
BETTER CARE FUND SUBMISSION

**Responsible Cabinet Member - Councillor Bill Dixon
Leader and Community Safety Portfolio**

Responsible Director – Ada Burns, Chief Executive

SUMMARY REPORT

Purpose of the Report

1. To inform Cabinet of the new requirements for developing Darlington's Better Care Fund (BCF) and to advise of the potential risks associated with the new requirements.
2. To seek Cabinet approval to refer the final submission of the BCF to a special meeting of the Health and Well Being prior to the deadline for submission.

Summary

3. Cabinet have previously agreed to develop a Better Care Fund submission, in partnership with Darlington's Clinical Commissioning Group, to support the transformation of health and social care spend away from avoidable acute provision and into more community based provision.
4. The funding attached to the Better Care Fund equates to £7.8 million of current health monies in Darlington, with a view to moving £3.9 million of this away from avoidable acute spend into community provision, with plans to be developed during 2014/15 and with a view to full implementation beginning in 2015.
5. The Better Care Fund submission was made by the April 4th deadline and with the support of all of the partners at the Health and Well Being Board. This was to the credit of the leaders and officers in each of the partner organisations who had committed resources to putting together a strong document.
6. Following changes within Department of Health leadership and issues being raised about risks to the stability of the hospital sector, particularly in light of some uncertainty about the strength of some of the BCF proposals, there is now a requirement to resubmit the BCF proposals with additional information. Resubmission must be made by September 19th 2014 and requires Health and Well Being Board approval, as well as supporting statements from health trusts.

7. The changes to the Better Care Fund submission include a new template, with only 2 questions remaining from the original template, and a requirement to provide significantly more detail about the schemes planned under the BCF and a requirement to submit plans that deliver a nationally set target for reducing hospital admissions. A working draft of the revised submission is attached as **Appendix 1** and further updates can be given verbally at the Cabinet meeting.
8. The changes also include the linking of the £1 billion 'pay for performance' element to reducing total emergency admissions to hospitals – in Darlington this represents £1 million of the locally available Fund which will be ring-fenced as health spend to fund acute activity if there is no reduction in volume from current levels.
9. The requirement to review and resubmit BCF plans, has raised a number of concerns among authorities in the North East. These concerns include:
 - (a) the potential loss of resources that would have been available to protect social care and promote health and care integration;
 - (b) the fact that this comes on top of existing financial and demographic pressures;
 - (c) the change of focus from meeting local priorities in an integrated manner, to compliance with a centrally determined process; and
 - (d) the difficulty of achieving the timescale for signing off and submitting high quality revised plans over a summer holiday period.
10. In particular, Cabinet are advised that the ring-fencing of £1 million of BCF money for potential spend on acute provision impacts on the ability to set up preventative schemes that would lead to reductions in acute activity. There is a risk of 'double running' and reduced service provision whereby only limited investment is made in preventative schemes because funding is held in contingency to pay for acute activity if the preventative schemes fail to make the desired impact.
11. NHS England have established regular meetings with the BCF team in Darlington to support the revised submission and as a result of this timetable it is not possible to finalise the revised template in time for this Cabinet meeting and so the recommendation is to delegate the approval of the final submission to the Chief Executive, in consultation with the Leader of the Council.

Recommendations

12. It is recommended that Cabinet:-
 - (a) note the revised requirements for the Better Care Fund submission and approve the delegation of final approval to the Chief Executive in consultation with the Leader of the Council.
 - (b) agree to propose the revised submission to a special Health and Well Being Board meeting in order for it to be signed off.
 - (c) note that the revised scheme now includes a ring-fenced element of £1 million that will not automatically be available to invest in the desired transformational schemes.

Reasons

13. The recommendations are supported by the following reasons:-

- (a) The new guidance and resubmission requirements were only made available at the end of July and the NHS England has established a timetable of healthchecks and meetings that the template must go through, leading to a September 19th submission.
- (b) It is a requirement of NHS England that the bid is signed off by the Health and Well Being Board and the next scheduled meeting is not until October.
- (c) The original schemes in the first submission in April were welcomed as the right approach to reducing unnecessary hospital admissions. If the health and social care community in Darlington still wish to implement them in full then they must recognise the funding risk to both the council and to the clinical commissioning group, through potentially holding such a large contingency fund.

