City of Bradford MDC

Report of the Director of Collaboration to the meeting of Health and Wellbeing Board to be held on 23<sup>rd</sup> January 2014.

Subject:

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Better Care Fund (previously known as the Integration Transformation Fund)

Summary statement:

At the November Health and Wellbeing Board members were informed of the purpose of the Integration Transformation Fund, as well as the key performance metrics, timescales for submission of a jointly developed plan and requirement for sign off through the Health and Wellbeing Board.

On 20<sup>th</sup> December 2013 NHE England published planning guidance, Everyone Counts: Planning for Patients 2014/15 to 2018/19, and within this it set out details on Better Care Fund planning. The Better Care Fund is integral to the NHS Strategic and operational planning process and local government planning. CCGs are required to submit a 5 year strategic plan including operational and financial plans, with the first two years at an operational level of detail.

This paper updates Health and Wellbeing Board Members in light of recently issued planning guidance on the changes to timescales for submission of the plan and the specific requirements of the Better Care Fund.

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**Adult Services and Health** 

**Overview & Scrutiny Area:** 

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Health and Social Care





Suzan Hemingway, Assistant Director Corporate Services (City Solicitor)

#### 1. SUMMARY

At the November Health and Wellbeing Board members were informed of the purpose of the Integration Transformation Fund, as well as the key performance metrics, timescales for submission of a jointly developed plan and requirement for sign off through the Health and Wellbeing Board.

On 20th December 2013 NHE England published planning guidance, Everyone Counts: Planning for Patients 2014/15 to 2018/19, and within this it set out details on Better Care Fund planning. The Better Care Fund is integral to the NHS Strategic and operational planning process and local government planning. CCGs are required to submit a 5 year strategic plan including operational and financial plans, with the first two years at an operational level of detail.

This paper updates Health and Wellbeing Board Members in light of recently issued planning guidance on the changes to timescales for submission of the plan and the specific requirements of the Better Care Fund.

#### 2. BACKGROUND

At the November Health and Wellbeing Board members were informed of the purpose of the Integration Transformation Fund, as well as the key performance metrics, timescales for submission of a jointly developed plan and requirement for sign off through the Health and Wellbeing Board. Members agreed a session would take place involving local major hospital provider trusts on the Better Care Fund plan in January to connect it with the wider 5 year strategy development, and to ensure the planning submission deadlines were met.

The Better Care Fund plan requires local areas to formulate a joint plan for integrated health and social care (across a Health and Wellbeing footprint) and to set out how their single pooled Better Care Fund budget will be implemented to facilitate closer working between health and social care services. Joint plans should be approved through the relevant local Health and Wellbeing Board and be agreed between all local CCGs and the Upper Tier Local Authority. Health and social care providers should also be closely involved in plan development.

The plan should demonstrate clearly how it meets all of the national Better Care Fund conditions as follows:

• Protecting social care services





- 7-day services to support discharge •
- Data sharing and the use of NHS Number
- Joint assessments and accountable lead

It should also include details of the expected outcomes and benefits of the schemes involved, and confirm how the associated risks to existing NHS services will be managed. The measures CCGs are expected to use in considering the quality of the impact of the Better Care Fund are:

#### Transfers

Delayed transfers of care

#### Admissions

- Emergency admissions
- Admissions to residential and nursing care •

#### Reablement

Effectiveness of reablement

#### Patient/service user experience

Patient/service user experience

It is essential that CCGs and Local Authorities engage from the outset with all providers likely to be affected by the use of the Better Care Fund so that plans are developed in a way that achieves the best outcomes for local people. Commissioner and provider plans should have 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 service change.

Nationally the fund provides for £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 and carers. This includes the £1.1bn of Social Care funding transferred from Health in 2014/15 and Disabled Facilities Grant and Social Care Capital Grant funding received by Local Authorities.

Locally this translates as follows:





2015/16 Better Care Fund	<b>National</b> £m	Bradford £m
Disabled Facilities Grant Social Care Capital Grant CCG Funding	220.0 133.6 3,460.0	1.9 1.3 34.0
Total	3,813.6	37.2
CCG Funding split:		
Airedale, Wharfedale & Craven CCG Bradford City CCG Bradford District CCG		7.0 5.7 21.3
Total		34.0

In 2014/15, in addition to the £859m transfer already planned from the NHS to adult social care, a further £241m will transfer to enable localities to prepare for the Better Care Fund in 2015/16. For Bradford, the additional funding transfer in 2014/15 is expected to be  $\pounds 2.3m$ .

To fit with the wider NHS planning process and timescales the Better Care Fund (BCF) aligns with the CCG 2-year operational plans:

- Draft BCF plan due by 14<sup>th</sup> February 2014
- Final BCF plan due by 4<sup>th</sup> April 2014

To work towards developing the draft BCF plan and to meet the requirements of the guidance in engaging providers likely affected by the use of the Better Care Fund, a session with provider trust representation will take place after the formal Health Wellbeing Board meeting on 23<sup>rd</sup> January 2014. This will allow Health and Wellbeing Board members an opportunity to fully contribute to the detail of draft BCF plan. The final cut of the BCF plan requires sign off by the Health and Wellbeing Board this could either take place at the meeting on 18<sup>th</sup> March 2014 or through a separate extraordinary meeting closer to the final submission date in April.

#### 3. OTHER CONSIDERATIONS

Not applicable.

#### 4. FINANCIAL & RESOURCE APPRAISAL

The financial implications are set out in the detail of this paper above.





# 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Not applicable.

#### 6. LEGAL APPRAISAL

Not applicable.

# 7. OTHER IMPLICATIONS

# 7.1 EQUALITY & DIVERSITY

Not applicable.

# 7.2 SUSTAINABILITY IMPLICATIONS

Not applicable.

#### 7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

# 7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

#### 7.5 HUMAN RIGHTS ACT

Not applicable.

#### 7.6 TRADE UNION

Not applicable.

#### 7.7 WARD IMPLICATIONS

Not applicable.

# 7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

Not applicable.

#### 8. NOT FOR PUBLICATION DOCUMENTS

None.

#### 9. OPTIONS





Not applicable.

#### 10. RECOMMENDATIONS

Members are asked to note the Better Care Fund plan update and consider the preferred Health and Wellbeing Board meeting arrangements for sign off of the Better Care Fund Plan and whether this should take place on;

- a) Health and Wellbeing Board meeting 18<sup>th</sup> March 2014 or,
  b) Extraordinary Health and Wellbeing Board meeting closer to the 4<sup>th</sup> April 2014 Better Care Fund Plan final submission date.



