Agenda Item No. 8

Health Scrutiny Committee – 22nd September 2014

Report of the Chief Accountable Officer, Dudley CCG

The Better Care Fund (BCF)

1.0 Purpose of Report	
	To advise the Committee on the current position in relation to the Better Care Fund.
2.0 Background	
	The Committee will recall that the Better Care Fund (BCF) was originally announced in June 2013 as an "opportunity to transform local services so that people are provided with better integrated care and support".
	In effect, this involves the creation locally of a pooled budget (the local BCF) using powers contained in Section 75 of the NHS Act 2006. The total minimum value of this for Dudley is £23.84m in 2015/16. This total amount is derived from 3 sources as follows:- • Dudley CCG - £13.533m • NHS England - £7.157m • Dudley Council - £3.151m This report sets out the current position in terms of developing our local BCF Plan which at the time of writing (10 September) was due to be submitted to NHS England on 19 September 2014
3.0 Report	
	At the time of writing this report, work was taking place to finalise the submission and brief the Chair of the Health and Wellbeing Board which has responsibility for its ultimate oversight. An update on the detail of the final submission will be made at the meeting. **Impact on CCG** The CCG's contribution to the BCF shown above will be a direct reduction from its budgetary allocation in 2015/16. This means that the CCG will have £13.533m less to commission services than it has in 2014/15 – an amount more or less equivalent to 50% of the contract value for commissioning mental health services for the population of Dudley.

The way in which the BCF is designed to deal with this is through services being transformed to reduce the level of emergency hospital admissions by an equivalent amount. This is to be achieved through the integration of health and care services locally, as well as investing in new services to prevent directly unnecessary admissions.

Service Integration

The notion of integrating local services to reduce admissions to hospital, reduce admissions to care homes and enable people to continue living their lives independently in their communities is something that was identified as a priority by the Health and Wellbeing Board in the Joint Health and Wellbeing Strategy. This predates the advent of the BCF and in this sense ensuring we have a BCF that is in balance and delivers on a series of key performance measures is a sub-set of a wider service integration programme.

The service integration model we are working towards is based upon creating integrated teams at practice, locality and borough levels.

The basic integrated team at practice level will consist of:-

GP
community nurse
mental health link worker
practice based pharmacist
social care link worker.

They will be led by the GP with appropriate input from a virtual ward case manager. There will be a "congruence of case load" for each member of the team - they will each have responsibility for serving the same group of patients. Some team members may additionally serve patients of other practices and be members of other teams (in which case there will be a similar congruency with workers serving those patients from other services). At any time the team members will all serve the same patients. There will be clear links from these teams to services at Locality and Borough level.

Under the leadership of the GP they will:-

hold primary care multi-disciplinary team (MDT) meetings on a regular basis;
review key performance data relating to the population they serve including admissions, avoidable admissions, delayed transfers of care, care home admissions and virtual ward status (in effect a sub set of the BCF performance framework).

At Locality level the team will consist of:-

GP
lead community nurse
lead social care link worker
lead mental health link worker

all the above are drawn from those working at practice/community of practices level. In addition, this team will consist of:-

Community Rapid Response Team rep
Virtual ward rep.
CVS Locality Link Development Officer

They will be led by a GP Clinical Leader

The team will be responsible for:-

holding a multi-disciplinary team (MDT) meeting of all those individuals identified above;
reviewing the collective performance of all the teams in their locality, through an aggregated performance report;
reporting on performance to the CCG locality meeting, in accordance with an agreed process;
ensuring that pathways from practice to Locality to Borough wide services function effectively.

A key principle behind this approach is that of shared responsibility – teams working together serving the same population and holding themselves to account for their performance.

To provide the appropriate level of capacity, in order to support the integrated practice teams to function effectively the CCG has commissioned a number of further community services. The main service of this nature is the Community Rapid Response Team which is designed to act as an alternative intervention for those frail elderly patients who would ordinarily have been admitted to hospital.

This service will be supported by a number of other services, including nurse practitioners and a community psychiatric nurse working specifically with care homes.

It is anticipated that this service will be the main contributor to reducing emergency admissions to the level required for the BCF to achieve financial balance.

Implementation of the Integrated Service Model

5 “early implementer” sites have been established and have begun to meet as multi-disciplinary teams. The lessons from these sites will be used to support the roll out of the model across all Dudley practices over the coming weeks. This is being supported by an extensive organisational development programme to build effective team working.

The Community Rapid Response Team is operational and once appropriate clinical governance arrangements have been finalised, this team will begin to deal with emergency calls which have traditionally been dealt with by the ambulance service. Other associated services have been recruited to.

The performance framework and reporting arrangements for individual teams is being put in place.

Revised BCF Guidance

Following publication of revised guidance on the BCF in July 2014, discussion shave

	taken place with regard to its implications for existing plans and the budgetary positions of both the Council and the CCG. The most significant change from the previous guidance is that the element of the fund that is payable on meeting performance targets is now solely related to reducing emergency admissions by an agreed amount. The financial value of this element of the BCF is £5.96m. This creates a level of financial risk greater than existed previously. **Timetable for Completion** At the time of writing this report, these discussions are still taking place. The final submission date to NHS England is 19 September 2014. Arrangements are being made to brief the chair of the Health and Wellbeing Board prior to submission and the Health and Wellbeing Board will receive a full report at its meeting on 30 September 2014. A verbal update on progress will be given to the Committee.
4.0 Financial Implications	
	The contributions to the BCF are as set out in paragraph 4. Above. The value of the performance element of the BCF is £5.9m
5.0 Legal Implications	
	The pooled budget to be used to facilitate the creation of the BCF will be created using powers contained in Section 75 of the NHS Act 2006.
6.0 Equality Impact	
	The integrated services model is designed specifically to respond to health inequalities identified in the Joint Strategic Needs Assessment and the CCG's Operational Plan
7.0 Recommendation	
	That the position in relation to The Better Care Fund be noted

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