Ada Burns
Chief Executive

Background Papers

No background papers were used in the preparation of this report

Murray Rose x 2099

S17 Crime and Disorder	There is no direct impact on S17 Crime and Disorder
Health and Well Being	This is a significant contribution to promoting the health and well being of Darlington residents.
Carbon Impact	There are no carbon impact implications in this report
Diversity	Residential accommodation needs to be available that is able to meet the diverse needs of a range of individuals and is able to meet and support these individuals Human Rights.
Wards Affected	All
Groups Affected	All, but predominantly older people and those with long term conditions.
Budget and Policy Framework	This falls within the Council's budget and policy framework.
Key Decision	This is a Key Decision.
Urgent Decision	This is an Urgent Decision
One Darlington: Perfectly Placed	The Better Care Fund programmes are significant actions to tackle health inequalities and to promote greater independence and self-management of needs.
Efficiency	Joint working with partners across the health and social care economy will deliver efficiencies for each organisation, contributing to savings targets and to reinvestment in priority areas.

MAIN REPORT

Information and Analysis

14. In April 2014 Darlington Borough Council and Darlington Clinical Commissioning Group submitted their Better care Fund template, setting out how unnecessary hospital admissions and stays could be reduced and how people could be better supported in the community. A number of products were agreed and would be funded out of the £7.8 million of current clinical commissioning group funding that would be invested in transformational schemes.
15. The Department of Health have now advised that a resubmission of all BCF plans nationally is required by 19 September and a task and finish group has been assembled to compile the revised submission. The revised submission will be overseen by senior staff from all affected agencies through the Unit of Planning, chaired by the Director of Commissioning.
16. Given that Cabinet approved the original submission, it is appropriate that this update is brought to Cabinet and it is a requirement that a meeting of the Health and Well Being Board be called to sign off the revised submission. This will require a special meeting to be called to comply with the submission date. In particular, performance by results targets need to be agreed by the Health and Well Being Board prior to the revised submission being made. This is to help to manage the scale of the contingency that will be held back in case the new schemes are unsuccessful in reducing acute spend.

Revised requirements for the Better Care Fund Submission

17. Both part 1 and part 2 of the planning templates have been revised. The purpose of the revisions is to ensure that the questions are as clear as possible and provide added emphasis on the following:
 - (a) A clearer articulation of the analysis and evidence that underpins the BCF plans
 - (b) A clearer articulation of the delivery chain that will underpin the shift of activity away from acute activity
 - (c) A tighter description of the schemes underpinning the plan schemes and the underlying success factors
 - (d) A much clearer focus on the risks, the risk sharing arrangements and the contingency plan in case the target reduction in admissions are not met
 - (e) A clearer articulation of the alignment between the BCF and other plans and initiatives within a locality across NHS and social care
 - (f) Ensuring that the potential impact of proposed schemes on providers are understood, and providers are fully engaged
18. In addition further detail is required on the protection of social care services, including the new duties resulting from the Care Act. The changes reflect the fact that social care services and the changes within the Care Act not only impact on local authorities but more broadly on the NHS and other local partners. Local plans should consider how the BCF may be used to support common areas of focus which

deliver the Care Act but also underpin shared local priorities.

19. In addition to previous questions the template now asks for the following:

- (a) the total amount from the BCF that has been allocated for the protection of social care services
- (b) the total level of resource that will be dedicated to carer-specific support, and the nature of that support
- (c) confirmation that at least the local proportion of the £135m has been identified from the NHS £1.9bn funding for implementation of new Care Act duties on councils (including new entitlements for carers, national minimum eligibility threshold, advocacy, safeguarding and other measures in the Care Act)
- (d) The financial impact on local authority's budgets resulting from changes to the BCF policy since April 2014.

20. There are some new questions, some revised questions and some questions which have not changed. The changes are summarised below:

New questions

- 3) The case for change
- 4) a) b) c) d) Plan of action
- 5) Risks and contingency
- 6) a) b) c) Alignment
- 8) c) Implications for acute providers
- Annex 1: Detailed scheme description
- Annex 2: Provider commentary

Slightly revised questions

- (i) 2) a) b) c) Vision for health and social care services
- (ii) 5) a) b) Risks and contingency
- (iii) 7) a) Protection of social care services
- (iv) 8) a), b) Engagement

Questions which have not changed

- (i) 1 a) b) c) Summary details
- (ii) 7) b), c), d) National conditions

21. In addition, to meet the core requirements of the BCF, all plans must articulate:-

- (a) How the plan will meet the remaining national conditions of the BCF
- (b) Detail of agreements made on the local target for total emergency admissions
- (c) The specific financial investment and benefits resulting from the schemes or groups of schemes included within the BCF

Outcome of Consultation

22. All partners to the Better Care Fund are involved in developing the revised submission. This includes voluntary sector representatives.

Financial Implications

23. There is a risk that schemes set up to reduce the need for acute provision will either be underinvested in or that they may fail to meet their targets. Underinvestment will, in the longer term, lead to increases in social care costs. Failure to achieve targets may mean that funding is removed from preventative service, with potential financial consequences for any council services funded through BCF.

Legal Implications

24. There are no legal implications attached to this report