

CHESHIRE EAST COUNCIL

Health and Wellbeing Board

Date of Meeting: 29th July 2014
Report of: Guy Kilminster
Subject/Title: Better Care Plan Update

1.0 Report Summary

- 1.1 Two letters have been received outlining changes to the Better Care Fund and what will be required over the next couple of months. Each Health and Wellbeing Board is required to '...propose their own performance pot based on their level of ambition for reducing emergency admissions, with a guideline reduction of at least 3.5%'. Part of the funding allocation will be paid subject to achieving this target.
- 1.2 The balance of the performance allocation will be paid up front and will need to be spent on out of hospital NHS commissioned services as agreed by the Board.

2.0 Recommendation

- 2.1 That the Board receive the update and consider the most appropriate means of progressing the actions required.

3.0 Reasons for Recommendations

- 3.1 To ensure that The Health and Wellbeing Board has in place the appropriate plans to satisfy the requirements of the Better Care Fund and to make the most effective use of the resource available.

4. Letter from Jon Rouse and Helen Edwards (Appendix 1)

- 4.1 This letter '...sets out how you will be continued to be supported to get the plans ready for implementation in 2015'.
- 4.2 The first key element of the letter relates to the Pay for Performance and Risk Sharing. This sets the need for the plans to demonstrate how they will reduce emergency admissions. Each Health and Wellbeing Board is required to propose its own performance pot, based on the level of ambition for reducing emergency admissions, but with a guideline reduction of at least 3.5% specified. A proportion of the current performance allocation (our share of the national £1bn performance element of the fund) will be paid on delivery of this target. The proportion paid will depend on the level of ambition of the target. If an area does not achieve the target the money retained will be

available to the CCGs, to be used to pay for the unbudgeted acute activity.

- 4.3 The balance of the performance allocation (the amount not set against the target for reduced admissions), will be available upfront. It will need to be spent on out-of hospital NHS commissioned services that have been agreed locally by the Health and Wellbeing Board.
- 4.4 It is acknowledged that much of the funding will be used for joint services and '...a simple way to account for that investment...' will be found.
- 4.5 The need to strengthen certain aspects of local plans is referred to and that new guidance from NHS England and the Local Government Association will be shortly issued. Exemplar plans from a small number of areas will also be published.
- 4.6 A new plan template will also be issued which will require additional financial data around metrics, planned spend and projected savings. This will be required to be submitted at the end of the summer.
- 4.7 The final part of the letter refers to the newly expanded Better Care Fund Programme Team, to be headed up by Andrew Ridley as the new BCF Programme Director.

5. Letter from Andrew Ridley (Appendix 2)

- 5.1 The new team's role is outlined in this letter, '...to ensure we drive forward progress and provide local areas with the support they need'. Priorities for the Programme Director are:
 - Establishing a programme management office;
 - Developing an effective offer of support to local areas;
 - Clarifying a revised, consistent and robust assurance process;
 - Strengthening communications and stakeholder engagement to ensure clear and consistent communication.
- 5.2 A weekly communication is planned and those wanting to receive this can sign up by emailing bettercarefund@dh.gsi.gov.uk
- 5.3 The letter also refers to the 'fast-track' process for a sample of the best draft plans. These will be 'exemplar' plans that others can use to improve their own Plan.
- 5.4 Finally he refers to the detailed guidance that will be published shortly and the need to wait for this '...to fully understand the implications of the BCF planning process'.

5.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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