

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14th April 2014

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PORTFOLIO: Cllr Walsh. Commissioner for Health and Wellbeing.

PART I **KEY DECISION**

BETTER CARE FUND AND LOCAL DELIVERY PLAN

1. **Purpose of Report**

- 1.1. This report introduces the Better Care Fund (BCF) to the Cabinet and explains the work that has taken place to plan the use of this funding in Slough. It also outlines the implications, benefits and risks of the implementing the BCF and requests endorsement for the final Slough BCF delivery plan which was submitted to NHS England on 4th April 2014.

2. **Recommendation(s)/Proposed Action**

- 2.1 The Cabinet is requested to resolve:
- (a) That the future planned activity set out in section 6 of the report and the benefits, implications and risk associated with the BCF planning for Slough set out in section 7 be noted.
- (b) That the Slough Wellbeing Board (SWB) sign off of the final Slough BCF delivery plan for submission to NHS England be endorsed.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan**

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

3.1 **Slough Joint Wellbeing Strategy Priorities**

The actions the local authority and Clinical Commissioning Group (CCG) will take to address the requirements of the BCF, will aim to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities as set out below.

Priorities:

- Economy and Skills
- Health

- Regeneration and Environment
- Housing
- Safer Communities

It will do this by promoting people's wellbeing, enabling people to prevent and postpone the need for care and support and putting people and families in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility. The longer term impact of improved wellbeing will be visible, thus contributing positively in improving the image of the town.

3.2 Joint Strategic Needs Assessment (JSNA)

The following key facts and figures have been taken from the JSNA 2013 relevant to the BCF local delivery plan. The aim of the local authority and CCG will be to address the potential needs identified from the JSNA through our joint BCF delivery plan.

Residential and Nursing Care Provision

- The 2011 Census results indicated that whilst the national older people population is increasing, Slough's population aged 50 and over has reduced. However, with the proportion of people aged 65 years and over predicted to grow by 16% in the period to 2020, the Council and CCG needs to consider alternative models of care and support particularly in Sloughs overreliance on residential and nursing provision for over 65s compared to the national average.

Access to Personalisation and Social Care Services

- The Government set a national target to ensure that at least 70% of all people eligible for publicly-funded adult social care support were receiving a personal budget by April 2013. The [Department of Health](#) note that this target ensures that "personalised care becomes standard practice" for all. A survey by the [Association of Directors of Adult Social Services](#) (ADASS) indicated that this target had been met nationally, although the [Adult Social Care Outcomes Framework](#) measure suggests that 56% of Service Users and Carers received a personal budget in 2012/13.
- In 2012/13, 58.5% of Slough's Adult Social Care Service Users and Carers received a personal budget and/or self-directed support. This was a higher proportion than the England average of 56%, but lower than the South East average of 60.3%.
- However, the number of people receiving their Personal Budget through a Direct Payment was much lower in the Slough Borough at 5%, compared with the national average of 16.5%. Direct Payments are the preferred method for delivering Personal Budgets to Service Users and Carers, as they give individuals greater flexibility, choice and control about what support they receive.

Other facts and figures which will contribute to addressing needs identified from the JSNA:

- Injuries due to falls are measured as part of the [Public Health Outcomes Framework](#). In 2011/12, Slough had 2,053 emergency admissions for falls injuries per 100,000 people aged 65 and over. This is significantly higher than the national figure of 1,665 per 100,000 population.

Excess winter deaths

- Deaths in Slough increased by around 14% during the winter months of 2008-2011 compared to the other seasons of the year. Excess winter deaths in Slough follow a similar pattern over time to those nationally ([Public Health England](#)).

Seasonal flu

- According to data from the NHS Thames Valley Local Area Team, 75.4% of adults aged 65 years and over in Slough received a flu vaccination between September 2012 to January 2013 which is in line with the National target of 75%

Dementia

- 329 people (0.2% of the population) are recorded on Slough GP registers as having dementia, according to the [Quality and Outcomes Framework](#) for 2011/12. This is significantly below the expected number for Slough and is expected to rise following dementia awareness training funded through the national dementia challenge campaign.
- Social Situation: Slough Borough Council's Adult Social Care Survey asked Service Users about their social situation in 2011/12. The [Health and Social Care Information Centre](#)'s results show that Older People accessing services in Slough reported that they felt they have less social contact than the national or South East regional response. The majority did, however, feel that they have at least adequate social contact.

