

<b>Title of Report:</b>	<b>Better Care Fund – Final Plan</b>
<b>Report to be considered by:</b>	The Health and Wellbeing Board
<b>Date of Meeting:</b>	27 <sup>th</sup> March 2014

**Purpose of Report:** To seek agreement to the final plan as to how the Better Care Fund pooled budget will be used.

**Recommended Action:** The Health and Wellbeing Board to approve the joint plans agreed between the CCGs and the Council for use of the Better Care Fund.

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# Executive Report

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## 1. Introduction

- 1.1 A detailed report on the planned use of the Better Care Fund (BCF) was considered by HWB at its meeting on the 6th February 2014 and approval given for the draft plans to be submitted to the Department of Health (DH).
- 1.2 This report provides an update of developments since that meeting and seeks approval for the submissions of the final plans to the DH by the 4th April 2014 deadline.
- 1.3 The final plans are provided as Appendix A and Appendix B.

## 2. Developments

- 2.1 Feedback from DH on the draft plans was received very late on the day prior to this report having to be submitted therefore it has not been possible to make the necessary changes to the original BCF plan. However the feedback makes it clear that the schemes identified are appropriate and the changes required are predominately about adding some further detail around implementation and risks. The feedback from DH has been provided as Appendix C, a column has been added showing the action to be taken against each point.
- 2.2 Once these fairly minor changes have been made to the plan an amended version will be circulated to all members of HWB.
- 2.3 A number of discussions have taken place between the Council, the Clinical Commissioning Groups (CCGs) and the NHS Trusts regarding the plans and, whilst there will be significant details to be agreed during implementation, all parties remain committed to the schemes outlined in the draft plans.
- 2.4 On the 10th March 2014 the DH notified the CCGs that there was a correction to the allocations, this resulted in the West Berkshire BCF being reduced by £52k. Rather than unravel the schemes to find this saving it has agreed to reduce the original contingency sum from £172k down to £120k.

## 3. Implementation Plans

- 3.1 The schemes outlined in the plan present a significant programme of work for all of the organisations involved. It also needs to be recognised that implementation will be taking place alongside other major developments including the Care Bill.
- 3.2 A meeting has been held to discuss how this work should be organised, the resources required and the governance arrangements that would need to be established.
- 3.3 The outline proposals can be summarised as follows;
  - A BCF programme consisting of 5 separate projects (some schemes are best merged into a single project)

- The bi-monthly Integration Steering Group will oversee the programme of work, reporting to HWB
- HWB will act as the Programme Sponsor

3.4 Further work is underway to document the work programme and quantify the resources that will be required and identify how they will be funded. This will then need to be considered and agreed by all parties.

#### **4. Summary**

- 4.1 All parties remain committed to the schemes outlined in the draft plan submitted to the DH in February 2014. The feedback from the DH has confirmed that the schemes are in line with what is expected and align to the key system pressure.
- 4.2 Implementation of the schemes will require a huge amount of work from a wide variety of people and therefore a very structured approach and significant additional resources will be required.

### **Appendices**

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Appendix A – BCF Planning Template

Appendix B – BCF Financial Summary and Metrics Template

Appendix C – Feedback from DH

**West Berkshire BCF Checklist Summary – 14<sup>th</sup> February Submissions**

Question		
<b>General</b>	West Berkshire	Response
1. Is there a single plan covering all relevant organisations in the HWB area?	Yes	None
2. Has the plan been signed off by an appropriate person from each organisation?	No signatures attached to document	Final submission will be signed by all parties
3. Does the plan clarify how any boundary differences have been handled?	No	This will be added before the final submission
4. Does the plan provide adequate evidence of provider engagement?	Yes - Use of existing mechanisms, including system wide workshop in December	None
5. Does the plan provide adequate evidence of patient and public engagement?	Yes - Engagement has been undertaken via Call to Action and use of other mechanisms e.g. Patient Voice Group. Further engagement is planned.	None
6. Are the governance arrangements clear?	No - Oversight and reporting provided via HWBB but no detail of governance processes	The governance arrangements are outlined in the HWB report and these will be added to the final submission
<b>Vision &amp; Schemes</b>		
7. Is the vision consistent with that of wider CCG strategic plans?	Yes – the schemes identified are consistent with the CCG plans and align to the key system pressure.	None
8. Are the schemes and service changes well described?	Schemes are clear but some lack in detail in terms of delivery strategy and outcome metrics. Quite high level ambitions, without clear timescales or process	The implementation plan is being developed and will cover all of the issues raised here regarding timescales, processes and impacts. This will be made clear

	steps for delivery, requires further work up, including assessment of impact upon existing services.	in the final submission.
9. Are the implications for the acute sector and other existing services adequately addressed? They should include an assessment of future capacity and workforce requirements across the system.	This level of detail is not currently in the plan	This will be added before the final submission.
10. Is it clear that the plan will not have a negative impact on the level and quality of mental health services?	This is not specifically referenced	There are no negative impacts on mental health services and this will be made clear in the final submission.
<b><u>National Conditions (you may want to review this alongside the table below)</u></b>		
11. Does the plan provide evidence of: <ul style="list-style-type: none"> <li>• How the changes will protect the level of social care services?</li> <li>• How the changes will support the development of seven-day health and social care services?</li> <li>• How they will use the NHS number as the basis of information sharing?</li> <li>• How the changes will ensure joint assessment arrangements and provide for accountable lead professionals?</li> <li>• Agreement on the consequential impact of changes in the acute sector?</li> </ul>	<ul style="list-style-type: none"> <li>• The plans reference the inclusion of re-ablement and in-reach hospital social work services, together with continued working with housing as the way of protecting social service outcomes.</li> <li>• The plan states that there is commitment to joint planning with health partners around 7 day services to support discharge and states that they will further explore development of services at weekends. However there is no detail or evidence that this is more than an aspiration.</li> <li>• West Berkshire is not currently using the NHS number as the primary identifier but has clear plans to introduce it as standard to new clients from 1<sup>st</sup> April 2014 and</li> </ul>	<p>None</p> <p>7 day working is one of the schemes in the BCF Plan and therefore delivery will be ensured through the implementation plan and governance arrangements.</p> <p>None</p>

	<p>install for all existing clients from 1<sup>st</sup> April 2015.</p> <ul style="list-style-type: none"> <li>• No reference to accountable lead professionals</li> <li>• No reference to the impact of changes on acute sector, with the exception of a recognition a stable acute provider is necessary within the system</li> </ul>	<p>Will be included in the final submission</p> <p>Will be included in the final submission</p>
<b><u>Risk</u></b>		
12. Does the plan include 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	Risks identified are not comprehensive for the detail of the plan. No risk rating is included. No detail or specific reference to impact upon existing NHS or social care delivery, signal lack of adequate engagement with providers around risk. Risk mitigation insufficiently specific and robust	<p>The original submission stated that further detailed work would be required around the identification and mitigation of risks.</p> <p>The implementation plan will require risk registers at both programme and individual project level. This will be explained in the final submission.</p>
<b><u>Finance</u></b>		
13. Does the plan include at least the minimum required amount to be pooled?	Yes	None
14. Is there a contingency plan for the possibility of targets not being met?	No	Further work to be done if this is to be included in the final submission.