

BETTER CARE FUND: HILLINGDON PLAN

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
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Papers with report	Appendix 1 - Final BCF Plan Appendix 2 - Final Financial Summary

1. HEADLINE INFORMATION

Summary	<p>The Board agreed a “first take” of a Hillingdon Better Care Fund Plan, at its meeting on 6 February 2014. This report provides the Board with a proposed final Hillingdon Plan, due for submission by 4 April 2014.</p> <p>This version includes updated content in Appendix 1 together with more detail in the financial summary at Appendix 2.</p>
Contribution to plans and strategies	Hillingdon’s Joint Health & Wellbeing Strategy Hillingdon’s Joint Strategic Needs Assessment Hillingdon’s Out of Hospital Strategy
Financial Cost	The Government announcement with regard to the BCF sets out a minimum fund of £17.991m for Hillingdon from 2015/16. The guidance also set out how this figure is arrived at and the fact that it is not new money but comes from existing budgets.
Ward(s) affected	All

2. RECOMMENDATIONS

2.1. The Board is asked to agree the Hillingdon Better Care Fund plan and the financial summary at appendices 1 & 2 for submission to NHS England.

2.2. That the Board instructs the core officer group to develop business cases and implementation plans for the 11 schemes, in accordance with the governance arrangements in the plan, for discussion at the Board's next meeting on 17th June.

3. INFORMATION

Reasons for recommendations

3.1. To agree a plan to develop more integrated health and social care services in Hillingdon, focused on improving services for residents.

Financial Implications

3.2. The total s256 funding for 2014/15 is £4.772m and for this year is being utilised to assist in managing social care spending pressures and support expenditure that has a benefit to health and will contribute towards the BCF plan. For 2015/16, the total Better Care Fund allocation for Hillingdon is £17.991m, including capital grants of £2.349m that currently come into the Council. A breakdown of the schemes is provided at Appendix 2.

3.3. Further information has now been provided by the Department of Health on the indicative funding within the overall BCF allocation for 2015/16 that will contribute towards the implementation costs of the Care Bill due to start coming into effect from April 2015. A sum of £612k revenue funding is estimated to cover the implementation of carers' assessments, information and advice to clients, training social care staff in the new legal framework, etc. A further sum of £217k capital funding has been identified for developing IT systems etc. This allocation of funding is described as illustrative to help authorities develop more detailed estimates of the funding required to bring the requirements of the Care Bill into operation. There is still significant analysis and modeling work to be undertaken before these estimates of the costs of implementation Care Bill can be properly validated.

Legal Implications

3.4. The Borough Solicitor confirms that there are no specific legal implications arising from this report.

4. BACKGROUND

4.1. The Board noted at its meeting on 6 February 2014 that the Council, the CCG and providers of health and social care services in Hillingdon had improved and aligned services in recent years. The plan agreed set out 11 draft schemes which build on existing activity from integrated care pilots around falls to new pathways for early supported discharge from secondary care. The BCF provides an opportunity to consolidate partnership working and to lay the foundations for closer working in the future. It also offers a stepping stone towards new forms of potential delivery structure as a result of joint working, which the board has indicated it may wish to consider in the future.

The BCF at National Level

4.2. An assurance process for emerging BCF plans was announced by NHS England and the LGA, which considered the emerging plans from February. The feedback received stated:

- **Hillingdon;** Good plan but further work was needed on mitigating risks and developing a more detailed risk register

Further work has, therefore, focussed on these areas as well as refining the content of the plan.

4.3. Since coming to the Board in February there have also been some adjustments to the scheme as first published:

- The Department of Health has announced that it will not now withhold money from areas that "struggle to improve" services under the BCF. Instead the Department, together with NHS England and the LGA, will offer "support" to areas in which the fund fails to realise

improved performance on the metrics (including delayed transfers of care and reduced emergency department admissions).

- Earlier statements talked about ministerial sign-off of individual plans and it has been recognised that this is neither very practical, nor desirable. It is now expected that an assurance process will operate primarily at a regional level, with aggregation to meet ministerial requirements and escalation by exception.

4.4. The proposals have been developed by the core officer group and come to the Board having been considered by respective governance arrangements in the Council and by the CCG Governing body. The published BCF technical guidance and pro-forma has been followed to produce the plan.

Finalising the Better Care Plan for Hillingdon

4.5. The latest draft takes on board feedback received, updates the narrative in a few areas, clarifies the figures and the metrics and the approach to be taken. Particular areas that have been addressed are:

- **Metrics** - further work has taken place to better understand the implications of the mandatory metrics and agree the baselines. Indicators have also been benchmarked and trends analysed. The core group has also reviewed each indicator against potential scenarios using confidence intervals, risk assessed the final indicators used, to gauge achievability and include stretch elements.
- **Governance** - the approach to governance has been updated to reflect the role of individual approval processes within the Council and CCG before issues come to the Board for final sign off. The drafting also identifies that budgets for s.75 schemes would be hosted by the Council but jointly managed through the s.75 management group.
- **Engagement** - the section in Appendix 1 has been updated to refer to further events held and feedback received. In addition an Equalities Impact Assessment has been completed which identifies a significant benefit for older people (65+) whilst also recognising that there could be potential new burdens on carers. This impact will be monitored and mitigating actions considered within workstream plans.
- **Risk Register** - additional risks have been included to flag up potential impacts and costs of the Care Bill and to recognise the importance of involving patients and carers in new developments given that new approaches are likely to require changes in behaviour i.e. to avoid admission, embrace reablement, telecare etc.
- **Financial Summary** - Sets out the costs in more detail (appendix 2). Many of the eleven schemes are closely related to each other and it will be hard to differentiate the impact of one scheme from another one which is closely related. For the purposes of BCF financial monitoring and for elements of internal management, these have been clustered under the following headings:

Project cluster	Schemes included
Integrated case management	Schemes 1, 2, 3, 4, 8, and 11
Intermediate care	Schemes 6 and 7
Seven day working	Scheme 10
Seamless community services	Schemes 5 and 9

5. NEXT STEPS

5.1. It is suggested that the officer group, which has worked well thus far, continues to meet to develop the more detailed business cases for the 11 schemes and to propose plans for implementation, consistent with the governance arrangements set out in the plan (Appendix 1).

5.2. The plan recognises the need to develop our communications and engagement plans further based on the potential impact on carers and need to include views of service users in any changes.

5.3. A progress report will come to the Health and Wellbeing Board at its next meeting on 17th June 2014.