older population to live independently and well; to prevent early death and increase years of healthy life; to improve physical and mental health and well-being; and reduce health inequalities. Therefore, this is a matter for Cabinet.

2. Background

2.1 In the 2013 Spending Round, the Government announced a national £3.8 billion pooled budget for health and social care services, building on the

current NHS transfer to social care services of £1 billion. The Spending Round document stated that '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'. This is set against the context of a reduction in overall local government expenditure.

2.2 It is important to clarify that this money is not new money, but a transfer of money from the NHS to Local Authorities that may already be committed to existing services. The funding must be used to support adult social care services which also have a health benefit. The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified.

2.3 Local Authorities and Clinical Commissioning Groups (CCGs) are required to submit jointly agreed plans to the Local Government Association (LGA) and NHS England by 14 February 2014. This is an externally imposed deadline. The Better Care Fund Plan must journey through the Council's and the Medway CCG's governance arrangements ahead of the submission date, as well as being considered at a public Health and Wellbeing Board meeting in January 2014. The Chief Operating Officer for Medway CCG has requested that a representative from NHS England also have sight of the Better Care Fund Plan prior to submission to Medway Council's Cabinet and the Health and Wellbeing Board.

Governance journey:

Paper for CCG Exec Team	Mid December
NHS England	December/January 14
Health and Wellbeing Board (Public Meeting)	9 January 2014
Cabinet Meeting	14 January 2014
Governing Body (CCG)	22 January 2014
Submit joint plan with signatures	14 February 2014

2.4 Guidance and provisional allocations were released jointly by the Departments of Health and Communities and Local Government on the 20 December 2013 and the provisional allocation is set out in 7.2 below. Officers are, therefore, working on the Plan based on initial indications provided by LGA/NHS England that now have more substance.

2.5 The Better Care Fund Plan will be a pooled budget which will be deployed locally on social care and health services, subject to the following national conditions which will need to be addressed in the plans:

- plans to be jointly agreed;
- protection for social care services;
- as part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;

- better data sharing between health and social care, based on the NHS number;
- ensure a joint approach to assessments and care planning;
- ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached; and
- agreement on the consequential impact of changes in the acute sector.

2.6 Whilst the Better Care Fund does not come into full effect until 2015/16 the intention is for CCGs and Local Authorities to build momentum during 2014/15, using the £200 million (nationally) due to be transferred to local government from the NHS to support transformation. There will be an expectation of joint 2 year plans with outcome measures for 2014/15 and 2015/16, which must be in place by March 2014. Plans for use of the pooled budgets must be agreed by CCGs and local authorities, and endorsed by the local Health and Wellbeing Board. It is not yet clear how this will be released to local authorities.

2.7 Senior officers from the CCG and Local Authority are overseeing the development of the Better Care Fund Plan and ensuring the National Conditions are adhered to and that all opportunities are fully understood, including implications, risks etc.

Opportunities for integration and transformation include:

- Dementia care services/Dementia Centres
- Integrated commissioning for adults
- Integrated teams and service delivery
- Carers' support services
- Reablement, including provision for disabled facilities grants
- Hospital at Home Scheme
- Health Visitors for Older People
- Sharing of data/information across Health and Social Care
- 7 day working aligned across Health and Social Care
- Community equipment
- Falls Response Service
- Community Health Workers for Older People Service
- Improved access to information for older people through better signposting at GP surgeries

These opportunities have been identified through partnership working with key stakeholders.

3. Options

3.1 Medway Council and Medway CCG are currently working towards externally imposed deadlines for developing the plan. Cabinet Members are requested to note that the development of the plan will be an iterative process and it will continue to be developed as more information and guidance from the LGA/NHS England becomes available.

4. Advice and analysis

4.1 Developing a Better Care Fund Plan is a national requirement of all Local Authorities in conjunction with their CCG partners.

4.2 Equality issues will be taken into account as part of the planning process. Better integration of services should mean that people receive a more consistent service across Medway. A Diversity Impact Assessment (DIA) has not been undertaken as this report does not make any new recommendations that would have a detrimental impact on services.

