

## HEALTH AND WELLBEING BOARD

**Date:** 26<sup>th</sup> March 2015

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

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Terry Parkin, Executive Director,  
London Borough of Bromley

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### 1. SUMMARY

- 1.1. This report provides an update on the Better Care Fund (BCF) submission and wider work under the Joint Integrated Commissioning Executive (JICE) which now meets every six weeks to discuss and oversee any integration work.
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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 BCF represents an opportunity to increase the pace and ambition around integration and taking a whole system approach to health and care services across the borough. Health and Wellbeing Boards have a critical role in encouraging and promoting a joined up system of care for residents.
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### 3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

- 3.1 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.
- 3.2 It is further requested to acknowledge the differing governance structures between partner bodies which necessitate the JICE taking decisions in the spirit of the Better Care Fund

agreement when changes to programmes are required from time to time, for example, if NHS demands for outcomes change, and that the HWB should receive regular reports on progress towards outcomes within the BCF as well as any changes to the programme.

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### Health & Wellbeing Strategy

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

1. Cost of proposal: £20.837m in 2015/16 is the total shared BCF jointly managed by LBB and BCCG.
  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. Further funds from the CCG are being redirected through the BCF to support local out of hospital care.
  4. Budget host organisation: Local Authorities host the budget on both partners' behalf .
  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 cashable saving it is supposed to maximise outcomes of existing and shrinking budgets through realignment.
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## 4. COMMENTARY

### Introduction

- 4.1. Bromley submitted plans last September authorised through the HWB. Our local plan was approved in November by NHS England. Plans needed to demonstrate clear objectives, ensuring better integration of services, the delivery of improved quality and outcomes for residents, that resources for Social Care were protected and that emergency admissions were reduced by circa 3.5%.

### NHS England Funds 2014/15

- 4.2. Work has been temporarily delayed as NHS England were unable to release the proposed planning year BCF funds for 2014/15 until this March, just weeks before the end of the financial year. The delay in receiving these funds has prevented any investment in the schemes listed below. JICE have been cautious deciding not to start projects until funding is made available.

### BCF funding split 2015/16

- 4.3. The total BCF is £20.837m for 2015/16 but Members will recall that this is not new money to the system but rather money freed up in part by the Local Authority but in the main by BCCG. Of these funds £13.815m is allocated to existing commitments including the £3.5m for protecting social care which was one of the key requirements of the fund. The remaining £7.022m is available for redistribution towards new schemes that help deliver a reduction in emergency admissions through integrated out of hospital services.

### Transformation Programme

- 4.4. BCCG are acting as lead commissioners on a joint project to use a lead consultancy in the field to model out of hospital services for Bromley. BCCG are funding this work which will run between April- June to start to pull together outline business cases for out of hospital services. The outcome of this work will need to be tied closely to BCF schemes to make sure that BCF funds are being used to complement to whole system model and start to increase the degree of integration between different parts of the system. This should enhance the decision making around where BCF is committed and where within the high level schemes below the funding can make the most impact.

### BCF Schemes

- 4.5. The schemes which were set out in our shared submission to NHS England 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 and propose that integrated care programme be a standing item on the HWB agenda. 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.
- 4.6. The Bromley Plan has seven high level schemes. 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) **Dementia**

- 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.

## 4) **Self-management**

- 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.

## 5) **Carers support**

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

## 6) **Resilience**

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

## 7) **Integrated Care record**

- 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 is overseen by the Bromley Health and Wellbeing Board and managed through the Joint Integrated Commissioning Executive (JICE), whose membership includes:

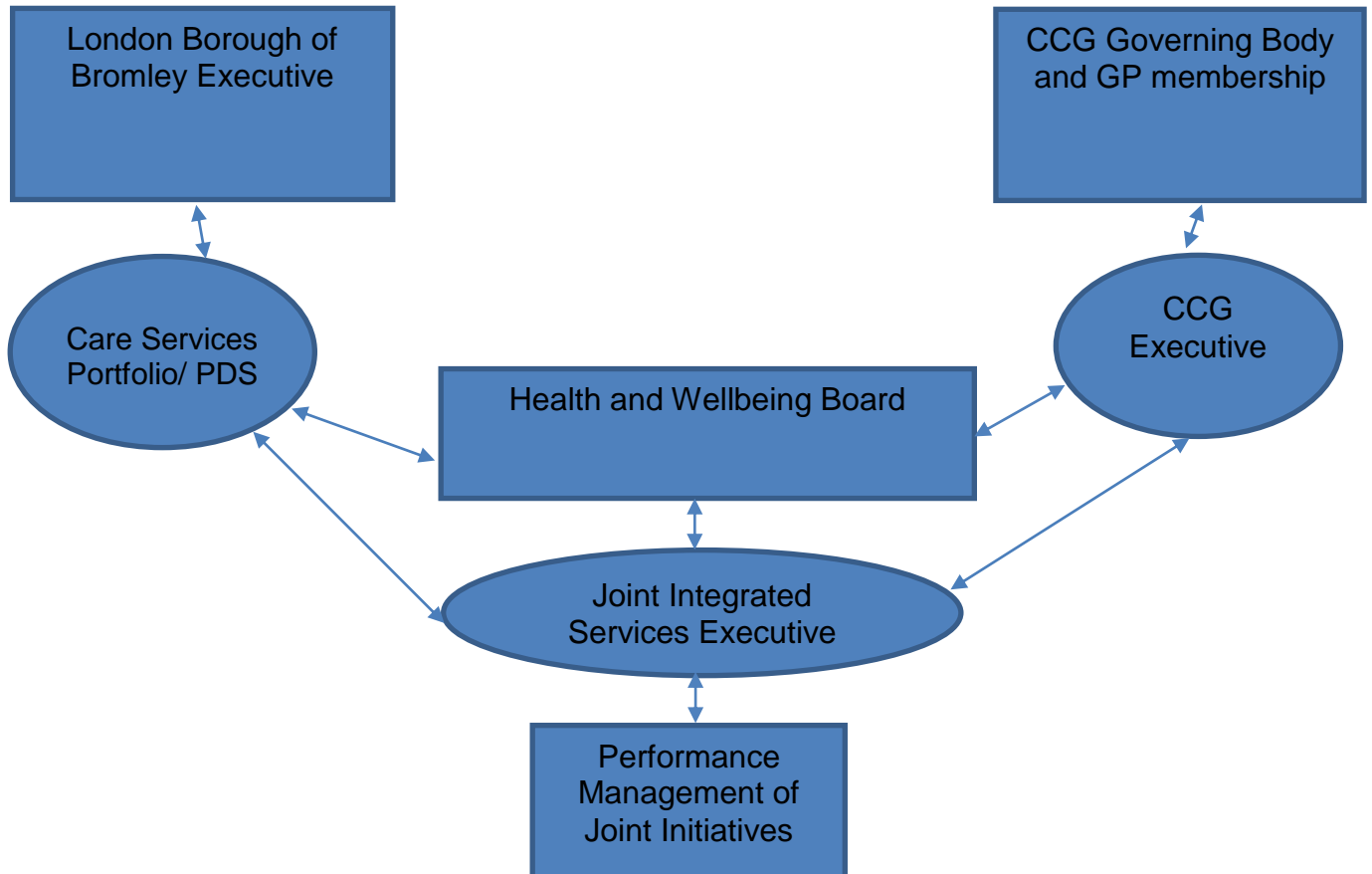
Standing Members:

- The Clinical Chairman Bromley CCG
- The Chief Officer of Bromley CCG
- The Director of Commissioning Bromley CCG
- The Finance Director Bromley CCG
- The Executive Director of Education, Care and Health for LBB
- The Assistant Director of Education, Care and Health for LBB
- Finance lead for LBB

4.8. Other officers will be invited as and when required for the delivery of projects and programmes.

4.9. 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 projects;
- ensure that detailed and fully costed project plans are developed and delivered for the proposed seven 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.



4.10. The HWB's 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 as the key focus of one of the schemes.

**Risk**

4.11. 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. The financial risk of underachievement of planned activity reductions falls on the CCG as lead commissioner of acute service.

- 4.12. JICE will be establishing an ongoing risk and issues log and are currently discuss who acts as the lead commissioner for each of the seven schemes. It is anticipated that capacity will come from a mixture of using existing internal capacity and buying in resource on a fixed term basis. Any costs associated are built into the funding for the schemes.
- 4.13. The intention will be to develop a high level programme plan that includes leads for each of the schemes as well as a timeline for the work required to deliver each of the schemes. Business cases can be brought back through the HWB and wider partnership input would be beneficial.

## 5. COMMENT FROM THE DIRECTORS

- 5.1. We are going through a period of significant change across the health and care economy. Some of this is driven through national policy such as the Health and Care Act 2013, the Care Act 2014 and the BCF and some through local responses to an aging population with increasingly complex multiple long term conditions which requires a different community based response. All this is set against a background of significant cuts in public sector funding which continues to impact on local health and care economies ability to deliver. 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. The evolution of the HWB will be critical to holding these partnerships together and achieving positive outcomes through integration.

<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)	