DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

THURSDAY 17TH JULY 2014
2:00PM TO 4:00PM
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

AGENDA

	Time	Item	Lead	Information/ Discussion/ Decision
1	2:00pm	Welcome & Introductions	Cllr Neill	
2	2.05pm	Minutes from the meeting held on 15 May 2014 (attached)	Cllr Neill	Information
3	2:10pm	VARM (verbal update)	Station Manager M Lee	Information
4	2.20pm	Locality Project Chesterfield	A Milroy	Information
5	2.40pm	Health & Wellbeing Strategy Refresh	J Ilott	Information
6	3:00pm	CCG 5 Year Plans/Units of Planning	CCGs	Information
7	3.15pm	• BCF Shared Risks and Rewards • BCF Update	J Vollor/CCGs	Discussion Information
8	3.30pm	Specialist Home Care Evaluation	J Vollor	Decision
9	3.45pm	Healthwatch (attached)	P Arnold	Information
10	4:00pm	**FINISH**		

The next meeting of the Adult Care Board will take place on Thursday 18th September 2014 at 2:00pm in Committee Room 1, County Hall, Matlock.

Karen Lynam
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DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON THURSDAY 15 MAY 2014 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

PRESENT:

Cllr Clare Neill	CN	Derbyshire County Council Cabinet Member (Adult Care) **Chair**
Cllr Wayne Major	WM	Derbyshire County Council
Cllr Lillian Robinson	LR	North East Derbyshire District Council
Mary McElvaney	MMcE	Derbyshire County Council – Acting Strategic Director (Adult Care)
James Matthews	JM	Derbyshire County Council – Adult Care
Mat Lee	ML	Derbyshire Fire and Rescue
Peter Arnold	PA	Derbyshire Healthwatch
Lynn Wilmott-Shepherd	LWS	Erewash CCG
David Gardner	DG	Hardwick CCG
Clive Newman	CNw	Hardwick CCG
Jacqui Willis	JW	NDVA
Niki Cartwright	NK	North Derbyshire CCG
Kaye Knowles	KK	Probation
Jo Smith	JSm	South Derbyshire CVS
Andy Layzell	AL	Southern Derbyshire CCG

IN ATTENDANCE:

Karen Lynam	KL	Derbyshire County Council - Adult Care (Minutes)
Julie Vollor	JV	Derbyshire County Council – Adult Care

APOLOGIES:

Cllr Dave Allen	Derbyshire County Council Cabinet Member (Health & Communities)
Andrew Milroy	Derbyshire County Council – Adult Care
Roger Miller	Derbyshire County Council – Adult Care
Tony Morkane	Derbyshire County Council (Public Health)
Jayne Needham	Derbyshire County Council (Public Health)
Narinder Sharma	Derbyshire Carers
Gavin Tomlinson	Derbyshire Fire and Rescue
Umar Zamman	Derbyshire Fire and Rescue
Karen Macleod	Derbyshire Probation
Brian McKeown	Derbyshire Police
Cllr Barbara Harrison	Erewash

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Rakesh Marwaha	Erewash CCG
Avi Bhatia	Erewash CCG
Jim Connolly	Hardwick CCG
Andy Gregory	Hardwick CCG
Andy Gregory	Hardwick CCG
Steven Lloyd	Hardwick Health CCG
Jackie Pendelton	North Derbyshire CCG
David Collins	North Derbyshire CCG
Andrew Moody	North Derbyshire CCG
Andrew Mott	Southern Derbyshire CCG
Cllr John Lemmon	South Derbyshire District Council
Clare Watson	Tameside & Glossop CCG

Minute No	Item	Action
ACB 016/14	**WELCOME FROM CLLR NEILL AND APOLOGIES NOTED** **MINUTES FROM THE MEETING ON 13TH MARCH 2014 & MATTERS ARISING** The minutes from 13th March 2014 were accepted as a true and accurate record. Matter Arising: 010/14 – JV is to re-provide the action plan which was jointly prepared by the Health & Wellbeing Board and the Learning Disability Partnership Board. MMcE is to check the next date of the Task Force/Good Health Group and let the Board know. Health and Wellbeing Feedback will be a standard item on the agenda. KL to ensure this is done. CN asked that feedback be provided into this meeting of the CCG Integration Boards.	JV MMcE KL ALL
017/14	**DERBYSHIRE DEMENTIA STRATEGY REFRESH** • JV and DG provided an update for the Board and sought its support for the latest refresh. The purpose of the report is: o To seek Board endorsement for the reviewed and refreshed Derbyshire Dementia Strategy 2014/19. o To seek endorsement for the Joint Derbyshire Dementia Commissioning group to develop services based on the implementation plan up to 2019.	

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	The report was accepted. Further discussions and updates were given from the Board members: o 30% of patients are admitted due to falls initially before they are diagnosed. o Two implementation groups have been set up which will feed into other groups ie 21st Century. o DG producing a dashboard with Health (GEM). **Derbyshire Joint Dementia Strategy: Living Well with Dementia document** CN referred to P 15 - CN needs to understand how we are performing against the milestones. CN wants measures to come back to next meeting. DG to report back on the level of ownership/authorization coming from CCGs to tie into integrated care agenda. CN on behalf of the Board accepts the above document and requests assurance that it is delivering what is set out.	 ALL DG
018/14	**BETTER CARE FUND (BCF)** CN thanked JM for his contribution to the Adult Care Board and wished him well on his retirement which will be before the next meeting of the Board. • JM provided an update on the BCF. • At the last meeting of the Adult Care Board on 13 March the most up to date version of the BCF was supported, when it was recognised that it would change prior to its submission to the Health and Wellbeing Board on 3 April. The latest BCF Plan was approved at the Health and Wellbeing Board and submitted to NHS England on 4 April 2014.	

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<table>
<tr><td></td><td>Since then, work has continued on a number of tasks. These include:

• Developing proposals for the infrastructure to support the BCF, including the development and management of the pooled budget, the co-ordination of the overall programme and the establishment of the BCF Programme Board.
• Identifying how the reviews of the current integrated services will be undertaken.
• Reviewing the current services funded by the transfer from NHS to the County Council.