4.3 The further guidance expected from the LGA/NHS England was released on 20 December 2013. Officers are working on the Plan based on initial indications provided by LGA/NHS England that now have more substance, and in light of the governance journey required, which includes assurance from NHS England, the Plan development will be an iterative process, up to the point at which the plan is submitted.

5. Risk management

Risk rating:

Likelihood	**Impact:**
A Very high	1 Catastrophic (Showstopper)
B High	2 Critical
C Significant	3 Marginal
D Low	4 Negligible
E Very low	
F Almost impossible	

Risk	Description	Action to avoid or mitigate risk	Risk rating
Timescales for developing plan to be submitted by 14 February 2014 - externally imposed deadlines are in place	Guidance and provisional allocations were released jointly by the Departments of Health and Communities and Local Government on the 20 December 2013. Officers are, therefore, working on the Plan based on initial indications provided by LGA/NHS England that now have more substance. The Better Care Fund Plan must journey through the Council's and the Medway CCG's governance arrangements ahead of the submission date. This is an externally imposed deadline.	The Partnership Commissioning Team are working closely with Medway CCG and colleagues in Adult Social Care to ensure that key priorities for both organisations are addressed within the Plan. Resources have been identified to ensure the deadlines are achieved.	C2
Contingency planning if not approved by Cabinet or Medway CCG Governing Body	Given the externally imposed deadlines and in light of the governance journey required, which includes assurance from NHS England, the Plan development will be an iterative process, up to the point at which the plan is submitted in February 2014. Both organisations must be involved in the development of the plan and agree to the content.	See comments above. Joint meetings are being timetabled between senior officers of the local authority and CCG.	C2
Delays in submitting final plan due to all parties agreeing content	Both organisations must be involved in the development of the plan and agree to the content. Both organisations must agree the implementation of the Better Care Fund Plan in 2015/16.	See comments above.	C2
Governance procedures	The Plan must journey through the Council's and the MCCG's governance arrangements ahead of the submission date in February 2014.	Resources have been identified to ensure the appropriate governance procedures are followed.	C2
Meaningful engagement with stakeholders, users and carers given the tight externally imposed timescales	It is a requirement of the Better Care Fund Plan that meaningful engagement is undertaken to understand the impact on the private and voluntary sector and acute services.	Every opportunity is being identified to engage with key stakeholders. A log of engagement activity will be included within the plan.	C2

Timely information from LGA/NHS England	Guidance and provisional allocations were released jointly by the Departments of Health and Communities and Local Government on the 20 December 2013. Officers are, therefore, working on the Plan based on initial indications provided by LGA/NHS England that now have more substance.	Information will be cascaded to the Partnership Commissioning Team and Medway CCG as soon as it is received.	B2

6. Consultation

6.1 Local authorities and CCGs are required to evidence consultation undertaken with regards to the development of the Plan. To date the following has taken place:

a) 2014-2015 Developing Commissioning Priorities – 20 Aug 13
b) Integrated Care for Adults Workshop involving Public Health – 25 Oct 13
c) Medway Provider Forum - 8 Nov 13
d) GP Monthly meeting - 13 Nov 13
e) Health and Wellbeing Board – 19 Nov 13
f) King's Fund facilitated workshop – 22 Nov 13
g) Joint Commissioning Management Group Meeting – 28 Nov 13
h) Call to Action Event – 5 Dec 13
i) Integration Transformation Fund workshop – 6 Dec 13

The NHS is currently consulting with patients, the public and staff about the future of the NHS, so it can plan how best to deliver services, now and in the years ahead. This consultation is called 'Call to Action' and a survey is available online to complete. Intelligence gathered from this survey will inform the contents of the Better Care Fund Plan.

6.2 A Better Care Fund Plan workshop took place on 6 December 2013 at the St George's Centre. The purpose of this workshop was to seek the views and experiences of stakeholders across a range of partner organisations to support the development of the Plan. The workshop was facilitated by an external facilitator from Research in Practice. This was attended by 60 key stakeholders. Healthwatch Medway are recognised as a key partner in this process. They have been engaged through the workshop on 6 December and will continue to be engaged as the development of the plan progresses. The outcomes from this workshop are currently being collated and fed into the plan.

