

HEALTH AND WELLBEING BOARD

17 JUNE 2014

UPDATE ON MEDWAY BETTER CARE FUND PLAN

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Summary

This report provides the Health and Wellbeing Board with an update on progress on the Better Care Fund plan for Medway. This includes feedback to comments raised by NHS England and the Local Government Association (LGA) through the assurance process following the draft submission on 4 April 2014.

1. Budget and Policy Framework

- 1.1 In the 2013 spending round, the Government announced a £3.8bn pooled budget for health and social care services, building on the current NHS transfer to social care services of £1bn. 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 of approximately 2.3%. This fund, established by the Department of Health, is to be held by local authorities and will include funding previously transferred by local NHS commissioners to the Council under Section 256 Agreements. Guidance on developing plans for the Better Care Fund (formerly the Integration Transformation Fund) were published by both NHS England and the Department of Communities and Local Government on 20 December 2013 along with local allocations of the first full year of the fund in 2015/16.
- 1.2 All partnership areas in England have had to submit plans to NHS England on the 4 April 2014 on the use of the Better Care Fund. There is now a national assurance process overseen by NHS England and the Local Government association (LGA) prior to plans being signed off by Ministers.

2. Background

- 2.1 The vision for health and social care services across Medway for 2018/19 outlined in the Better Care Fund plan is based on the underlying principles identified in Medway's Joint Health and Wellbeing Strategy (2012 -2017) and is reflected in the wider CCG Strategic Plans and 2 year and 5 year plans being developed. These are a commitment to an integrated systems approach and partnership working; a focus on prevention and early intervention in all areas; on-going and effective stakeholder communication and engagement and a commitment to sustainability. It is recognised that the challenges facing the health and social care system, in part through an ageing population, cannot be met in isolation, but must be addressed through greater integration of health and social care funding and systems and a whole system transformational approach.
- 2.2 We are committed to enabling people in Medway to live more independent and healthier lives by giving them greater choice and control, maximising their social support systems, through building resilient communities. We will engage with the people who use our services to understand and map their experiences, capabilities and needs in order to put people at the centre of what we do. We will put the people who use our services at the centre of what we do, doing this with them rather than to them. This is about a real commitment to understanding the challenges people face in their day-to-day lives and how these challenges can be addressed so people have more positive experiences and outcomes in the future.
- 2.3 As a result of the changes proposed, by 2018/19 Medway CCG and Council anticipate that these changes will have come into effect:
- More people living independently in their homes for longer
 - Improved satisfaction of people's experiences of the health and social care system
 - Reduction in long term dependency on statutory services through a healthier population and improved community and neighbourhood responses
 - Less people, including children, using A&E inappropriately
 - More resilient communities and a new relationship between urgent care and community services
 - Reduction in non-elective acute admissions and inappropriate use of A&E

3. NHS England/LGA Feedback

- 3.1 At the time of writing the report, there had not been specific feedback on the overall Medway BCF submission from NHS England and the LGA through the assurance process other than some corrections needed in the metrics. Below are overall comments on the BCF submissions nationally. The Assistant Director Partnership Commissioning met with Chris Greener from NHS England. At the time of the meeting no national guidance had been provided, however, it is expected that nationally CCGs and Councils are going to be required to:
- Provide more clarity of funding
 - Provide further information on the metrics (Medway has done this)

- Have whole system agreement to the aspirations of the plan (Medway Council and CCG have meetings booked with the governing bodies of the key providers)
- 3.2 There is recognition nationally that all BCF plans across the country are at different stages of development and that further work is required in almost all regions to be fully assured on the return of the BCF investment. Since so many plans were assured with conditions the centre will now be asking for further detailed assurances focused around:
- Quantification of how much of the funding will be re-invested into CCG services
 - What will be the return on investment
 - Percentage reduction on emergency care demand for 14/15 and 15/16
 - Impact on Acute Trusts of the plans includes engagement and their comments
 - A signed document from the CCG Accountable Officers regarding the dispersal of funds
- 3.3 Nationally, the majority of plans are now in the category of 'sign off with conditions/advice'. There are a small number that could be signed off with no further advice, and equally a small number which have a range of significant issues that have led the Local Area Team, Regional Team and peers from Local Government to conclude that they need further work and support over a number of months to agree and conclude a plan. The majority of the conditions relate to missing data or technical issues with the metrics; for example the wrong time period, or inconsistent baseline with NHS England figures, as well as missing financial benefits data.
- 3.4 The Medway submission had two discrepancies in baseline data, which have been amended. Medway has been challenged on its level of ambition in relation to the percentage of people still living independently at home for 91 days following a period of reablement/rehabilitation following a hospital discharge. Medway is already performing in the upper quartile in this area of work, reporting figures of 92.5%, and significant increase would be extremely challenging. In the proposal, rather than increase the percentage of people, Medway proposed increasing the numbers of people going through reablement/rehabilitation by 117%. It is felt that this shows a significant level of ambition, and this has been raised with NHS England as part of the assurance discussions.
- 3.5 NHS England and the LGA intend to make a recommendation to Ministers in June identifying two categories – those areas that can be signed off in June (albeit with some advice on further work to be carried out locally) and those that require further work before they can be signed off in September.
- 3.6 NHS England is undertaking rigorous checks around the finance and metrics before June. Specifically:
- Clarifying the return on investment, broken down by category
 - Clarifying the reductions in demand for emergency admissions
 - Requiring a provider commentary on plans
 - CCG risk management

