City of Westminster

Westminster Health & Wellbeing Board

Date:	**22 January 2015**
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Title:	**Better Care Fund Update**
Report of:	**WCC and Central and West London CCGs**
Wards Involved:	**All**
Policy Context:	**Health and Social Care Integration**
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1. Executive Summary

1.1 This paper provides an update on progress with development of the Better Care Fund (BCF) Plan and explains preparations for implementation in 2015/16 of BCF schemes.

1.2 The BCF is a national initiative to improve health and social care outcomes and cost-effectiveness, with an emphasis on more care at and near home. Every Health and Wellbeing Board is tasked with developing a plan and, following a national review process during the summer and autumn, the Borough's updated BCF Plan is expected to be approved by the national BCF Task Force soon. Work is in progress to implement the schemes in the BCF Plan, especially to develop a new integrated Community Independence Service (CIS).

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is asked to note progress towards approval of the BCF Plan and preparation for implementation of the BCF schemes.

3. Background

3.1 The BCF is a single pooled budget for health and social care services to work closer in local areas, based on a plan agreed between the NHS and local authorities. A national fund of at least £3.8bn was announced in the summer of 2013.

3.2 The BCF does not come into full effect until 2015/16, but additional funds were made available to aid planning in 2014/15. A national BCF Task Force working across the Department of Health (DH), the Department of Communities and Local Government (DCLG), NHS England (NHSE) and the Local Government Association (LGA) has been in place since July 2014 to drive and refine BCF planning.

4. Progress Update

BCF Plan Development

4.1 The BCF Plan was developed within the existing Whole Systems partnership between the local authority and the NHS, and reflects the shared aims for integrated care.

4.2 The Health and Wellbeing Board approved the first version of the BCF Plan at its meeting in March 2014. In July 2014, the BCF planning guidance was updated and each area was asked to demonstrate how their plans would reduce emergency admissions to hospitals.

4.3 A revised plan reflecting the changes to guidance, based on more detailed analysis of the costs and benefits of the main schemes, was submitted on 19th September 2014, following an update at the Health and Wellbeing Board on 18th September 2014. The revised BCF Plan was then assessed against a common template as part of the BCF Task Force's National Consistent Assurance Review (NCAR), which was used to assess all BCF plans. Some further clarifications were requested and responses were provided in an updated version of the plan on 28th November 2014. As a consequence, the NHSE Area Team has confirmed that the plan will be recommended to the BCF Task Force for approval.

BCF Implementation Planning

4.4 In anticipation of approval, work has progressed on projects in the plan. The most significant of these is a new, integrated CIS serving all three boroughs. It will provide consistent rapid response for people at risk of emergency admission to hospital; in-reach for people getting ready to leave hospital; and rehabilitation and reablement. It will help more people avoid a stay in hospital when they become ill; help those who need hospital care to go home as soon as they are well enough; and ensure everyone who uses the service has time and support to recover and return as far as possible to independent life when they leave the service. CCGs and Cabinets agreed a business case for CIS following the BCF resubmission process in September. Preparations to implement the new service beginning in April 2015 are progressing well.

4.5 Community Independence Services in each of the three boroughs work in different ways and are provided by numerous organisations. This fragmentation is not efficient and contributes to the confusion that people report when they are asked about their experience of services.

4.6 In 2015/16, the BCF begins to expand and to standardise the CIS, so that it offers services of the same type and quality in all three boroughs; provides enough service to meet the needs of each borough's population; and simplifies the complex organisational structure in each and all of the boroughs. It is not, in this first year, possible to create one organisation to provide the whole of CIS. Instead, in 2015/16, the plan aims to invest in improvements in front-line services by appointing two leads: one for health services and the other for social services. While this does not create a single provider of integrated services, it goes some considerable way to simplifying the existing arrangement.

4.7 The social care provider is the Adult Social Care service that is shared by the LBHF, RBKC and WCC. A preferred bidder has been selected as Lead Health Provider following a competition among NHS providers that work in inner North West London. The lead health provider will be expected to work seamlessly with the social care provider to deliver a service that improves quality and outcomes of care and, by doing so, creates savings by keeping people out of hospitals and residential care. A contractual framework to support this approach is being developed. Engagement is taking place to reach contract signature and make the mobilisation arrangements to enable the new services to commence.

4.8 Health and social care commissioners will work together through existing Section 75 Partnership Agreements. Between them, the commissioners will oversee the implementation of the new service next year.

4.9 From the perspective of patients and people who work in the sector the improvements include a single entry-point that is professionally-led and has a single assessment process; responds in a timely way 7-days, responding to urgent needs in two hours; and has a single, multidisciplinary team working to a common set of standards.