Specific Shared Risks and Rewards to be put on the Agenda next time – KL.

Peer Review – MMcE gave an overview, the visit will take place in July.</td><td>KL</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>019/14</td><td><u>TRANSFORMING CARE</u>
• JV gave an overview of the report. The purpose of the report is:

o To seek approval for the outline Joint Plan for People who have Behavior that Challenges.

• Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014. NHS England figures (March 2014) identified that out of the 2,577 people with learning disabilities currently in in-patient beds only 260 had a moving date and of those only 172 were before 1 June.
• In Derbyshire all hospital placements have been reviewed and six people have or will have moved to community based support by 1 June 2014. Two people are currently appropriately placed. Five people have outline plans that are subject to on-going clinical discussions. The need to obtain second opinions from independent psychiatrists has been identified for some individuals.
• At the request of the Winterbourne Joint Improvement Programme Team (Gateway ref: 01438) a submission containing narrative descriptions of the arrangements in place for all discharged individuals, and plans for those not yet discharged was made on 4 May 2014.
• Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behavior that accords with the model of good care.</td><td></td></tr>
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	• The strong presumption will be in favour of supporting the plan with pooled budget arrangements with local commissioners offering justification where this is not done. o The Board notes the contents of this report and agrees to receive regular updates on the joint delivery of the Action Plan. o The Board approves the outline Joint Plan for people with a Learning Disability who have Behaviour that Challenges.	
020/14	**<u>HEALTHWATCH – EXECUTIVE SUMMARY</u>** Peter Arnold gave an overview on this subject which was well received by the Board. See website at www.healthwatchderbyshire.co.uk.	
021/14	**<u>EXTRA CARE CONTRACT - UPDATE</u>** • MMcE – Extra Care contract. Housing 21 could not carry on – a report went to cabinet not to continue with the contract. This has now taken effect. Accommodation & Support is now being looked at to review the current strategy. • Any further information to be reported back to ACB.	
022/14	**<u>CCG 5 YEAR PLANS – NORTH AND SOUTH UNIT OF PLANNING (PRESENTATION)</u>** • AL and LWS gave a presentation. • CNw – presented a handout on ND unit of planning vision.	
023/14	**<u>ANY OTHER BUSINESS</u>** CN – to speak to Cllr Dave Allen – re the possible link to HWB.	**CN**
	The next meeting of the Adult Care Board will take place on Thursday 17 July 2014 at 2:00pm in Committee Room 1, County Hall, Matlock.	

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ADULT CARE BOARD

17th July 2014

Implementation of the Better Care Fund: Update

Purpose of report

The purpose of this report is to update the Adult Care Board about three key areas:

a. Government announcements made on 5th July 2014 which change the national policy implementation arrangements for the Better Care Fund (BCF);
b. The requirement for all areas to resubmit their BCF plans in response to these changes;
c. Our local response and next steps.

Background

National guidance was originally issued in August 2013 and January 2014, which required all Health and Wellbeing Boards to approve and submit a local Better Care Fund Plan by April 4th 2014.

BCF plans had to demonstrate the support of all partners including acute providers, meet a number of national conditions, and provide a baseline and trajectory against five national and one local metric (dementia diagnosis) against which the performance of the plan would be measured.

2014/15 is the preparatory year for the BCF. The full implementation of the developments within the plan and the financial allocations associated with these developments do not come into effect until 2015/16. For Derbyshire our BCF plan assumes a pooled budget of £57m; which is should be noted is not new money and is made up of funding from existing resources.

During April and May regional and national assurance has been taking place to assess the 151 BCF plans against the national requirements. During this period there have been a series of discussions between NHS England (NHSE) and Local Government, including ministerial level meetings between the Department of Health and the Department of Communities and Local Government to discuss the levels of assurance BCF plans provide at this early stage, in particular:

- The ability of plans to demonstrate evidence based schemes to reduce avoidable emergency admissions to a sufficient level of ambition;
- The involvement of acute providers in approving local plans.

At the time of the BCF submissions in April the BCF performance and financial regime did not entail any funds being held back centrally on the basis of performance. However there was a clear expectation that a local contingency/risk pool would need to operate, to be set out within the Section 75 agreement for each BCF, with effect from 2015/16.
If performance against the metrics did not reach the locally agreed thresholds, funds from this risk pool would be used to mitigate the financial consequences between partners.

There was also an expectation that if local areas were falling short of their trajectories additional support and oversight from NHSE and Local Government would be in place, where necessary, to assist with getting plans back on track.

Derbyshire's BCF plan submission on April 4th set out the level of contingency partners agreed for the financial plan, and the Joint Commissioning Co-ordinating Group is leading the work needed to develop the section 75 agreement and supporting risk sharing agreement. Initial work has taken place to scope the Derbyshire BCF approach to Risk and Rewards – see Appendix 1 and to identify underpinning principles. The letter 11th July 2014 from Andrew Ridley, the new national BCF Programme Director, "encourages" the Health and Wellbeing Board to wait until the detailed guidance has been issued to "fully understand the implications for the BCF planning process".

During June 2014 it became apparent that all local areas would shortly be asked to resubmit their BCF plans with additional evidence and assurance. On 5th July 2014 an announcement was made by the Department of Health setting out some fundamental changes to the BCF planning arrangements which we will need to take account of in our resubmission. Appendix 2 - a copy of the announcement.

15 areas were then 'fast-tracked' to resubmit their plans 9th July. They were issued with draft revised submission templates for this purpose. Derbyshire is not in this cohort. The aim is to take a sample of the best draft plans ahead of the publication of refreshed guidance which are envisaged to provide exemplar plans for other areas to use as part of improving their own plans.

On 11th July 2014 letters were sent out to the chairs of Health & Wellbeing Boards jointly from the Department of Health, Department of Communities and Local Government, NHS England and the LGA. Appendix 3 – copies of the letters.