6.3 Further opportunities are also being identified over the coming weeks to consult with service users / practitioners and patient representatives.

6.4 In addition, officers of the Council will be attending the Health and Wellbeing Board meeting on 9 January 2014. An addendum report will be submitted to Cabinet members for their consideration alongside this Cabinet report.

7. Financial and legal implications

7.1 In 2015/16 the Better Care Fund Plan will be created from the following funding streams, a significant proportion of which is already being spent by the local authority on joint health and social care priorities. The sums

currently allocated to Medway Council in this way are identified in the table below.

Table: Analysis of Better Care Fund Plan Funding Streams

Funding Stream	National 'Pot'	Medway's Allocation
NHS Funding	£1.9 billion	Yet to be advised by DH
Carers Breaks Funding	£130 million	£488,000
CCG Reablement Funding	£300 million	£1,340,677
Adult Social Care Capital Grant	£129 million	£536,601
Disabled Facilities Grant (Capital)	£225 million	£743,717
Current transfer from NHS to Social Care	£900 million	£3,571,548
Additional transfer from NHS (2014/15)	£200 million	£800,000 (est)

7.2 Provisional figures in relation to Medway's allocation were released on 20 December 2013 as below:

	£m
NHS Medway CCG	16.154
Social Care Capital Grant	0.556
Disabilities Facilities Grant	0.922
Total Better Care Fund	17.632

7.3 The report sets out the basis of the Better Care Fund Plan and there are no legal implications at this stage. It is not clear if the funding will be released under existing arrangements or whether further legislation will be made for the creation of pooled budgets.

8. Recommendations

8.1 That Cabinet note and support the proposed governance journey for the delivery of the Better Care Fund Plan.

8.2 That Cabinet note that the plan is an iterative process that will continue to be developed as more information and guidance from the LGA/NHS England becomes available.

8.3 That Cabinet agree to delegate authority for the final sign off of the plan to the Director of Children and Adults Services, in consultation with the Portfolio Holder for Adults Services. This is because the further guidance expected from the LGA/NHS England was released on 20 December 2013. Officers are working on the Plan based on initial indications provided by LGA/NHS England that now have more substance and in light of the governance journey required, which includes assurance from NHS England, the Plan development will be an iterative process, up to the point at which the plan is submitted in February 2014.

9. Suggested reasons for decision(s)

9.1 Developing a Better Care Fund Plan is a national requirement of all Local Authorities in conjunction with their CCG partners.

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Appendices

Appendix 1 – Local Government Association/NHS England letter dated 17th October 2013 – 'Next Steps on implementing the Integration Transformation Fund'
Appendix 2 – Better Care Fund Plan template (formerly known as Integration Transformation Fund)

Background papers

None

APPENDIX 1

Local Government Association

NHS England

17 October 2013

To: CCG Clinical Leads
Health and Wellbeing Board Chairs
Chief Executives of upper tier Local Authorities
Directors of Adult Social Services

cc: CCG Accountable Officers
NHS England Regional and Area Directors

Dear Colleagues

Next Steps on implementing the Integration Transformation Fund

We wrote to you on 8 August 2013 setting out the opportunities presented by the integration transformation fund (ITF) announced in the spending review at the end of June. While a number of policy decisions are still being finalised with ministers, we know that you want early advice on the next steps. This letter therefore gives the best information available at this stage as you plan for the next two years.

Why the fund really matters

Residents and patients need Councils and Clinical Commissioning Groups (CCGs) to deliver on the aims and requirements of the ITF. It is a genuine catalyst to improve services and value for money .The alternative would be indefensible reductions in service volume and quality.

There is a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled fund. We encourage Health and Wellbeing Boards to extend the scope of the plan and pooled budgets.

Changing services and spending patterns will take time. The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care. Accordingly the NHS planning framework will invite CCGs to agree five year strategies, including a two year operational plan that covers the ITF through their Health and Wellbeing Board.

A fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk. There is excellent practice in some areas that needs to be replicated everywhere. The ingredients are the same across England; the recipe for success differs locality by locality.