4.10 Alongside CIS, other work is in progress to support increased integration of all the operational services that make up CIS. This includes ensuring an effective interface between CIS and the new homecare service, and enhancements to the social care elements of hospital discharge. This aims to achieve sustainable 7-day social work support in hospitals, from 8am until 8pm, and will help to ensure that sufficient referrals of patients and service users are generated to deliver benefits that were described in the September BCF plan. A pilot before April will test a range of innovations aimed at supporting swift and safe discharge.

4.11 The BCF creates savings by improving the quality of and outcomes from services in the community. With the introduction of these new services, a new monitoring tool help will show whether improvements in care translate into financial benefits, in particular savings from planned reductions in emergency admissions to hospital, and in admissions nursing and residential care homes. Regular data collection will support rigorous evaluation of impact and allow any trends of under-performance to be addressed quickly if detected.

4.12 The BCF requires CCGs and councils to share the financial consequences if plans do not reduce unplanned admissions to hospital. The revised BCF plan that was submitted to NHS England in September includes the core principles of risk sharing that will help us prepare new Partnership Agreements between the commissioners and contracts between the commissioners and providers. These include commitment to a shared approach to resolving variances and amending service models and the share of costs if required.

BCF Implementation Planning – Other Projects

4.13 The BCF is not just about changing settings of care and savings. It should improve people's experience of care. An important group of BCF projects is under way to ensure we can routinely report people's satisfaction with their services, as well as recording how many people use the services and the cost of their care.

4.14 The BCF also includes plans to improve the joint commissioning of services between health and social care and other things that help with integration, such as shared information technology and good information governance.

4.15 In the review of jointly-commissioned services, work is in progress to streamline nursing and care home contracting, helping to focus on both quality and efficiency. This is working towards creating a single team for care home placement contracting, to maximise value for money, ensure that appropriate provision and improve outcomes for people who use residential care services. Detailed review of contracts is also being undertaken to ensure that services commissioned through partnership arrangements between health and social care commissioners give the best value for money.

4.16 The development of all these projects is led by the BCF Board and owned by the executive teams for health and social care, which regularly meet jointly and are supported in between meetings by a BCF steering group of the officers responsible for BCF.

4.17 The Better Care Fund Board was established in November 2014 and its purpose is to provide an executive function that will make joined up recommendations before going to formal forums for decision. This will be key to the successful

development of an integrated health and social care model locally. Membership of the BCF Board is currently as follows:

- Hammersmith & Fulham CCG Chair
- West London CCG Chair
- Central London CCG Chair
- Cabinet Member for Community Care and Public Health, LBHF
- Cabinet Member for Adult Social Care and Public Health, RBKC
- Cabinet Member for Adults and Public Health, WCC
- Three-boroughs Executive Director for Adult Social Care and Health
- Chief Officer, Central London, West London and Hammersmith CCGs
- Chief Executive, Chelsea and Westminster NHS Foundation Trust (for part of the meeting)
- Chief Executive, Imperial College Healthcare NHS Trust (for part of the meeting).

The BCF Board will have monitoring and advisory duties and will report its activities to the three Health and Wellbeing Boards and to the boards /cabinets/governing bodies of the respective organisations represented.

5. Legal Implications

5.1 Legal considerations associated with the BCF (including legislation needed to ring-fence NHS contributions to the Fund at national and local levels) were described in the paper for the meeting on 18th September 2014.

6. Financial Implications

6.1 Estimates of 2015/16 costs and savings included in the September BCF submission (and maintained for consistency in the November update) were based on analysis available at the time. As stated in the paper of 18th September 2014, these estimates are being refined as we prepare for implementation. Updated values will be submitted to the BCF Board for review in early 2015. Further updates will also be provided to the Health and Wellbeing Board.

6.2 For 2015-16 the minimum value required of the BCF pooled budget across the three boroughs was £44.531m. For the Westminster Health and Wellbeing Board area, this was £18.203m.

6.3 In total across the three boroughs was considerably larger than the minimum. The proposed a budget of £193.092m, which included pooled budgets or jointly commissioned services that existed before the BCF and are incorporated in it.

6.4 The split for Westminster Health and Wellbeing Board within the BCF submission is as per the table below:

Westminster Health & Wellbeing Board	WCC £'000	Central & West London CCGs £'000	Total £'000
BCF Plan (Sep & Nov)	£23,686	£40,161	£63,847

6.5 The BCF Plan estimates saving around £12.477m across the three boroughs in 2015/16, if targets are fully met. Based on the September plan submission (*but subject to updates as per paragraph 6.1 above*) the BCF ensures that WCC receives funding in 2015/16 for the Care Act (£748k) and the investment costs associated with the new CIS (£856k), and should generate recurrent savings (£2.2m). It also protects social care by continuing to pass through the *Social Care to Benefit Health* funding, currently worth £4.9m in Westminster.

6.6 The individual local authorities will track actual savings and CCGs on an ongoing basis and the Health and Wellbeing Board will be provided with updates during the course of 2015/16.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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