

PART ONE - PUBLIC

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**Decision Maker:** Executive

**Date:** 19<sup>th</sup> September 2014

**Decision Type:** Urgent Executive Key

**Title:** BETTER CARE FUND – REVISED PROPOSALS

**Contact Officer:** Terry Parkin Tel 0206 3134 060 Email: [terry.parkin@bromley.gov.uk](mailto:terry.parkin@bromley.gov.uk)

**Chief Officer:** Executive Director of Education, Care & Health Services

**Ward:** N/A

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1. Reason for report

- 1.1 The report sets out the revised proposals for the Better Care Fund as required by NHS England and requests agreement to the revised submission.
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2. **RECOMMENDATIONS**

- 2.1 **Executive is asked to agree the revised Better Care Fund submission as set out in Appendix 1.**

## Corporate Policy

1. Policy Status: Existing Policy:
  2. BBB Priority: Supporting Independence:
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## Financial

1. Cost of proposal: Estimated Cost: £20,816,000 in 2015/16
  2. Ongoing costs:
  3. Budget head/performance centre:
  4. Total current budget for this head: £
  5. Source of funding: Better Care Fund
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## Staff

1. Number of staff N/A
  2. If from existing staff resources, number of staff hours:
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## Legal

1. Legal Requirement: Statutory requirement
  2. Call-in: N/A:
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## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Currently there are approximately 9800 people in receipt of social care services
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## Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

### 3. COMMENTARY

#### National context

- 3.1 In January 2014 the Executive and Health and Wellbeing Board signed off the initial submission for the Better Care Fund (BCF) (Report CS13054). Following a review of all plans nationally, NHS England advised all local authorities and Clinical Commissioning Groups (CCGs) on 25<sup>th</sup> July that key policy changes to the BCF required plans to be revised and resubmitted by 19<sup>th</sup> September.
- 3.2 The main policy change was in relation to the previous £1bn Payment for Performance framework. The targeted £1bn saving assumed against acute services was not considered to be reflected in the submitted plans and they were therefore considered to be undeliverable. There was also not enough evidence of new community based schemes to deliver a real shift and to speed up the degree to which local health and care systems were looking to integrate. The framework has been revised so that the proportion of the £1bn that is now linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity).
- 3.3 The national planning assumption is that this will be in the region of a 3.5% reduction against the baseline detailed in the technical guidance. If this is achieved, it would equate to a national payment for performance pool of c.£300m. The remaining c.£700m would be available upfront in 2015/16 to be invested in NHS commissioned out-of-hospital services.
- 3.4 NHS England considered that submitted plans contained many excellent examples of innovative, integrated care. However, there were also some aspects that required further development: e.g. more evidence of sufficient provider engagement and agreement on the impact of plans; greater clarity around the alignment of the BCF plan to wider plans and policies, such as how BCF schemes will align with and work alongside primary care; and more evidence of robust finance and activity analytical modelling underpinning plans.
- 3.5 To encourage greater provider engagement, a crucial change to the revised BCF planning process is a requirement for projected non-elective activity data to be shared with local acute providers. In response these providers will need to submit their commentary in response to those figures to confirm the extent to which they agree with the projections, and set out that those assumptions are built into their plans.
- 3.6 Once plans have been submitted, there will be an intensive two-week desktop review of plans, focused on:
1. Overall review of narrative of plan
  2. Analytical review of data, trends and targets
  3. Financial review of calculations and financial projections
- 3.7 The combination of the feedback from NHS Area Team and Local Government regional peers, and the outcome of the desktop review, will form the basis of the assurance process ahead of plans being recommended to Simon Stevens, Sir Bob Kerslake and Ministers for sign-off.
- 3.8 In practice the changes mean that :
- The complexity of the templates lock CCG/LAs into a more detailed and robust commitment against spend.

- There is a new target of 3.5% reduction in unplanned admissions designed to make real savings against acute spend.
- Part of the fund is performance related and can be held back – about £2m in Bromley's case (coded amber in Appendix).
- More must be set aside for NHS commissioned services.
- There is a requirement for more fully developed schemes that can evidence savings and impact the shift from acute to community.
- There will be a more complex assurance process and outside scrutiny.