The LGA and NHS England will shortly be issuing guidance on what a good plan should look like; together with exemplar plans from a small number of areas to assist with the process. Detailed guidance is also going to be provided on the revised pay for performance element of the BCF and local risk sharing arrangements. Plans will need to demonstrate clearly how they will reduce emergency admissions, as an indicator of the effectiveness of local health and social care services. Where local areas do not achieve their targets, the money not released will be available to Clinical Commissioning Groups (CCGs), principally to pay for the unbudgeted acute activity.

It is acknowledged that it is likely that local authorities will continue to receive the large majority of the BCF, with the expectation that plans will include a strong focus on reducing pressures arising from unplanned admissions.

NHS England will issue a revised BCF plan template which will request additional financial data around the metrics/ indicators, planned spend and projected savings for each project. Areas will be asked to submit the revised plans "by the end of the summer", but no date has yet been set.

There are three immediate main areas of change/concern to note in taking forward our local response, all of which are subject to further clarification and guidance.

1.There is now a very strong emphasis on the avoidable emergency admissions metric which will drive a number of potential changes and requirements:

- There may be a change to the overall number of metrics against which the plan will be measured;
- Avoidable emergency admissions will be the sole indicator underpinning the pay for performance element of the BCF;
- There is a change to the level of ambition for the avoidable emergency admissions metric. Each Health and Wellbeing Board is asked 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 per cent. The current BCF definition of the avoidable emergency admissions metric may be changed;
- Thee is likely to be a greater level of risk for Derbyshire in achieving the performance levels within the BCF plan;
- There will be more centralised and regular upward reporting requirements than anticipated;
- BCF plans become focused wholly on reducing avoidable emergency admissions within one financial year, and reduce our ability to implement medium term integration and prevention schemes, which are key to a sustainable change in shifting care outside of hospital.

2.Pay for performance has been re-introduced: A proportion of Derbyshire's current performance allocation, that is, our share of the national £1bn performance element of the fund, will be paid for delivery of the emergency admissions target. That proportion will depend on the local level of ambition of the target. This could mean:

- A proportion of the funds will held back centrally and allocated incrementally based on performance achieved, with effect from 2015/16;
- A reduction in the overall monies available in the Derbyshire BCF plan if we cannot achieve the level of performance for the avoidable emergency admissions metrics;
- A much greater level of central scrutiny, control and upward reporting in this performance regime;
- The potential loss of a locally flexible risk pooling arrangement, depending on how the centralised system works.

3.A requirement that a proportion of the funds allocated from 2015/16 are spent on NHS provision outside of acute hospital settings: this could mean:

- Less flexibility in implementing integrated care solutions (especially for non-NHS provider solutions)
- Adjustments may be needed to BCF plans if the threshold for expenditure on non-acute NHS providers is not considered adequate to meet the guidance.

The above changes and risks they represent could jeopardise the progress already being made between partners in Derbyshire as we set out our plans to transform health and care over the next 5 years.

It could lead to increased tensions between local government and NHS partners both nationally and locally, due to the high level of emphasis being placed on NHS finances/activity, which could be seen to be detracting from other aspects of the vision for integration, affecting the overall balance of BCF plans for the future, and placing additional risks on Adult Care budgets in particular

It is essential that we jointly assess the local implications of the above changes, work together on assessing the risks and mitigations, and agree any adjustments needed to our BCF plan together, so that we can:

- Continue our good progress in developing integrated care and support for local people;
- Provide a consistent message as a partnership about our intentions;
- Resubmit our BCF plan in line with the national requirements.

Proposals/Options

a) The work to digest the guidance and resubmit our BCF plan in line with the national timetable will be led by the Joint Commissioning Co-ordination Group.

b) If the national timetable does extend beyond August 1st, as appears likely, consider the feasibility/timing of an additional Health & Well Being Board meeting ahead of submission and confirm these arrangements as soon as possible.

c) The Joint Commissioning Co-ordination Group continues to meet to consider implications collectively and provide assurance that preparations and various analyses are already underway for the resubmission, using the materials issued to the first cohort of 15 areas.

d) Specific actions proposed during the next 2-3 weeks include:

   - Assessing the feasibility and risks associated with the 3.5% emergency admissions threshold, including quantifying the financial risks;
   - Analysing our current and future spend on NHS providers outside of the acute setting;
   - More detailed analysis by BCF scheme (this work was already in progress) against each of the BCF metrics to give additional assurance on impact by scheme;
   - Recommending any adjustments to the plan;
   - Populating the revised submission templates;
   - Digesting the additional guidance when available.

e. A further policy announcement was made by Simon Stevens, the Chief Executive of NHSE, on 9 July relating to personal budgets. This also has implications for the integration and the BCF see Appendix 4 for information.

Consultation/Patient and Public Involvement

The revised draft guidance requires additional information on patient experience. It also clarifies the metric; that the national measure will not be in place in time to measure improvements in 2015/16. Health and Wellbeing Boards are asked to provide local plans in line with revised guidance. The timescales for resubmission are likely to prevent wider engagement.

Resource Implications

The changes to the national arrangements for the BCF could lead to a reduction in the funds available within the Derbyshire BCF, depending on the pay per performance guidance which has not yet been published.

Timetable for Decisions

In the absence of firm guidance, we are currently planning for a resubmission by 1st August 2014.

Conclusions/Recommendations

The Adult Care Board is asked to:

- Consider and discuss the implications of the changes outlined in the report;
- Approve the next steps/actions as set out in the report;
- Provide joint leadership and support in directing the work of the Joint Commissioning Coordination Group over the next period of BCF resubmission.

Better Care Fund: Risk and Reward Share - Scoping

Introduction:

'Integration in Derbyshire – an Accord' is a report produced by a group comprising members of the Health and Well-being Board and other key stakeholders following a series of meetings in autumn 2013.The purpose of the report was to form the basis on an emerging Integration Strategy for Derbyshire. One of the challenges identified was how risk and reward sharing would work in practice.

This paper aims to set out some principles for risk and reward sharing across the health and social care community.