Integrated Care Pioneers, to be announced shortly, will be valuable in accelerating development of successful approaches. We are collaborating with all the national partners to support accelerated adoption of integrated approaches, and will be launching support programmes and tools later in 2013.

Where does the money come from?

The fund does not in itself address the financial pressures faced by local authorities and CCGs in 2015/16, which remain very challenging. The £3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that deliver better outcomes for individuals. This calls for a new shared approach to delivering services and setting priorities, and presents Councils and CCGs, working together through their Health and Wellbeing Board, with an unprecedented opportunity to shape sustainable health and care for the foreseeable future.

Working with providers

It will be essential for CCGs and Local Authorities to engage from the outset with all providers, both NHS and social care, likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. CCGs and Local Authorities should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services. It is also essential that the implications for local providers are set out clearly for Health and Wellbeing Boards and that their agreement for the deployment of the fund includes agreement to the service change consequences.

Supporting localities to deliver

We are acutely aware that time is pressing, and that Councils and CCGs need as much certainty as possible about how the detail of the fund will be implemented. Some elements of the ITF are matters of Government policy on which Ministers will make decisions. These will be communicated by Government in the normal way. The Local Government Association and NHS England are working closely together, and collaborating with government officials, to arrive at arrangements that support all localities to make the best possible use of the fund, for the benefit of their residents and patients. In that spirit we have set out in the attached annex our best advice on how the Fund will work and how Councils and CCGs should prepare for it.

The Government has made clear that part of the fund will be linked to performance. We know that there is a lot of interest amongst CCGs and Local Authorities in how this "pay-for-performance" element will work. Ministers have yet to make decisions on this. The types of performance metrics we can use (at least initially) are likely to be largely determined by data that is already available. However, it is important that local discussions are not constrained by what we can measure. The emphasis should be on using the fund as a catalyst for agreeing a joint vision of how integrated

care will improve outcomes for local people and using it to build commitment among local partners for accelerated change.

Joint local decision making and planning will be crucial to the delivery of integrated care for people and a more joined up use of resources locally. The ITF is intended to support and encourage delivery of integrated care at scale and pace whilst respecting the autonomy of locally accountable organisations.

This annex to this letter sets out further information on:

- How the pooled fund will be distributed;
- How councils and CCGs will set goals and be rewarded for achieving them;
- Possible changes in the statutory framework to underpin the fund;
- The format of the plans for integrated care and a template to assist localities with drawing up plans that meet the criteria agreed for the fund;
- Definitions of the national conditions that have to be met in order to draw on the polled fund in any locality; and
- Further information on how local authorities, CCGs, NHS England and government departments will be assured on the effective delivery of integrated care using the pooled fund.

Leads from the NHS and Local Government will be identified to assist us to work with Councils and CCGs to support implementation. More details on this can be found in the annex. We will issue a monthly bulletin to Councils and CCGs with updates on the Integration Transformation Fund.

Yours faithfully

Carolyn Downs
Chief Executive
Local Government Association

Bill McCarthy
National Director: Policy
NHS England

NHS England Publications Gateway Ref. No.00535

Annex

Advice on the Integration Transformation Fund

What is included in the ITF and what does it cover?

Details of the ITF Fund

The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements

In 2015/16 the ITF will be created from the following:

£1.9bn NHS funding

£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:

- £130m Carers' Breaks funding
- £300m CCG reablement funding
- £354m capital funding (including c.£220m of Disabled Facilities Grant)
- £1.1bn existing transfer from health to social care

1. The Integration Transformation Fund will be £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users. In 2014/15 an additional £200m transfer from the NHS to social care in addition to the £900m transfer already planned will enable localities to prepare for the full ITF in 2015/16.

2. In 2014/15 use of pooled budgets remains consistent with the guidance[1] from the Department of Health to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14. In line with this:

3. *"The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used.*

4. *A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for*

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

5. *In line with our responsibilities under the Health and Social Care Act, NHS England is also making it a condition of the transfer that local authorities and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.*

6. *NHS England is also making it a condition of the transfer that local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer"*

7. In 2015/16 The fund will be allocated to local areas, where it will be put into pooled budgets under joint governance between CCGs and local authorities. A condition on accessing the money in the fund is that CCGs and local authorities must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

How will the ITF be distributed?