Many of the above factors affect people under 65 and continue to impact into old age. They present significant challenges that require considerable service planning and partnership working.

The JSNA highlights that 66% of people with chronic heart failure have 4 or more long term conditions, and as a result, 20% of the resources of the local clinical commissioning group are used to support those with four or more long term conditions. In addition, some patients consistently use Accident and Emergency (A&E) rather than elective care. Slough therefore has a high level of non-elective admissions which puts considerable pressure on accident and emergency. A&E attendances indicate a range from zero to 20 times a year per person. Slough has 19% above England average of avoidable admissions (Avoidable admissions measure as detailed in the CCG outcomes framework 2013).

Children

Slough also has a relatively young population with a higher than average % of the population who are under 19.

The JSNA identifies the following needs for children in Slough:

- Birth rates in Slough are the fifth highest in England and 56.4% of all births in Slough are now to women whose country of origin is not the UK.
- 20% of all non elective admissions relate to children.
- Two of the four avoidable admissions categories linked to the national criteria for the Better Care Fund relate to children.
- 48.8% of children speak English as a second language.
- Slough has higher than average children's outpatient appointments per 1,000 patients.
- There has been a 39% increase in rates of looked after children in Slough since 2007.

- 19.8% of children live in a household with no wage earner.
- The carers strategy particularly highlights children and young people as a group that needs support. Slough has a 12% children aged 0-24 as a total of all carers providing unpaid care.
- At least 23% of all hospital activity in Slough is generated by children (excluding maternity services). A significant amount of this is non elective activity.
- Slough CCG spends a total of £5.3m within Wexham on paediatric services in which £3.12m is in non elective activity.

The BCF local delivery plan takes into account the local needs of the population and sets out how SBC and the CCG will work together on cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion, in order to mitigate these needs.

Furthermore the BCF local delivery plan sets out a range of activities which focus on diversion from A&E and increasing community based support services. These services will improve health and wellbeing outcomes for people and families in Slough.

4. **Other Implications**

(a) Financial

The development of the BCF has financial implications for both the Council and the CCG for the following reasons:

- the ongoing financial and demographic pressures facing Councils and the NHS
- the combining of CCG funds and SBC funds into a pooled budget and the changed status this brings for the governance and risks related to the identified funds
- the implications of implementing elements of the Care Bill for new health and social care responsibilities
- The releasing of funding from the hospital sector over the 5 years to support the implementation of the BCF
- The risk the fund carries if agreed outcomes measures are not delivered

We are still awaiting further guidance for the BCF and the Care Bill and as such the full financial implications are still uncertain. These risks will be managed within the risk and issues log and project plan of the newly formed joint commissioning group with escalation to the Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

(b) **Risk Management**

The purpose of the report is to help ensure that the necessary action is being taken to prepare the Council and CCG for the implementation of the BCF. The risk to the Council and CCG in not keeping up to date on BCF developments is that it may fail to meet deadlines to implement use of the funding.

The BCF has a stand alone risk register to monitor any associated risks.

Risk	Mitigating action	Opportunities
Legal	Section 75 and/or 256 agreements will be agreed.	Improved joint working and better value for money.
Property	None	None
Human Rights	Engage residents and service users in BCF development.	Improved wellbeing for residents.
Health and Safety	None	None
Employment Issues	Consultations will be carried out with staff if necessary.	Improved joint working and better value for money.
Equalities Issues	EIA to be carried out on proposed changes.	Improved wellbeing for all residents.
Community Support	Engage community services in BCF development.	Improved joint working and better value for money.
Communications	Utilise communication functions to keep stakeholders up to date.	Better understanding of BCF and health and wellbeing in Slough.
Community Safety	Engage community safety services in BCF development.	Improved joint working and better value for money.
Financial	Robust risk and project management in place.	Improved joint working and better value for money.
Timetable for delivery	Timetable agreed with SWB, CCG and SBC. On track to meet all deadlines.	Improved joint working.
Project Capacity	CCG strategy lead to move to new post in March 2014. Interim to be recruited to maintain continuity. CCG looking to recruit Slough BCF Programme Manager	Improved joint working and better value for money.
Acute Sector.	Ensure that Acute Health Sector view BCF as an opportunity to meet challenges in terms of reduced resources, reduced admissions, improved service and level of care.	Improved joint working and better value for money.