Background:

At the time of the Better Care Fund (BCF) submissions in April, the national BCF performance and financial regime did not entail any funds being held back centrally on the basis of performance. This may change, due to the re-introduction of Payment for Performance, but at the time of writing, the final guidance has not yet been issued.

There was a clear expectation that a local contingency/risk pool would need to operate, to be set out within the S.75 agreement for each BCF, with effect from 2015/16. The recently issued outline guidance asks each Health and Wellbeing Board to propose their own "performance pot" based on "their level of ambition for reducing emergency admissions". Where local areas do not achieve their targets, the money not released will be available to Clinical Commissioning Groups (CCGs), principally to pay for the unbudgeted acute activity.

Further detailed guidance on the revised pay for performance and risk sharing arrangements is due to be issued by NHS England in the near future.

Derbyshire Better Care Fund:

The Better Care Fund (BCF) plan which was approved by the Health and Well Being Board on 3rd April 2014 sets out the Governance structure for the Better Care Fund.

A Project Accountant (Pool Fund Manager) has been identified for the Better Care Fund and will be responsible, together with the Chief Finance Officers from the CCGs, for establish principles and working arrangements for the S.75 pooled budget that will be required for the Better Care fund 2015/16.

The Integrated Community Equipment Service (ICES) budget is included in the Derbyshire BCF and will form part of the risk and reward arrangements.

The Derbyshire Better Care Fund Plan contains a Risk Log which sets out the most important risks and plans to mitigate them. This will be reviewed on a regular basis and prompt action taken to manage risks.

The underpinning approach to the Better Care Fund of working together to further health and social care integration in Derbyshire, with joint responsibility to make it succeed.

The Joint Commissioning Co-ordination Group which includes senior managers of the Derbyshire CCGs and Adult Care meets on a monthly basis and will receive monthly reports from the Pool Fund Manager on the pooled budget. Regular reports will be presented, at a minimum of quarterly, to the Adult Care Board, the Health and Wellbeing Board and the CCG Boards.

Proposed scope and underpinning principles of the Derbyshire Risk and Reward Sharing Agreement

The Risk and Reward Sharing Agreement will:

- Provide all partners with an unambiguous understanding of how risks and rewards will be shared;
- Assist in deciding who is responsible for identifying and controlling risks and rewards;
- Identify what liabilities should be shared;
- Establish a fair method for valuing and determining the apportionment of shared risks and rewards in proportion to the other costs and benefits inherent in the partnership.

By entering into an agreement and keeping it as simple as possible, it encourages all partners to work together to resolve any problems that might arise.

There are two main areas of risk and reward:

1. Shared risks and rewards between the parties to the S.75: the Council and the five Clinical Commissioning Groups;

and

2. Shared risks and rewards between the BCF pooled budget and the Acute Trusts.

Options for Risks and Rewards are set out below, but will need to be amended and enhanced after the final national BCF guidance on risk sharing is issued.

Risk /Reward	**Agreement**
Overspend of Pooled Budget	Risk is shared according to the parties respective contributions to the pooled budget
Underspend of the Pooled Budget	Any surplus will be invested in planned BCF schemes, as agreed by all parties to the Agreement and endorsed by the Health and Well being Board.

Reduction in the overall pooled fund due to budget cuts affecting any of the partners	It is agreed by the Parties that they shall not make any unilateral reduction to their budget allocation.
Benefits accruing to one partner which have a direct causal link to the interventions of another partner	Account taken of this in the wider integration economy

DH BCF announcement

Weblink to article on DH website

https://www.gov.uk/government/news/better-care-plans-to-provide-dignity-independence-and-reduce-ae-admissions

Article in Full

Plans to improve out of hospital care for the elderly and vulnerable will reduce emergency admissions.

Plans to improve out of hospital care for the elderly and vulnerable will reduce emergency admissions, the Department of Health and Department for Communities and Local Government announced today (5 July 2014).

Following a review of the first set of local plans for the Better Care Fund, a renewed agreement has strengthened a commitment to bring health and care service providers closer together to make joint decisions, ensuring more people receive joined-up, personalised care closer to home. The fund and the benefits it is creating will be an enduring feature of health and care provision beyond 2016.

Building on existing practices whereby local government already purchases care services from a range of suppliers, the fund, with a shared budget of at least £3.8 billion, will bring from next April:

- more dignity and independence for the frail and elderly by providing the care they need at or closer to home
- 7-day health and care services — to ensure that people can access the care they need when they need it
- a named professional— who can join up services around individuals, and prevent them from falling through the gaps
- better data sharing — so that people don't need to endlessly repeat their story to every professional who cares for them
- joint assessments — so that services can work together to assess and meet people's needs all in one go

Today's news means that as well as providing this kind of service to patients, Health and Wellbeing Boards – made up of councils and local health services – will be able to set their own performance pot with a guideline reduction in unplanned admissions of at least 3.5%. This equates to at least 185,500 fewer admissions a year. The balance of their current performance allocation will then be spent on NHS-commissioned community services.

Following a review of 151 local area 'Better Care' plans, NHS England and the Local Government Association (LGA) found that more than 80% of local area plans are on course to transform 'out of hospital' services. NHS England and the LGA have also identified 14 areas that can fast track the completion of their plans because they are already showing high potential, some 9 months out from the formal start of the programme.

The plans will be further reviewed by DCLG Permanent Secretary Sir Bob Kerslake and NHS Chief Executive Simon Stevens later in the summer to ensure they are ambitious enough to achieve improvements in care and that every area is on track to begin in April next year. In order to drive this through at pace a new Better Care Fund programme director will also be appointed with an expanded team, working across Whitehall, local government and the NHS.

More than 100 Clinical Commissioning Group areas have expressed an interest in 'co-commissioning' primary care services. This will mean that GPs have unprecedented involvement in not only how hospital services should be shaped to meet the needs of their patients, but also how primary care services are set up to prevent people from experiencing unnecessary hospital visits.

Health Secretary, Jeremy Hunt said:

Local authorities and the NHS are making excellent progress in developing plans that will give patients better, joined up care and allow hospitals to focus on treating the people who really need to be there. The plans are packed full of ideas and show that strong partnerships are being forged with different teams like never before.