8. Councils will receive their detailed funding allocation following the Autumn Statement in the normal way. When allocations are made and announced later this year, they will be two-year allocations for 2014/15 and 2015/16 to enable planning.

9. In 2014/15 the existing £900m s.256 transfer to Local Authorities for social care to benefit health, and the additional £200m will be distributed using the same formula as at present.

10. The formula for distribution of the full £3.8bn fund in 2015/16 will be subject to ministerial decisions in the coming weeks.

11. In total each Health and Wellbeing Board area will receive a notification of its share of the pooled fund for 2014/15 and 2015/6 based on the aggregate of these allocation mechanisms to be determined by ministers. The allocation letter will also specify the amount that is included in the pay-for-performance element, and is therefore contingent in part on planning and performance in 2014/5 and in part on achieving specified goals in 2015/6.

How will Councils and CCGs be rewarded for meeting goals?

12. The Spending Review agreed that £1bn of the £3.8bn would be linked to achieving outcomes.

13. In summary 50% of the pay-for-performance element will be paid at the beginning of 2015/16, contingent on the Health and Wellbeing Board adopting a plan that

meets the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% will be paid in the second half of the year and could be based on in-year performance. We are still agreeing the detail of how this will work, including for any locally agreed measures.

14. In practice there is a very limited choice of national measures that can be used in 2015/6 because it must be possible to baseline them in 2014/5 and therefore they need to be collected now with sufficient regularity and rigour. For simplicity we want to keep the number of measures small and, while the exact measures are still to be determined, the areas under consideration include:

    - Delayed transfers of care;
    - Emergency admissions;
    - Effectiveness of re-ablement;
    - Admissions to residential and nursing care;
    - Patient and service user experience.

15. In future we would hope to have better indicators that focus on outcomes for individuals and we are working with Government to develop such measures. These can be introduced after 2016/7 as the approach develops and subject to the usual consultation and testing.

16. When levels of ambition are set it will be clear how much money localities will receive for different levels of performance. In the event that the agreed levels of performance are not achieved, there will be a process of peer review, facilitated by NHS England and the LGA, to avoid large financial penalties which could impact on the quality of service provided to local people. The funding will remain allocated for the benefit of local patients and residents and the arrangements for commissioning services will be reconsidered.

Does the fund require a change in statutory framework?

17. The Department of Health is considering what legislation may be necessary to establish the Integrated Transformation Fund, including arrangements to create the pooled budgets and the payment for performance framework. Government officials are exploring options for laying any required legislation in the Care Bill. Further details will be made available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected and will be helpful in taking this work forward.

How should councils and CCGs develop and agree a joint plan for the fund?

18. Each upper tier Health and Wellbeing Board will sign off the plan for its constituent local authorities and CCGs. The specific priorities and performance goals are clearly a matter for each locality but it will be valuable to be able to:

    - Aggregate the ambitions set for the fund across all Health and Wellbeing Boards;

- Assure that the national conditions have been achieved; and

- Understand the performance goals and payment regimes have been agreed in each area.

19. To assist Health and Wellbeing Boards we have developed a draft template which we expect everyone to use in developing, agreeing and publishing their integration plan. This is attached as a separate Excel spread sheet.

20. The template sets out the key information and metrics that all Health and Wellbeing Boards will need to assure themselves that the plan addresses the conditions of the ITF. We strongly encourage Councils and CCGs to make immediate use of this template while awaiting further guidance on NHS planning and financial allocations.

21. Local areas will be asked to provide an agreed shared risk register, with agreed risk sharing and mitigation covering, as a minimum, steps that will be taken if activity volumes do not change as planned. For example if emergency admissions increase or nursing home admissions increase.

What are the National Conditions?

22. The Spending Review established six national conditions:

National Condition	Definition
Plans to be jointly agreed	The Integration Plan covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and Local Authorities should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.
Protection for social care services (not spending)	Local areas must include an explanation of how local social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with the 2012 Department of Health guidance referred to in paragraph 2, above.

