

EXECUTIVE

Minutes of the meeting held on 19 September 2014 starting at 8.30 am

Present

Councillor Stephen Carr (Chairman)
Councillors Graham Arthur, Robert Evans, Peter Morgan,
Colin Smith and Stephen Wells

Also Present

Councillor Ian Dunn, Councillor Peter Fortune and
Councillor Ian F. Payne

70 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Tim Stevens.

71 DECLARATIONS OF INTEREST

Councillor Colin Smith declared a personal interest as his daughter worked as a receptionist at a GP Practice.

72 APPROVAL OF THE BETTER CARE FUND FINANCIAL ARRANGEMENTS

Report CS14094

Following a review of all Better Care Fund (BCF) plans nationally, NHS England advised local authorities and Clinical Commissioning Groups (CCGs) on 25th July 2014 that key policy changes to the BCF required plans to be revised and resubmitted by 19th September 2014. Accordingly, agreement was sought to a revised BCF financial submission.

The Executive Director introduced the item outlining key drivers behind the need for Local Authorities to provide a further submission. These included a need to demonstrate increased performance in reducing unplanned admissions, with more community based schemes enabling residents to stay in their homes longer.

More evidence of provider engagement and agreement on the impact of plans was also necessary along with greater clarity around the alignment of the BCF plan to wider plans and policies. More evidence was also needed of robust finance and activity analytical modelling to underpin plans. The Government also felt there was a very high risk that the sums identified for transfer from the NHS to local government may not be achievable.

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Although Report CS14094 referred to a new 3.5% reduction target in unplanned admissions (with about £2m held back in Bromley's case if acute savings were not achieved on integrated care for older people), it had been possible to reduce the target to 2.75% in the final submission following agreement with NHS partners. This reduced the risk for L B Bromley as this was linked very clearly to the admissions avoidance programme which was already fully funded (PROMISE).

Report CS14094 outlined proposed 2015/16 spend as detailed in the BCF submission. Certain existing grants to be subsumed into the BCF remained unchanged and were still protected. Funding to protect social care and underwrite pressures from the Care Act (not at risk under the performance arrangements) had increased to £3.5m (formerly £3m in the original submission). Costs of the Care Act for L B Bromley in 2015/16 were assumed by the Department of Health to be £750k. Local authorities could use the social care protection funding and grant funding for existing schemes to contribute to any further costs arising from the Care Act.

Further schemes totalling £7m were being drawn up by LBB and CCG officers to meet BCF requirements, national ambitions of the Care Act and local ambitions to drive down cost through demand management. This relied in part on a strong community and short term intervention model e.g. information, advice and guidance, carers support, and a step up medical response service. There was a significant sum within the £7m for Community Equipment which was dealt with by the S.75 Agreement. The £2m at risk as a result of the new performance framework had been set against extension of the existing integrated care programme for older people. This was essentially payment by results (PBR) and following negotiation with the CCG, the PBR element would be held at the CCG's risk – it was therefore fully funded by the CCG.

The final submission, previously signed by the CCG, and by King's College Hospital NHS Foundation Trust the previous day, had arrived overnight and Councillor Fortune, as Chairman of the Health and Wellbeing Board, was available following the meeting to "sign off" the process. Councillor Fortune congratulated the LBB team and CCG colleagues involved in preparing the revised submission.

Upon agreement by the Executive and signature by Councillor Fortune, the submission would be provided to NHS England following the meeting. NHS England would then look at all schemes individually to assess whether they are deliverable and to provide agreement as appropriate. This would need to have been completed in advance of the Local Government settlement to be announced in December. A number of gateways had been passed to reach the current stage and in preparing the final submission LBB and CCG closely examined the document with consultants commissioned by NHS England. During the pre-consideration no problems were identified.

It was explained to Councillor Dunn (Clock House) that a number of CCG Boards were looking at the performance of the Princess Royal University Hospital (PRUH) and their admissions. Too few residents in the borough were

receiving a GP appointment within 24 hours and many preferred to visit the PRUH instead of a GP. In a number of cases people were being re-directed by the PRUH's Urgent Care Centre (UCC) - itself run by GPs - to GPs. It would be necessary for the CCG to implement a major re-configuration, challenging the culture amongst some that it is acceptable to wait at the UCC rather than visit a GP.

A number of questions were asked by Executive Members - some seeking re-assurance on outcomes that can be expected from the BCF process e.g. whether elderly residents can expect improvement in their care; others seeking a deeper understanding on aspects of the arrangements, including incentives and benefits. The Portfolio Holder for Care Services congratulated both the Executive Director's team and the CCG team for their work in producing the final submission. The Portfolio Holder also highlighted the work of Mr Clive Uren (CCG) in the process.

The Care Act would require Local Authorities to provide high quality advice to the community so that people would no longer consider it necessary to present to GPs for minor conditions. It was also possible to manage other conditions within the community.

The Deputy Leader supported measures taken to establish the proposed BCF arrangements. A principle had been established with health partners in particular and L B Bromley now had greater leverage at a time when the funding settlement had reduced from sums originally promised. The Deputy Leader offered his congratulations. The Leader also congratulated all concerned.

It was also explained that the CCG had anticipated overspending by King's College Hospital NHS Foundation Trust this year and King's were keen for their over-activity to be funded. The Executive Director reported that more robust systems were now in place to monitor the spend on, for example community equipment, than at any time in the past, but the potential for future overspending (over-activity) was present as the services of the PRUH are free at the point of delivery.

It was also confirmed that funding would be retained and amounts drawn down as and when needed. The Health and Wellbeing Board would have responsibility for this and it might sometimes be necessary to convene an urgent meeting of the Board to authorise a draw-down of funds. Early warnings on expenditure concerns could also be provided as necessary in progress reports.

In concluding, Members agreed to accept the submission and agree the recommendation in Report CS14094. The report was marked as an urgent decision with the Call-in procedure not therefore applying for this item.

RESOLVED that the revised Better Care Fund submission, as set out at Appendix 1 to Report CS14094, be agreed.

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Chairman

The Meeting ended at 9.15 am