Successive governments have talked about bringing the NHS and social care together for decades – this is the first, transformative step to making that a reality. We will continue to nurture and support the development of these plans to deliver our shared ambition so that every part of the country provides better care for patients closer to home.

Secretary of State for Communities and Local Government, Eric Pickles said:

The Better Care Fund is about bringing health and social care together to provide better, more dignified care and independence for the elderly and vulnerable, not leaving them with no choice but to turn up at A&E or be stuck unnecessarily in hospital for weeks when they could be helped at home. The great advantage of the system is local flexibility to get the mix of services right for the user. The revised plans will help cement this new partnership at a local level, with services built around the user, and provide a good deal for the taxpayer too.

Chief Secretary to the Treasury, Danny Alexander said:

This fund will help ensure more people benefit from the dignity and independence of being cared for at home instead of a hospital ward. Empowering local areas by pooling budgets will help unlock real improvements in a wide range of public services in the years to come.

It's clear from the plans we have seen that these are only first steps in improving services. The Better Care Fund will be an established feature of the care system for the coming years so areas can continue to fund care designed around people's needs rather than institutional divides.

Care and Support Minister, Norman Lamb said:

Too often care is uncoordinated, leaving too many people needlessly going back to A&E again and again. We want to make the system fairer and provide better care for patients, no matter where

they are being treated. We already have 14 pioneer areas proving that an integrated approach can save money, reduce demand on services and improve patient care.

Background information

1. Up to £1 billion of the Better Care Fund will be allocated to local areas to spend on out-of-hospital services according to the level of reduction in emergency admissions they achieve. Local areas will agree their own ambition on reducing emergency admissions and they will be allocated a portion of the £1 billion performance money in the fund in accordance with the level of performance against this ambition. The remaining money from the performance pot not earned through reducing emergency admissions will be used to support NHS-commissioned local services, as agreed by Health and Wellbeing Boards.
2. Revised guidance for local areas to shape the further development of local Better Care Fund plans will be set out shortly. This will include information on the revised performance payment scheme, as well as specific areas where local plans need to be strengthened through providing further detail on local plans.
3. We expect local areas to submit revised plans later in the summer, ahead of a further process of national assurance and ministerial sign off. Better Care Fund plans will launch in all local areas from 1 April 2015, as set out in the 2013 Spending Review.
4. Based on 2013/14 figures the total number of emergency admissions in 2013/14 was 5,300,439.
5. The 14 areas that can fast-track the completion of their plans are:

- Dudley
- Hammersmith and Fulham
- Kensington and Chelsea
- Westminster
- Greenwich
- Leeds
- Liverpool
- Nottinghamshire
- Reading
- Sunderland
- Rotherham
- Torbay
- Warwickshire
- Wiltshire

Department of Health

Department for Communities and Local Government

Dear Health and Wellbeing Board Chair

11 July 2014

BETTER CARE FUND

Thank you for the progress you have made so far with your preparations to implement the Better Care Fund. We know that local plans contain a clear commitment to ensure more people receive joined-up, personalised care closer to home. This letter sets out how you will continue to be supported to get the plans ready for implementation from April 2015. Following the recent announcement on the Better Care Fund, we also want to tell you about some changes we are making to further develop the programme.

We remain convinced that the shift to integrated care is the right way to deliver a sustainable health and social care system that can provide better quality care and improve outcomes for individuals. That is the way we can preserve people's dignity by enabling them to stay in their own homes, and to receive care and support when and where they want and need it. That is why the Government remains fully committed to the Better Care Fund and are clear that pooled health and care budgets will be an enduring feature of future settlements.

The Better Care Fund is deliberately ambitious. The majority of local draft plans submitted in April showed that same ambition. We recognise the scale of the task of transforming local services and the plans show how significant progress has been made in bringing together organisations and moving to a new and more collective way of working. We were particularly pleased to learn that most of the plans were addressing key conditions such as a commitment to seven day working, better sharing of information and protection of social care services.

We know that we need to shift as quickly as possible from improving and assuring the plans to letting local areas get on with delivery. However, we believe there is more to do over the next few months to ensure a strong first year.

Pay for Performance and Risk Sharing

First, as announced earlier in the month we are finalising arrangements for the pay for performance element of the fund and, as part of that, putting in place a clear framework for local risk sharing.

We know that unplanned admissions are by far the biggest driver of cost in the health service that the Better Care Fund can affect. We need the plans to demonstrate clearly how they will reduce 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.

We are therefore asking each Health and Wellbeing Board 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 per cent. A proportion of your current performance allocation (i.e. your area's share of the national £1bn performance element of the fund) will be paid for delivery of this target. That proportion will depend on the level of ambition of your target. Where local areas do not achieve their targets the money not released will be available to the CCGs, principally to pay for the unbudgeted acute activity.

The balance of your area's current performance allocation (i.e. the amount not set against the target for reduced admissions) will be available upfront to areas and not dependent on performance. Under the new framework, it will need to be spent on out-of hospital NHS commissioned services, as agreed locally by Health and Wellbeing Boards.

In reality we know of course that a lot of the investment from the Fund will be in joint services. We welcome that and will find a simple way to account for that investment.

This change will mean that while it is likely that local authorities will continue to receive the large majority of the Better Care Fund, the NHS will have the assurance that plans will include a strong focus on reducing pressures arising from unplanned admissions.

This change also means that, because of its importance in terms of driving wider savings, reductions in unplanned admissions will now be the sole indicator underpinning the pay for performance element of the BCF. Performance against the other existing metrics will no longer be linked to payment. However, we will still want to see evidence of strong local ambition against them as part of the assurance of plans.

Plan Improvement and Assurance

Second, certain aspects of local plans need to be strengthened to ensure we are ready to deliver from April 2015. NHS England and the LGA will shortly be issuing guidance on what a good final plan should look like. NHS England will also be publishing exemplar plans from a small number of areas to help the process.