(c) Human Rights Act and Other Legal Implications

Guidance issued by NHS England entitled "Annex to the NHS England Planning Guidance, Developing Plans for the Better Care Fund, (formerly the Integration Transformation Fund)", sets out the process and format for developing plans for the Better Care Fund ("the BCF"). A condition of accessing money in the BCF is that Councils and Clinical Commissioning Groups must jointly agree plans setting out how the money will be spent and that these plans must meet certain requirements.

The BCF will be allocated into local areas in 2015/16 and put into pooled budgets established under powers set out in section 75 of the National Health Service Act 2006 ("the NHS Act 2006"). Written agreements made between local authorities and clinical commissioning groups under section 75 of the NHS Act 2006 can include arrangements for pooling resources. Money invested in a pooled budget can only be spent with the agreement of both parties on activities that benefit both health and social care.

The Care Bill, which is expected to receive Royal Assent in 2014 places a number of duties on local authorities requiring them to work more closely with their local health authority to develop integrated services. These duties will come into force from April 2015. The funding will enable local authorities to develop these services and prepare for their new duties under the legislation. The Care Bill will also facilitate the establishment of the BCF by providing a mechanism which will allow the sharing of NHS funding with local authorities to be made mandatory.

The NHS guidance requires that the BCF Delivery Plan is to be signed off by Slough Borough Council's Health and Wellbeing Board prior to submission to NHS England and the Local Government Association by 4 April 2014. "

(d) Equalities Impact

The equalities implications of any changes required as a result of the Better Care Fund will be reported as they are assessed and impact assessments will be completed as detailed under the Equalities Act 2010 by March 2015.

(e) Workforce

This will be advised once the BCF delivery planning has been further developed and workforce implications have been agreed.

(f) Property

This will be advised once the BCF delivery planning has been further developed and property implications have been agreed.

5. **National Context**

5.1 In the 2013 chancellor's Spending Round a £3.8 billion fund was announced for 2015-16 for integrating health and social care services. This fund is known as the 'Better Care Fund' (formerly known as the Integrated Care Fund) and comprises of:

- £1.9 billion existing funding continued from 2014-15
- £130 million Carers' Breaks funding
- £300 million CCG reablement funding
- £350 million capital grant funding including £220 million Disabled Facilities Grant
- £1.1 billion existing transfer from health to social care
- £1.9 billion new funding from NHS allocations, which includes £1 billion performance related funding.

5.2 £135m of revenue funding is linked to a range of new duties that come in from April 2015 as a result of the Care Bill. Most of the cost results from new entitlements for carers and the introduction of a national minimum eligibility threshold, but there is also funding for better information and advice, advocacy, safeguarding and other measures in the Care Bill. This funding will not be ring-fenced and local plans should show how the new Care Bill duties will be met; £50m of the capital funding from BCF has been earmarked for capital costs (including IT) associated with transition to the capped cost system, which will be implemented in April 2016;

- 5.3 The Spending Review also agreed that £1bn of the total £3.8bn available nationally would be linked to achieving outcomes. These outcome measures are:
- Delayed transfers of care;
 - Emergency admissions;
 - Effectiveness of re-ablement;
 - Admissions to residential and nursing care;
 - Patient and service user experience
 - And one further locally agreed outcome measure from a pick list provided by NHS England. Sloughs suggested chosen measure is *improving the health-related quality of life for people with long-term conditions*.
- 5.4 The purpose of the BCF is to create a health and Adult Social Care (ASC) pooled budget which brings together services for adults in order to improve integrated and holistic working and improve outcomes for service users. The use of the funding is subject to the following national conditions:
- A jointly agreed local plan;
 - protection for social care services (not spending);
 - local plans to include 7-day working in health and social care to support patient discharge and prevent unnecessary admissions at weekends;
 - improved data sharing between health and social care, using the NHS patient number;
 - joint assessments and care planning;
 - one point of contact (an accountable professional) for integrated packages of care;
 - risk-sharing principles and contingency plans in place if targets are not met – including redeployment of the funding if local agreement is not reached; and
 - agreement on the consequential impact of changes in the acute sector.
- 5.5 The Fund provides for £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. In 2014/15, in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer to enable localities to prepare for the Better Care Fund in 2015/16.
- 5.6 In 2014/15 there are no new requirements for pooling of budgets. The requirements for the use of the funds transferred from the NHS to local authorities in 2014/15 remain consistent with the guidance from the Department of Health (DH) to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14.
- 5.7 For 2014/15 there are no additional conditions attached to the £900m transfer already announced, but NHS England will only pay out the additional £200m to councils that have jointly agreed and signed off two-year plans for the Better Care Fund.
- 5.8 CCGs and Local Authorities are free to extend the scope of their pooled budget to support better integration in line with their Joint Health and Wellbeing Strategy.
- 5.9 In 2015/16 the BCF will be allocated to local areas, where it will be put into pooled budgets under Section 75(2) National Service Act 2006 joint governance arrangements between CCGs and councils. A condition of accessing the money in the Fund is that CCGs and councils must jointly agree local delivery plans plans