National Condition	Definition
As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends	Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The forthcoming national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England will provide guidance on establishing effective 7-day services within existing resources.
Better data sharing between health and social care, based on the NHS number	The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas will be asked to: • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing open APIs (ie. systems that speak to each other); and • ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place. NHS England has already produced guidance that relates to both of these areas, and will make this available alongside the planning template. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health).

National Condition	Definition
Ensure 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	Local areas will be asked to identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning.
Agreement on the consequential impact of changes in the acute sector	Local areas will be asked to identify, provider-by-provider, what the impact will be in their local area. Assurance will also be sought on public and patient engagement in this planning, as well as plans for political buy-in.

How will preparation and plans be assured?

23. Ministers will wish to be assured that the ITF is being used for the intended purpose, and that the local plans credibly set out how improved outcomes and wellbeing for people will be achieved, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.

24. To maximise our collective capacity to achieve these outcomes and deliver sustainable services we will have a shared approach to supporting local areas and assuring plans. This process will be aligned as closely as possible to the existing NHS planning rounds, and CCGs can work with their Area Teams to develop their ITF plans alongside their other planning requirements.

25. We will establish in each region a lead local authority Chief Executive who will work with the Area and Regional Teams, Councils, ADASS branches, DPHs and other interested parties to identify how Health and Wellbeing Boards can support one another and work collaboratively to develop good local plans and delivery arrangements.

26. Where issues are identified, these will be shared locally for resolution and also nationally through the Health Transformation Task Group hosted by LGA, so that the national partners can broker advice, guidance and support to local Health and Well Being Boards, and link the ITF planning to other national programmes including the Health and Care Integration Pioneers and the Health and Well Being Board Peer Challenge programme. We will have a first review of readiness in early November 2013.

27. We will ask Health and Well Being Boards to return the completed planning template (draft attached) by 15 February 2014, so that we can aggregate them to provide a composite report, and identify any areas where it has proved challenging to agree plans for the ITF.

APPENDIX 2

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**<Name of Local Authority>**
Clinical Commissioning Groups	**<CCG Name/s>**
	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
Boundary Differences	**<Identify any differences between LA and CCG boundaries and how these have been addressed in the plan>**
Date agreed at Health and Well-Being Board:	**<dd/mm/yyyy>**
Date submitted:	**<dd/mm/yyyy>**
Minimum required value of ITF pooled budget: 2014/15	**£0.00**
2015/16	**£0.00**
Total agreed value of pooled budget: 2014/15	**£0.00**
2015/16	**£0.00**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	<Name of ccg>
By	<Name of Signatory>
Position	<Job Title>
Date	<date>

<Insert extra rows for additional CCGs as required>

Signed on behalf of the Council	<Name of council>
By	<Name of Signatory>
Position	<Job Title>
Date	<date>

<Insert extra rows for additional Councils as required>

Signed on behalf of the Health and Wellbeing Board	<Name of HWB>
By Chair of Health and Wellbeing Board	<Name of Signatory>
Date	<date>

<Insert extra rows for additional Health and Wellbeing Boards as required>

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Please explain how local social care services will be protected within your plans.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
<Risk 1>		
<Risk 2>		
<Risk 3>		
<Risk 4>		

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority #1				
CCG #1				
CCG #2				
Local Authority #2				
etc				
BCF Total				

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 2	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*		N/A	
	Numerator			
	Denominator			
		(April 2012 - March 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*		N/A	
	Numerator			
	Denominator			
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*			
	Numerator			
	Denominator			
		(insert time period)	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	*Metric Value*			
	Numerator			
	Denominator			
		(TBC)	(April - September 2014)	(October 2014 - March 2015)
Patient / service user experience [for local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used]			N/A	
		(insert time period)		*(insert time period)*
[local measure - please give full description]	*Metric Value*			
	Numerator			
	Denominator			
		(insert time period)	*(insert time period)*	*(insert time period)*

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
Scheme 1									
Scheme 2									
Scheme 3									
Scheme 4									
Scheme 5									
Total									