In addition, NHS England will issue a revised plan template which will request additional financial data around metrics, planned spend and projected savings. They will also provide further detailed guidance on the revised pay for performance and risk sharing arrangements.

We expect that areas will be asked to submit revised plans and any further information at the end of the summer. NHS England, supported by the LGA, will also set out the assurance

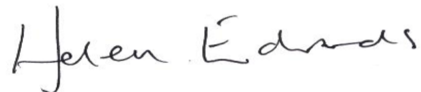
and moderation process. Where localities need support to complete their plans NHS England, supported by the LGA, will discuss how best to provide this.

The plans will be further reviewed by DCLG Permanent Secretary Sir Bob Kerslake and NHS Chief Executive Simon Stevens in the autumn prior to submission to Ministers to ensure they are ambitious enough to achieve improvements in care and that every area is on track to begin in April next year.

Better Care Fund Programme Team

Third, in order to drive this through at pace an expanded joint Better Care Fund programme team has been established, working across Whitehall, local government and the NHS. Dame Barbara Hakin, National Director: Commissioning Operations, NHS England, will take on overall responsibility for delivery through this team. The expanded team is headed by Andrew Ridley as the new BCF Programme Director. A key priority for the new team will be ensuring that, given the fast-moving nature of the programme, you are kept fully up to date and provided with the support you need to deliver effective plans and move into implementation. Andrew will be writing to you shortly to outline his plans for doing this, and to begin a regular programme of communication with local areas.

We recognise that in order to make integrated services a reality, you have achieved a lot already over a short space of time. We would like to thank you again for your hard work, and to reiterate that the Government remains absolutely committed to making the Better Care Fund and integrated services a success. We know that you share our ambition to transform local services for the benefit of all who use them.



JON ROUSE **HELEN EDWARDS**

11 July 2014

Dear Health and Wellbeing Board Chair

BETTER CARE FUND PROGRAMME TEAM

Helen Edwards and Jon Rouse have written to confirm a number of important developments on the Better Care Fund. This included my appointment as the new Better Care Fund Programme Director, and the establishment of an expanded joint programme team. I am writing now to begin a regular programme of communication, and to set out my plans for working with you to help make a success of the BCF. I would encourage you to share my thoughts with colleagues and partners working on BCF plans locally.

As set out in Helen and Jon's letter, I am heading up an expanded joint team that includes colleagues from NHS England, the LGA, DH and DCLG, working under the leadership of Dame Barbara Hakin, National Director: Commissioning Operations, NHS England, who will take on overall responsibility for the programme. The team, reporting to me, has been brought together to ensure we drive forward progress and provide local areas with the support they need. I have prioritised a number of work areas, in order to take the programme forward with clarity and purpose:

- Establishing a programme management office, which will work to quickly ensure a shared understanding of key deliverables and deadlines – when we have clear dates and deadlines we will share them
- Developing an effective offer of support to local areas to ensure they are fully supported to develop the best plans possible – including how the plans of 'fast track' areas can act as exemplars
- Clarifying a revised, nationally consistent and robust assurance process, including being clear on what is being asked from local areas
- Strengthening communications and stakeholder engagement to ensure that all partners and stakeholders communicate clearly and consistently across the programme

This is a fast-moving programme working to challenging deadlines and I recognise the fluidity recent events have created in the system. To ensure you are kept fully up to date going forward, I am planning to issue a weekly communication to all areas. This will begin next week. If it would be helpful for any colleagues in your area to be included in this communication, please email bettercarefund@dh.gsi.gov.uk with their details.

The recent letter from Helen and Jon confirmed that a revised plan template and guidance will be issued to support the further improvement of plans locally and to underpin the strengthened pay for performance and risk sharing arrangements. I recognise that this will

mean additional work and that we will need to review current timescales, and in this context I am clear that we also need to ensure areas have the time necessary to adequately prepare for implementation from next April.

I also recognise the need to ensure local areas are fully supported to agree and implement ambitious, deliverable plans. I will communicate the next steps on this as soon as I can and in any case before the end of the month. In the meantime, I would like to clarify a couple of specific points that have been brought to my attention.

First, I wanted to clarify arrangements around the areas subject to a "fast-track" process, as announced last week. The aim of this process, which is underway, is to take a sample of the best draft plans and support those areas to further improve the plans ahead of publication of refreshed guidance. These plans have not been approved but have been identified as ones which exhibit strong potential, and which we envisage can provide 'exemplar' plans for other areas to use as part of improving their own plans.

Second, I would like reassure you that we will be issuing refreshed guidance that includes further detail on the changes to the risk sharing and pay for performance framework outlined in the letter from Helen and Jon Rouse. This will include more detail on the full range of performance metrics. I appreciate there is a degree of uncertainty over the details of these changes, so I would encourage you to wait for this detailed guidance to fully understand the implications for the BCF planning process.

I look forward to working with you.

Andrew Ridley
BCF Programme Director

NHS England Publications Gateway Reference: 01905

NHS ENGLAND CHIEF OFFERS LOCAL GOVERNMENT LEADERS RADICAL NEW HEALTH AND SOCIAL CARE INTEGRATION OPTION

High-need individuals to be offered ability to control their own blended NHS and community care, in partnership with voluntary sector.

The NHS will offer local councils across England a radical new option in which individuals could control their combined health and social care support, Simon Stevens CEO of NHS England will announce today.

Speaking at the annual conference of the Local Government Association in Bournemouth, Stevens will set out plans for a new Integrated Personal Commissioning (IPC) programme, which will for the first time blend comprehensive health and social care funding for individuals, and allow them to direct how it is used.

Four groups of high-need individuals are likely to be included in the first wave from next April 2015, although councils, voluntary organisations, and NHS clinical commissioning groups may also propose others. These are:

- people with long term conditions, including frail elderly people at risk of care home admission

- children with complex needs

- people with learning disabilities, and

- people with severe and enduring mental health problems.

At the same time, voluntary/Third Sector organisations will be commissioned locally to support personal care planning, advocacy and service 'brokerage' for these individuals enrolled in the IPC programme.