- Ensuring continued monitoring of performance measures through 15/16 and beyond (to be appended to CCG 2 and 5 year plans)
- 3.7 In the areas that have been identified as requiring additional support, an action/recovery plan will need to be developed between now and September by the NHS LAT/region and Local Government lead and we expect that these plans should be drawn up by the latter in May. Initial feedback is that Medway will not need a specific action plan.
- 3.8 Assurance Timetable:
- Early June – feedback to all areas on their BCF plans and any conditions
 - End May/beginning June – deadline for resubmission of metrics finance figures from local areas that have missing or inconsistent metrics and for those requiring further support, for Area Team/regional/Local Government peers to develop an outline action plan
 - End May to early June – pin down key facts/figures for Ministerial announcement, confirming plans that can be signed off and those that cannot
 - Mid June – Ministerial announcement
 - June to September – action plans implemented in areas where plans have not yet been signed off
 - September – deadline for metrics and finance issues to be pinned down for all areas

4. Medway – Next Steps

- 4.1 Plans are in progress in terms of implementing the plans, which can be amended following assurance feedback from the LGA/NHS England. This is a major transformation of health and social care provision in Medway, with some services/changes beginning or being piloted in 2014/15. Other significant changes such as community services redesign, community equipment procurement and intermediate care will be planned through 2014/15 ready for implementation from April 15.
- 4.2 Recruitment has commenced for a Head of Medway Better Care Fund, on a 2-year fixed term contract, to programme manage the successful implementation of the BCF schemes. This post replaces the Interim Programme Manager who was engaged to oversee the development of the plan.
- 4.3 Task and finish groups are being established to manage the key themes, with project leads identified from the CCG, Adult Services and Partnership Commissioning as appropriate. The key initial groups are:
- Community Services Redesign
 - Intermediate Care
 - Community Equipment and Assistive Technology
 - Information Governance and IT Systems
 - Dementia Services

- 4.4.1 Further groups will be established to oversee specific areas of development as progress is being made.
- 4.5 As part of the governance process, progress against all the key themes in the BCF is being reported to the Joint Commissioning Management Group, which meets every 6 weeks and allows early identification of any issues and remedial action to be put in place.
- 4.6 Further engagement is planned with key providers in the area to ensure they are fully involved with and engaged in plans as they move forwards. Meetings with senior managers and board members are planned for June and July with Medway NHS Foundation Trust, Medway Community Healthcare and Kent and Medway NHS and Social Care Partnership Trust. Further work will be done to engage the local voluntary and community sector recognising their key role as partners in this process. A Primary Care Interface group has been established to ensure that GPs are fully involved in the on-going development of services and in particular community services redesign. In addition, officers are looking at the engagement of residents focused around GP practices to ensure their participation in the redesign of community services.

5. Public engagement

- 5.1 A consultation and engagement strategy has been submitted as part of the Medway BCF Plan, to ensure that patients, services users, carers and the general public are fully involved throughout the planning process of the BCF plan implementation. Future updates to the Board will detail plans for engagement.

6. Risk management

- 6.1. A risk management section was an integral part of the BCF submission and is part of the assurance process with NHS England and the LGA.

6. Consultation

- 6.1. Please see above in respect of consultation and engagement.

7. Financial and legal implications

- 7.1 As previously reported, for the Better Care Fund in 2015/16 there will be significant transfer of monies from the CCG budget to the pooled Better Care Fund. This has been accounted for in the CCG's 2 year plan.
- 7.2 The minimum value for the Better Care Fund in 2014/15 is £832,000 and in 2015/16 is £17,632,000. For 2015/16 this is made up of the following elements:

	£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 Of the contribution from NHS Medway CCG (£16.154m) to the total Better Care Fund:
- £3.6 million represents large proportion of the Intermediate Care Beds spend which will be refocused (following review) on a model that supports a wider model of integrated care (not just beds)
 - £505,000 for the Integrated Discharge Team
 - £600,000 representing the CCG contribution for CELS (community equipment), which will be tendered under a joint health and social care framework.
 - £6,405,000 already part of a transfer agreement with Medway Council (covering reablement, NHS monies for social care and carers)
- 7.4 This means that a further £5,044,000 will need to be saved through a reduction in activity in the acute sector and other areas of current health spending.

8. Recommendations

- 8.1 That the Health and Wellbeing Board take note of the on-going progress of the Better Care Fund and its impact on the health and social care economy in Medway.

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Background documents

Previous Board reports:

9 January 2014

<http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=22216>

3 April 2014

<http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=23431>