

# London Borough of Bromley

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## HEALTH AND WELLBEING BOARD

**Date:** Thursday 16<sup>th</sup> October 2014

**Report Title:** BETTER CARE FUND & WORK PROGRAMME

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Bromley Clinical Commissioning Group.

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### 1. SUMMARY

- 1.1. This report provides an update on the Better Care Fund (BCF) submission which was made on 19<sup>th</sup> September following sign off by the Chairman of the Health and Wellbeing Board. The BCF submission was developed in partnership between Bromley's Clinical Commissioning Group (CCG) and the London Borough of Bromley (LBB) with involvement of local partners.
  - 1.2. The new submission requires a commitment to reduce emergency admissions during 2015/16 through the development of a set of community based schemes. These schemes should ensure the delivery of national conditions which include greater integration of services, development of additional capacity out of hospital, protection of Social Care and improved data sharing.
  - 1.3. Bromley's Local Plan commit a spend of £20.837m in 2015/16. The Plan is currently being assessed by NHS England prior to a decision by Ministers later in October.
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### 2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1. This report is to keep the Board informed of this important initiative which builds on local plans, including the Health and Wellbeing Strategy, Joint Strategic Needs Assessment and existing best practice to support the population of Bromley.
  - 2.2. The report also summarises the eight agreed schemes for delivery and how they link directly with the health & wellbeing priorities currently agreed for Bromley along with governance arrangements, identified risks and how the Plan continues to promote integration.
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### **3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

- 3.1 The Board is asked to endorse the Chairman's action in approving the Bromley BCF Plan and note that further reports will be brought back to the Board in future to ensure that the Plan is developed and implemented to deliver the agreed aims and objectives.
- 3.2 The Board is asked to recognise the key role of the recently formed Joint Integrated Commissioning Executive (JICE) as being the key senior officer group with representation from both the CCG and LBB which is tasked with oversight and delivery of the schemes set out in the BCF.

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#### Health & Wellbeing Strategy

1. Related priorities: Diabetes, Obesity, Dementia, Supporting Carers.

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#### Financial

1. Cost of proposal: £8.760m in 2014/5 (BCF Planning Year) and £20.837m in 2015/16
2. Ongoing costs: BCF is only officially for 2015/16 and the Department of Health has not confirmed that funding will continue beyond this date. However, both finance Directors are assuming that BCF finances will be rolled out into 2016/17 in their financial planning, subject to future confirmation from NHS England
3. Total savings (if applicable): £4.25m has been effectively 'freed-up' by the CCG to protect social care services currently under severe financial strain.
4. Budget host organisation: NHS England have not yet confirmed how the full pooled budget for 2015/16 will be administered
5. Source of funding: NHS England
6. Beneficiary/beneficiaries of any savings: The plan effectively moves money around the system from acute into community health and care services. Rather than a saving it is supposed to maximise outcomes of existing budgets through realignment

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#### Supporting Public Health Outcome Indicator(s)

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## 4. COMMENTARY

### Introduction

- 4.1. In July 2014 new Guidance was issued regarding proposals for the Better Care Fund together with a requirement to resubmit plans by September 19<sup>th</sup>. In addition to ensuring better integration of services and the delivery of improved quality and outcomes local plans had to demonstrate that resources for Social Care were protected and that emergency admissions were reduced by circa 3.5%. Revised templates were produced which required each plan to outline the Vision for local Health and Care Services, a Case for Change plus detailed service development proposals with associated financial and activity implications plus an analysis of risks and governance arrangements.
- 4.2. In Bromley it was decided that we should build on the existing opportunities for integration which are offered in the CCG's ProMISE initiative and the associated "House of Care". As a result of this and with the need to support Social Care and ensure delivery of the Care Act eight specific schemes were developed with partners to target central requirements and local needs. Three of these schemes namely a scheme to enhance step up and step down service, a scheme to improve support to care homes and a scheme to extend the ProMISE initiative will help reduce emergency admissions by 2.8% in 2015/16. The other five schemes, which will develop local services and capacity for dementia, self-management, carers support, the integrated care record and a continuation of some of the winter resilience schemes including fast track access to equipment, will have a less immediate impact on emergency admissions but will act as enablers targeting key health needs, improve the quality of local services and enhance the integration of health and care services.
- 4.3. The schemes are currently set out at a high level and will require further development and planning. It will be the responsibility of the JICE to provide the leadership and governance required to deliver the schemes successfully. JICE will be accountable for reporting on progress back into the Health and Wellbeing Board. Additional fixed term project management capacity has been funded within the BCF proposals to support the development and implementation of the various schemes and the work of these project managers will be overseen by the JICE.
- 4.4. In view of the very tight timetable involved in the production of the BCF Plan it was approved by Councillor Fortune on behalf of the Board (as delegated by the July Board meeting) following sign off by Angela Bhan, Chief Officer and Terry Parkin, Executive Director ECHS on behalf of their respective organisations. The activity assumptions in the Plan were also endorsed by the Chief Executive of Kings College Hospital Foundation Trust which is the main provider of acute hospital services for Bromley.
- 4.5. The Bromley Plan is currently being assessed by the Better Care Fund Programme team at NHS England and a decision is expected later in October. While plans can be assessed at four levels which range from outright approval, through approval with support, approval with conditions to non-approval, early feedback on the Bromley Plan has been reasonably positive and we anticipate that our proposals will be approved with support.
- 4.6. The full Bromley Plan was shared with Board Members via the information briefing sent on Friday 3<sup>rd</sup> October. This briefing can be accessed [here](#).