This new approach builds upon, but is in addition to, the constructive joint work now under way locally on the groundbreaking Better Care Fund.

It also extends and combines current work on 'year of care' NHS commissioning, personal budgets in 'continuing care', and the early experience of 14 'integrated care pioneers'. (For more details of these, see Notes to Editors, below.) The new IPC programme does not require any structural reorganisation in either the NHS or local authorities.

In his speech today Simon Stevens will say:

"Patients, service users and carers have the biggest interest in getting things right, but they can only do so if we give them real power to shape their own care.

"If Beveridge was alive today he'd clock the fact that - given half a chance - people themselves can be the best 'integrators' of the health and social care they are offered.

"We need to stop treating people as a collection of health problems or treatments. We need to treat to them as individuals whose needs and preferences should be seen in the round and whose choices shape services, not the other way round.

"That's the big offer the NHS increasingly has to make to our fellow citizens, to local authorities, and to voluntary organisations. We need a double N in 'NHS' - a National Health Service offering more Neighbourhood health support."

Under the new IPC programme, a combined NHS and social care funding endowment will be created based on each individual's annual care needs. This will blend funds contributed from local authorities and NHS commissioners (CCGs and NHS England). Individuals enrolled in the programme will be able to decide how much personal control to assume over how services are commissioned and arranged on their behalf.

NHS care will in all cases remain free at the point of use, and available according to individual need.

NHS England will now work with partners in local government, CCGs, patient groups and the voluntary sector to develop an IPC Prospectus which will be published at the end of July. This will formally invite local expressions of interest in jointly developing and participating in the IPC programme from April 2015.

NHS England will provide technical support to develop projects, and fund independent evaluation. Wider scale rollout of successful projects is envisaged from 2016/17.

Experience with pilots has shown that this approach has the potential to join-up services and funding at the level of the individual, for people who often need multiple services. It gives control to those people who have the biggest interest in getting things right - people receiving services and their carers. It often brings in peer support, and is a source of innovation and expertise on what really works in practice. It allows people to flex support over the year as conditions get better or worse, and brings different expertise to the care planning process. (For actual case studies of individuals who have benefited from this approach, see the examples set out below.)

Notes to editors

Prior research and practice

The new IPC programme draws on and expands upon prior research and practice in several related areas. These include the NHS' so-called 'year of care' commissioning pilots, personal health budgets, and fourteen local 'integrated care pioneers'. Details of each are as follows:

1. Year of Care Early Implementation sites:

http://www.icase.org.uk/pg/cv_content/content/view/116506/88229

http://www.kingsfund.org.uk/sites/files/kf/sir-john-oldham-year-of-care-capitation-payments-jan13.pdf

2. Personal Health Budgets:

A summary of the original controlled trial of personal health budgets is at: http://www.personalhealthbudgets.england.nhs.uk/_library/Resources/Personalhealthbudgets/Toolkit/PHBHowToGetGoodResults.pdf.

http://www.personalhealthbudgets.england.nhs.uk/About/

Personal health budgets began under the last government and have continued under the current Administration. Under the NHS Mandate, from April 2014 people eligible for NHS Continuing

Healthcare funding (people with very high health needs) have a 'right to ask' for personal health budgets and every CCG in the country is engaged in a national support programme to get ready for this. Sites that have been going beyond the Continuing Healthcare requirement are exploring offering personal health budgets to people with long term conditions, children and their carers, and people who use mental health services.

3. Integration Pioneer sites:

https://www.gov.uk/government/news/integration-pioneers-leading-the-way-for-health-and-care-reform--2

healthwatch Derbyshire

Intelligence Report

Please direct all enquiries to Helen Hart, Intelligence and Insight Co-ordinator, helen@healthwatchderbyshire.co.uk, alternatively telephone: 01773 880786

BACKGROUND

Healthwatch Derbyshire was set up on the 1st April 2013, as a result of the Health and Social Care Act 2012.

Healthwatch Derbyshire, as part of a network of 152 local Healthwatch organisations has an important role as consumer champion and, in order to fulfil this function, it is crucial that we effectively use feedback to impact on decision making.

The purpose of this report is to share relevant public opinions and experiences in an evidence based way to inform and influence key stakeholders from across the health and care community in Derbyshire.

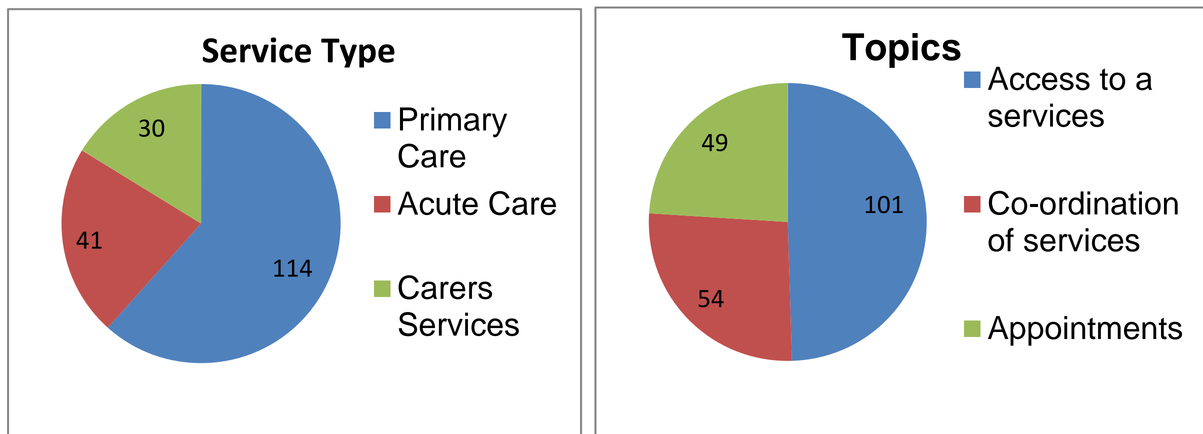
Healthwatch Derbyshire gathers together individual comments from patients and the public about their experiences of using health and social care services which are logged onto an internal database. This allows us to link all individual comments together to show emerging issues, trends and themes and so strengthens the collective voice of patients and the public. We can then take appropriate action in response, in line with the principals set out in our escalation policy, available at http://www.healthwatchderbyshire.co.uk/policies

This is not a substitute for making an individual complaint about a service if individuals are dissatisfied. Signposting to other services as appropriate is an important part of the function of Healthwatch Derbyshire.

