

By: Roger Gough, Chair Kent Health and Wellbeing Board and Dr Robert Stewart, Chair Integration Pioneer Steering Group

To: Kent Health and Wellbeing Board, 17 September 2014

Subject: **The Better Care Fund**

Classification: Unrestricted

Summary: This paper presents the revised submission of the Kent Better Care Fund Plan and outlines the steps taken following the assurance process.

The Kent Health and Wellbeing Board is asked to:

- (1) **Agree** the BCF plan and **endorse** submission to NHS England with a 3.5% target for emergency admissions across Kent.
- (2) Consider the paper presented by the Area Team on risks and governance and **agree** the additional recommendation that the CFO Finance group work on behalf of the Kent HWB to monitor the ongoing finance and performance requirements of the Better Care Fund.
- (3) Consider the underlying principles to support the pay for performance element of the fund.
- (4) **Endorse** the clear commitment to closer integration across health and social care through the Kent Pioneer Programme and **agree** how they wish to be assured of progress and ongoing reporting on Pioneer.

For Decision

1. Introduction

- 1.1 The Better Care Fund was announced in June as part of the 2013 Spending Round. Its aim is to act as the enabler to take the integration agenda forward at scale and pace. The development of a Better Care Fund plan is also an integral part of developing the CCG 5-year strategic plans – although must be able to be seen as a stand-alone plan.
- 1.2 The draft submission was presented to the HWB on 26 March 2014 prior to first submission, it was noted that there were gaps within the Kent plans, particularly around finance and metrics and agreed that a revised version would be presented to the September HWB.

2. National Assurance and Revised Better Care Fund

- 2.1 The Better Care Fund plans were submitted on 1 April 2014. Following a review there has been a change to the policy framework underpinning BCF and a requirement to submit revised plans. In addition a BCF Programme Team has been established led by Andrew Ridley. Updated plans based on the revised guidance are to be submitted to NHS England on 19 September.

- 2.2 The BCF guidance states that “Ministers are clear that plans will need to be revisited to demonstrate clearly how they will reduce total emergency admissions, as a clear indicator of the effectiveness of local health and care services in working better together to support people’s health and independence in the community.”
- 2.3 This shift in focus has led to the re-introduction of pay for performance. Pay for performance is only on £1bn portion of the £1.9bn additional NHS contribution and Health and Wellbeing Boards are asked to agree a target for reduction in total emergency admissions (this replaces previous avoidable emergency admissions target).
- 2.4 There are significant changes required to the templates, but in summary the plans must clearly set out:
- The case for change: a clear analytically driven and risk stratified understanding of where care can be improved by integration
 - A plan of action: A coherent and credible evidence-based articulation of the delivery chain that underpins the shift of activity away from emergency admissions developed with all local stakeholders and aligned with other initiatives and wider planning
 - Strong governance: clear local management and accountability arrangements, and a credible way of tracking the impact of interventions and taking remedial action as necessary, as well as robust contingency plans and risk sharing arrangements across providers and commissioners locally
 - Protection of social care: How and to what level social care is being protected, including confirmation that the local share of the £135m of revenue funding resulting from new duties within the Care Act is protected, and the level of resource dedicated for carers is spelled out.
 - Alignment with acute sector and wider planning: including NHS two-year operational plans, five-year strategic
- 2.5 Following submission to NHS England updated BCF plans will be considered by the national team and by the end of October will receive an approval based on three levels - ‘approved’, ‘approved with support’ or ‘approved with conditions’. They state “We would not expect that any plans would be ‘not approved’ unless they have decided not to submit, or have failed to comply with something fundamental.” There will be a programme of support and/or conditions after the initial BCF planning process, with different timetables depending on Kent’s status to ensure sites can implement their plans from 1 April 2015.

3. The Kent Plan

- 3.1 Kent has revised its Better Care Fund planning templates in line with the national guidance. This has not led to significant changes to the ambition and detail of the schemes agreed by the HWB in March. However in line with national expectation there has been a revision in the emergency admissions target to 3.5%. This is seen as a step change to reaching higher targets by 2018 as part of Kent’s Pioneer Programme.

- 3.2 CCGs have undertaken work to discuss plans with local providers. This has been supported across Kent by a series of workshops and summits to present local delivery plans and engage with the local health and social care economy on implementation. Further work has also taken place within CCG areas to engage the public on design and implementation of plans and is evidenced within local area plans.
- 3.3 Kent has been supported by the national BCF team to finalise the performance, analytics and finance elements of the Kent plan. The national expectation is for Kent's Better Care Fund plan to be monitored at a HWB level; therefore extensive work has taken place to aggregate the CCG area plans to a Kent picture.

4. Risks and Issues

- 4.1 The NHS England Area Team have been leading discussions regarding risk management and governance arrangements for the Better Care Fund. Agreement is required on who will oversee delivery, how this is reported back to partners and the relationship between local governance arrangements and the Kent Health and Wellbeing Board.
- 4.2 The Area Team has agreed to convene a group representing all CCG Chief Finance Officers and KCC Finance to establish the pooled fund and associated Section 75 agreements. It is recommended that this group works on behalf of the Kent HWB to monitor the ongoing finance and performance requirements of the Better Care Fund.
- 4.3 As part of establishing the pooled fund agreement on the pay for performance elements of the plan will be required, as this is implemented at a Kent level. It is recommended that the HWB consider some underlying principles to support this which may include that providers are not penalised for failure to deliver the BCF and partners will not cross-subsidise poor performance.

5. Kent's Pioneer Programme

- 5.1 It is recognised that the revisions to the BCF have made it less of a vehicle to support the ambition of health and social care integration as set out in Kent's Pioneer Programme. The vision within Kent's Pioneer Programme is to ensure:
- Better access – co-designed integrated teams working 24/7 around GP practices.
 - Increased independence – supported by agencies working together.
 - More control – empowerment for citizens to self-manage.
 - Improved care at home – a reduction for acute admissions and long term care placements, rapid community response particularly for people with dementia.
 - To live and die safely at home – supported by anticipatory care plans.
 - No information about me without me – the citizen in control of electronic information sharing.
- 5.2 The Integration Pioneer Steering Group was established in November 2013 and is now made up of "Pioneer Organisations" representing all

stakeholders. They are working to deliver local objectives, with a view to ensuring lessons learned and best practice is shared across Kent. To help facilitate this members of the IPSTG are now acting as SROs on key workstreams such as workforce, IT, personalisation, voluntary sector, contracting and commissioning.

- 5.3 The IPSTG is also now being supported by the Leadership Centre to further consider how it can best ensure it functions to achieve the aims and objectives of Kent as a Pioneer and is used more effectively to spread lessons learned, best practice, and barrier bust in a way that is real and practical to local areas.
- 5.3 Significant progress is being made across Kent as has been demonstrated through CCG area summit meetings. However it is recognised there may be a gap in terms of assurance by the HWB that progress is being made in line with the identified building blocks for 2018 of CCG plans, social care plans, the HWB strategy and the Better Care Fund. It is recommended the HWB consider further how they wish to be assured of progress and ongoing reporting on Pioneer.

6. Recommendations

The Kent Health and Wellbeing Board is asked to:

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- (4) **Endorse** the clear commitment to closer integration across health and social care through the Kent Pioneer Programme and **agree** how they wish to be assured of progress and ongoing reporting on Pioneer.

6. Contact details

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