

1	Meeting:	Health Select Commission
2	Date:	12 June 2014
3	Title:	Better Care Fund: Feedback and Next steps
4	Directorate:	Neighbourhoods and Adult Services

5. Summary

The Health and Wellbeing Board submitted the final BCF plan on 4 April 2014. This report provides the Health Select Commission with a brief overview of the process undertaken, the feedback which was received on 23 April from NHS England, and how the plan will now be implemented.

6. Recommendations

That the Health Select Commission:

- **Notes the final plan submitted to deliver the Better Care Fund, and how the feedback received has been incorporated**
- **Receives annual progress reports on implementation of the plan**

7. Proposals and details

7.1 Background

The £3.8bn Better Care Fund (BCF) was announced by government in the June 2013 spending round, to ensure a transformation in integrated health and social care. BCF is a single pooled budget to support health and social care services to work more closely together in local areas, but it does not offer any new money to local authorities or Clinical Commissioning Groups.

Following an initial draft completed in February 2014, the final Rotherham Better Care Fund plan was submitted to NHS England on 4 April 2014. Plans were expected to achieve, and were assessed against, a specific set of conditions and outcome measures:

National conditions

- The local authority to agree with local health partners how the funding would be best used within social care, and the outcomes expected
- In line with responsibilities under the Health and Social Care Act, councils and clinical commissioning groups to have regard to the Joint Strategic Needs Assessment for the local population
- Plans should demonstrate how 7-day services would be provided to support patients being discharged and prevent unnecessary admissions
- Plans to demonstrate how local areas would improve data sharing between health and social care, based on use of the NHS number
- Plans to demonstrate a joint approach to assessments and care planning, identifying which proportion of the population would receive case-management and a lead accountable professional, and which would receive self-management support
- Local plans to identify what the impact would be on the acute sector

Outcome measures

Local plans to deliver against 5 nationally determined measures:

- **Admissions into residential care**
- **Effectiveness of reablement**
- **Delayed transfers of care**
- **Avoidable emergency admissions**
- **Patient and service user experience**

Plus one locally agreed measure:

- **Emergency readmissions**

7.2 Developing the local plan

The Rotherham plan was developed by a strategic 'Task Group' delegated by the Health and Wellbeing Board (HWB) to provide direction and leadership, supported by a multi-agency officer group.

Both groups met regularly throughout the process to develop the high-level vision, based on the existing health and Wellbeing Strategy and public/provider consultation, and the specific actions required to deliver this vision.

Initial feedback on the first draft submitted in February (from NHS England, local authority peer review and elected members), suggested the basis of the plan was on the right track, but much more detail was needed in relation to how it would be delivered, what the impact would be on the acute sector and agreed mitigating actions for any identified risks. There was also a view that the plan did not ‘tell the story’ of what we wanted to achieve effectively, and this meant the plan was not demonstrating any real transformational change. A number of the metrics for the outcome measures also required further work.

Based on this feedback, the Task Group, with support and advice from the officer group, were able to consider the issues and agree appropriate mechanisms to ensure the plan was both transformational and resulted in no unintended consequences. The final plan was submitted on time in April, and feedback through the same process has been positive, with the plan scoring mostly green (believe that the plan addresses this condition or metric and that the Health and Wellbeing Board has the structures in place to ensure it can be delivered), with a small number of ambers (believe that that final plan addresses this condition or metric, but have some concerns that will require ongoing Local Government and Area Team monitoring and engagement to deal with). All metrics for the outcome measures are now agreed. A breakdown of the ‘ambers’ and the Rotherham response, is included in Table 1 below.

7.3 Governance and Next Steps

The HWB will have overall accountability for delivering the BCF plan, but the regular monitoring of the actions and outcome measures is delegated to the BCF Task Group, which will meet on a quarterly basis and report to the board. The implementation of the action plan will continue to be delivered by the BCF Operational Group, made up of the BCF action leads, plus supporting officers from policy, performance and finance. The Operational Group will report directly to the Task Group.

Each of the BCF schemes has been assigned a lead officer, from the council and CCG. The leads are responsible for developing more detailed plans for each scheme, setting out key actions that will be delivered and timescales. A full suite of plans is now in place, and the Operational Group will continue to develop and implement these.

Table 1 Amber rated elements and Rotherham response

Criteria	RAG Rating	NHSE Comment	Rotherham Response
Better data sharing between health and social care, based on the NHS number	Amber	Further detail requiring practical implementation / timescales required	RMBC/CCG leads identified to develop detailed plan for data sharing, including timescales (scheme ref. BCF14).
Agreement on consequential impact of BCF plan on the provider sector, including consultation with providers	Amber	Strong provider input, understanding reflected in plan, impact not fully quantified	On-going discussions between CCG and the Foundation Trust will take place, plus continuing engagement with social care providers through

			existing RMBC arrangements – monitored by the Task Group and agreed impact/actions built into the local plan.
Confidence that the plan is deliverable	Amber	Plan includes some detail relating to re-investment but further details required	Task Group to develop this element of the plan, working with local government and Local Area Team colleagues as required.
The plan includes a clear risk mitigation plan, covering the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned	Amber	Some risks and mitigating actions included, further detail required	Task Group to continue to develop the risk register, including agreeing actions that will be taken if outcomes are not achieved as planned.

8 Finance

The financial implications of the BCF plan are set out in 'Template 2' submitted in April.

9 Risks and Uncertainties

There are a number of key risks identified as part of the BCF plan; these are included, along with mitigating actions, in the risk register attached.

10 Policy and Performance Agenda Implications

The NHS, together with local authorities, face an unprecedented level of future pressures, driven most importantly by an ageing population and increase in those with long-term conditions. Although people will tend to remain healthy for longer than they do now, over 65s with a limiting life-long illness or disability is higher in Rotherham than the England average, and this is projected to rise.

These factors present major challenges and implications for health and social care services within a changing financial environment. Locally the Health and Wellbeing Strategy sets out the Health and Wellbeing Board's joint priorities, which includes 'prevention and early intervention', 'dependence to independence', 'expectations and aspirations' and 'long-term conditions', all of which have a crucial role in ensuring actions are delivered to deal with some of these challenges.

The HWB will play a leading role in developing the strategic plan for integration and will therefore need to ensure its priorities, as set out in the health and wellbeing strategy, continue to drive the work needed to deliver the expected outcomes of the BCF.

11 Background Papers and Consultation

Rotherham BCF Plan, including documents submitted on 4 April:

- Template part 1 (attached)
- Template part 2 (attached)
- BCF Action Plan (attached)
- Risk Register (attached)

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