All individual comments are routinely shared on a monthly basis through our Information Sharing arrangements with service providers and commissioners.

Our information sharing systems also encourage providers and commissioners to triangulate their patient experience information with Healthwatch Derbyshire. We use this information, along with other sources of publicly available data to triangulate with our information to help inform our priorities and actions.

ENGAGMENT ACTIVITY



The pie charts above show the three 'Service Types' we hold the most information on along with the three 'Topics' that are the most talked about.

- The Service type data has been in some way influenced by our engagement activity, which focused on carers and mental health service receivers until February 2014, when it moved to Acute Care and Patient Transport Services.

  We are planning to produce two discussion reports that will highlight the issues raised during these two pieces of engagement this Summer. The Mental Health Report is waiting for the results of a questionnaire which is currently in circulation, looking at the use of Improving Access to Psychological Therapies (IAPT) services, which we are conducting in partnership with Hardwick Clinical Commissioning Group (CCG).

- **Acute Care and Patient Transport Services Engagement:** These two engagement topics will continue until July 2014. Corresponding discussion papers will be produced, and the Patient Transport discussion report will include data from the recent Enter and View observation of NSL (a provider of non-emergency patient transport in Derbyshire) carried out in May 2014.

- **General Practice, Out of Hours and Dentistry Engagement**: These are the engagement topics we have chosen for the summer. These widely used services have been selected to start a conversation with the public at a wide range of summer engagement events.

- **Children and Young People Engagement**: Engagement with Children and Young People became a priority from April 2014. Consequently, engagement activities will also be developed and extended throughout 2014.

- **Experiences of using Homecare services** : A piece of work capturing experiences of using Homecare services will be taking place from July - October 2014. We have relatively few comments to date about this service type. However, the inherent risk presented by this type of service is high, which was the rationale for the work. A report will be published in Autumn 2014 to show the findings.

- **Experiences of using the Autism Pathway:** A piece of work looking at the experiences of parents and carers using the Autism Pathway is being conducted over the Summer, involving open non-structured interviews with parents and carers who

have been through the pathway to diagnosis in the past year. We are currently in the process of identifying parents/carers to take part in the study.

ENTER AND VIEW

Enter and View is a way of seeing and hearing for ourselves how services are being run and collecting the views of users at the point of service delivery. Authorised Representatives for Healthwatch Derbyshire are trained to enter a service, either announced or un-announced, to observe a provider's practice in action. Healthwatch has the power to Enter and View any publicly funded place where health and social care services are delivered.

- **'What Good Looks Like' Enter and View Programme**

This programme had the aim of observing 'What Good Looks Like' within a care home setting. Hence 10 care homes were randomly selected who had been awarded the Derbyshire County Council Bronze Dignity Award. The purpose of the Enter and View visit was to:-

- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.

The individual Enter and View reports and a corresponding Executive Summary have been published at http://www.healthwatchderbyshire.co.uk/reports .

Unsafe Discharge: A theme emerged as part of this programme which involved the discharge process from hospital back to care home, with many examples of unsatisfactory and unsafe discharge being highlighted as a concern by many homes involved.

Examples include:

- Some homes sent care plans with residents and felt that this was a useful resource being at worse lost, or at best not used to its full potential.
- Other useful information about the resident does not move between wards and gets lost, as can medication, personal possessions and aids.
- Discharge information is often poor, sometimes it lacks detail about future care needs, it can be inaccurate and has been on occasion for the wrong person.
- Provision of the correct medication at discharge is variable.
- Communication about discharge arrangements is often poor.
- On occasions residents are inappropriately dressed for discharge.

Some of these issues simply present an inconvenience to the home, but certain instances were highlighted that have caused distress to the resident and, at worst, have presented a risk to patient safety.

One incident highlighted involved a resident who was returned to the home in an unfit state and had to be returned to hospital because appropriate actions had not been taken to control their diabetes during the discharge period. The resident was found to be in a diabetic coma when they arrived at the home and the Manager had to insist that the Ambulance Crew took the patient back to the hospital. This is clearly now a priority for Healthwatch Derbyshire.

- NSL Enter and View

This was an observation of NSL, a provider of non-emergency patient transport, in May 2014. The results of this will be published in July 2014.

- Perceptions of residents in care homes

This programme involves Enter and View visits in a sample of care homes across Derbyshire to evaluate how perceptions of care relate to CQC judgements made at inspection. These visits will be conducted over the Summer of 2014 and a report will be published in Autumn 2014. This work has been developed with support from the University of Derby.

IN SUMMARY

Engagement work completed (reports pending):

- Carers — Report July 2014

Engagement work in progress:

- Acute Care — Report August 2014
- Patient Transport (including NSL Enter and View) — Report August 2014
- Mental Health Service Receivers IAPT Questionnaire — Report August 2014
- Children and Young People

Engagement work planned:

- GPs, Out of Hours and Dentistry — Report Autumn 2014
- Homecare Services — Report Autumn 2014
- Autism Pathway — Report Autumn 2014
- Perceptions of Residents in Care Homes — Report Autumn 2014

Healthwatch Derbyshire reports draw together the evidence received from our engagement activity and present a summary of findings and any recommendations that we feel are reflected in the findings. They are a key mechanism for sharing relevant public opinions and experiences in an evidence based way.

All papers are published on our website at http://www.healthwatchderbyshire.co.uk/reports.

CURRENT RECOMMENDATIONS

Healthwatch Derbyshire recommends that theme regarding poor discharge from Acute Trusts to Care Homes is noted and any appropriate actions from this group are given consideration. This is in the Enter and View section of this report.