### **Revised Better Care Fund proposals for Bromley**

- 3.9 Previously statements from the Department for Communities and Local Government had implied that the BCF would represent a simple shift of resources from the NHS to local authorities. However this was not explicitly reflected in the guidance and the new guidance is very clear in setting out what is expected in terms of NHS spend.
- 3.10 Officers have been working with Bromley CCG during August and have drafted revised proposals which are attached at Appendix 1. The key elements of the revised submission are:
- Existing local authority and CCG grants (coded green in the Appendix) are still protected.
  - There remains an allocation for the protection of social care (coded yellow in the Appendix) which is not at risk under the performance arrangements. In the original submission this was £3m; it has been increased in the new submission to £3.5m.
  - The original submission included an allowance of £4m for the costs of the Care Act. However the new guidance is clear that the Better Care Fund submission can only reflect the costs for 2015/16 which the Department of Health assumes for Bromley i.e. £750k (coded yellow in the Appendix). Local authorities can use the funding for protecting social care and the allocations for individual schemes to cover any further costs arising from the Care Act.
  - The details of individual schemes totalling £7m (coded blue in Appendix) are being drawn up by LBB and CCG officers which meet with the requirements of the Better Care Fund, the national ambitions of the Care Act and local ambitions to drive down cost through demand management which relies, in part, on having a strong community and short term intervention model in place. These include for example a focus on information advice and guidance, carers support, and a step up medial response service.
  - £2m is at risk as a result of the new performance framework; this has been set against extension of the existing integrated care programme for older people.
- 3.11 The CCG has signed off the proposals in Appendix 1. If agreed by the Executive and signed off by the Chairman of the Health and Wellbeing Board, they will be submitted to NHS England on 19<sup>th</sup> September, together with the final details of the individual schemes.

#### 4. POLICY IMPLICATIONS

4.1 The proposals in the Better Care Fund submission align with the Council's Building a Better Bromley priority of supporting independence.

#### 5. FINANCIAL IMPLICATIONS

5.1 The financial implications are set out in section3 of the report.

<b>Non-Applicable Sections:</b>	Legal, Personnel
Background Documents: (Access via Contact Officer)	Report CS 13054. Executive 15 <sup>th</sup> January 2014 and 29 <sup>th</sup> January 2014.

Appendix 1

Original Funding Source	Funding redirected for BCF Investment schemes	2015/16 spend £	Explanation
CCG	<b>Dementia</b> (JSNA Priorities through HWB Strategy)	1,000,000	<p><b>These are estimates at this stage</b></p> <p>More detailed schemes are being produced and must now achieve a 3.5% reduction in emergency admissions. LBB leads are working with CCG colleagues to complete the detail of these schemes.</p>
CCG	<b>Self Management and Information, advice and Guidance</b>	1,000,000	
CCG	Extra <b>carers support</b> to maintain independence and delay the need for state funded support packages	600,000	
CCG	<b>Step up/ step down</b> services Medical rapid response to patients in crisis. Enhanced rehab and reablement to effect discharge reducing admissions and readmissions	1,500,000	
CCG	Continuation of <b>resilience schemes</b> (inc. Community equipment)	2,000,000	
CCG	Integrated <b>care record</b> - aligning our systems	400,000	
CCG	<b>Health support into care homes and extra care housing</b>	500,000	
CCG	Extension of integrated care programme for older people programmes	2,000,000	Funding at risk to CCG if acute savings are not achieved.
CCG	Protecting Social Care	3,500,000	Funding created by the CCG to protect social care and underwrite Care Act pressures.
CCG	Care Act impact of new duties	750,000	
LBB	ASC Capital Grants	663,000	Existing grants which were to be subsumed into BCF but remain unchanged
LBB	Disabled Facilities Grants	943,000	
CCG	Carers Funding	500,000	
CCG	Reablement Funds	1,200,000	
NHS England	DoH Social Care grant - existing funding for reablement, Carers, intermediate care, emergency placements	4,260,000	
	<b>Total</b>	<b>20,816,000</b>	