### Work Programme

The Bromley Plan has eight high level schemes, three that will directly reduce the number of hospital admissions, and a further five which are classed as enablers, contributing less directly to this aim but are vital developments to help deliver and sustain reductions in secondary care

activity, address prioritised health and care needs and help realise the Bromley “House of Care”. These eight schemes will continue to be developed and detail added and there is still time for key partners to input into the schemes:

**1) Step up/step down**

- Increase capacity: step down beds and home based care
- Make available step up beds
- Establish an integrated discharge team
- Increased Medical Response in the community
- Extend the duration of the home based rehabilitation programme.

**2) Support into care homes**

- Increase medical cover to care home and extra care housing residents
- Increased skills of care home staff.

**3) Extension of Integrated Care (ProMISE)**

- Increase palliative care service caseload
- Community based falls prevention and treatment
- Increased Community Matron & therapist capacity
- Developing the wider integrated care team
- Enhanced primary care diabetes service.

**4) Dementia (enabler)**

- Training to improve awareness and identification
- Increased capacity to assess, diagnose & manage
- Develop ‘Living Well with Dementia’, community services
- Increased liaison services within secondary care
- Increased capacity for home treatment
- Improved advanced dementia and end of life care.

**5) Self-management (enabler)**

- Expert patient and carer education programmes
- Targeted education for patients at high risk of developing diabetes
- Health coaching training
- Improved and integrated health and care advice, information and support services
- Extended telecare provision
- Community champions.

**6) Carers support (enabler)**

- Increased level of support to avoid carer breakdown and need for high cost bed based interventions and long-term care packages.

**7) Resilience (enabler)**

- Retain 7 day working arrangements
- Provide fast track access to equipment.

**8) Integrated Care record (enabler)**

- To establish an integrated care record across health and social care allowing real time data sharing and effective multi-disciplinary working.

## **Governance**

- 4.7. The BCF programme will be overseen by the Bromley Health and Wellbeing Board and managed through the Joint Integrated Commissioning Executive (JICE), whose membership includes the Chief Officer, Chief Finance Officer and Director of Commissioning at the CCG; and the Executive Director, Education, Health and Care Services and the Assistant Director of Commissioning, Education, Care and Health from LBB; with programme leads (management and clinical) in attendance.
- 4.8. The JICE will:
- take responsibility for reporting back through the appropriate governance structures and delivering on the national conditions set out in the BCF;
  - sign off all associated programmes;
  - ensure that detailed and fully costed project plans are developed and delivered for the proposed schemes set out in this high level BCF plan for 2015/16; and
  - report back to the Bromley HWB regularly on implementation, progress and on all exception reporting.
- 4.9. The recently proposed new structure of health and wellbeing priority task and finish groups chaired by members of the Board for four key borough priorities (dementia, diabetes, obesity, and children's mental health) will also be key governance groups for relevant BCF schemes, particularly dementia.

## **Risk**

- 4.10. The BCF Plan identifies a number of risks to the delivery of the work programme, namely the under achievement of reducing emergency admissions to hospital; compromised working relationships between the CCG and Local Authority (LA), lack of resource and capacity to deliver, the provision of poor data to inform effective planning, compromise of primary care development plans or delays in effective integration and the risk of the LA being unable to maintain social care to the level needed to enable out of hospital provision. The recommissioning of the community service contract and potential limitations of the current provider workforce were also identified as risks to the delivery of the Plan.
- 4.11. The financial risk of underachievement of planned activity reductions falls mainly on the CCG as commissioner - if the reduction in emergency admissions is not achieved, it will bear the cost of these admissions. Consequently, it is considered impracticable to withhold or 'claw back' funds committed under the BCF if the anticipated result is not achieved in the first year. Therefore the financial risk will sit initially with the CCG and be managed via a Quality, Innovation, Productivity and Prevention (QIPP) programme that treats BCF as a cost pressure and puts in place a range of initiatives to achieve efficiencies to match. The CCG has established a range of internal mitigations to support this approach.

## **Promoting integration of services**

- 4.12. The BCF is part of the Governments overall push for much greater levels health and social care integration, which has been developing steadily over recent years and set out in the Health and Care Act 2012 and the Care Act 2014. Locally this Plan aligns to the national policy direction for health and care. It builds on previous work including the ProMISE scheme; the approach to reablement, unplanned care and mental health services programmes; and the development of other joint commissioning initiatives like the recent resilience plan to help combat winter pressures.

- 4.13. The BCF focuses on developing new forms of joined up care where social care is embedded into core health pathways, providing a joined up health and care service to the local community. For example, there is funding set aside in the integrated care record scheme specifically to look to link in the social care system, Care First, with the core health system in Bromley.
- 4.14. The Plan and associated schemes also link closely with the King's recovery plan to ensure the successful delivery of the 4 hour maximum wait in their Emergency Department. King's plan includes new pathways and processes that ensure patients flow more smoothly through the hospital and are discharged when they are medically stable and fit for discharge. There is an expectation that acute beds will be released as a result of more timely transfers of care from hospital to the community.
- 4.15. The new schemes only make up around £9m of the fund and the CCG have worked with LBB to make available important funds to protect social care and provide important funding in order to roll out preparations for the new legislation surrounding the Care Act.

## 5. COMMENT FROM THE CHIEF OFFICER, BROMLEY CCG

- 5.1. This Plan, which will bring significant benefits to the people of Bromley, is an excellent example of very close partnership working between the CCG and London Borough of Bromley.
- 5.2. There is a challenge to both LBB and the CCG to embed and make effective new governance arrangements while continuing to recognise our own internal governance structures but both LBB and the CCG are confident that any obstacles can be overcome.

<b>Non-Applicable Sections:</b>	<b>FINANCIAL IMPLICATIONS; LEGAL IMPLICATIONS; IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM.</b>
Background Documents: (Access via Contact Officer)	