which set out how the funding will be allocated and used, and these plans must meet certain requirements set by NHS England in the BCF planning guidance.

- 5.10 The local delivery plan should
- aggregate the ambitions set for the Fund across all Health and Wellbeing Boards;
 - assure that the national conditions have been achieved; and
 - understand the performance goals and payment regimes that have been agreed in each area.
 - Show how the BCF will be used for the period that the plan covers (2014/15 and 2015/16).
- 5.11 The outline timetable for developing the pooled budget plans in 2013/14 is as follows:
- August to October: Initial local planning discussions and further work nationally to define conditions etc
 - November/December: NHS Planning Framework issued
 - December to January: Completion of Plans
 - February: SWB agreed plan submitted to NHS England
 - March: Final plans agreed.
 - April: Final plans submitted to NHS England.
- 5.12 Each upper tier Health and Wellbeing Board will be required to sign off the BCF plan for its constituent local authorities and CCG's.
- 5.13 The Department of Health is considering what legislation may be necessary to establish the Better Care Fund, including arrangements to create the pooled budgets and the payment for performance framework. Options are also being explored for any required legislation within the Care Bill, with further details being made available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected and will be helpful in taking this work forward. The above is in reference to Sections 75 and 256 of the National Health Service Act 2006.
- 5.14 The BCF planning and context also aligns well with the annual Winter Planning process, the NHS Call to Action with its vision for large scale reshaping in the planning and delivery of health services based around the growing pressures of an ageing population, a rise in long term conditions and rising patient expectation, and the Care Bill which will impose duties on local authorities to exercise their functions with a view to ensuring the integration of care and support with health and health related provision, improved holistic working and improved service user personalisation. This provides a good opportunity at a local level to forward plan and align planning for all four of these agendas.

6. Local Context

- 6.1 The Slough BCF taskforce group has been meeting fortnightly since September 2013 in order to agree and plan the use of the BCF funding and jointly agree the BCF delivery plan. This group is led by the Assistant Director of Adult Social Care, Commissioning and Partnerships, the Director of Strategy and Development for East Berkshire CCG's and Policy Manager (Health and Social Care).
- 6.2 A joint SBC and CCG workshop was held on 2nd December 2013 to introduce the BCF, review current funding and performance and discuss initial ideas about how

the funding can be implemented across Slough. This workshop was attended by the Chair of the CCG and the Leader of the Council.

- 6.3 A further BCF engagement workshop, hosted by the Slough Wellbeing Board, took place on 24th January 2014. This workshop was being facilitated by The Kings Fund. The aims of this workshop was to ensure wider engagement in the development of integration between the NHS and Social Care in Slough, confirm our vision, and ask attendees to consider and contribute to shaping the use of the funding and the agreed outcomes for Slough. The target audience for this workshop was SWB members, Lead Members and Councillors, health and Adult Social Care professionals, health and social care providers, service users and carers and voluntary and community sector organisations.
- 6.4 The local Slough BCF delivery plan was updated following comments and feedback from the 24th January BCF workshop.
- 6.5 The timeline for sign off and agreement of the BCF delivery plan is as follows:

1	Slough CMT	18 th December 2013
2	Health PDG	9 th January 2014
3	Health Scrutiny	13 th January 2014
4	SWB* * Sign off of delivery plan	29 th January 2014
5	Slough CCG Governing Body	4 th February 2014
6	Submission of initial delivery plan to NHS England	15 th February 2014
7	Commissioners and Directors	25 th February 2014
8	Final submission of delivery plan to NHS England	4 th April 2014
9	SBC Cabinet	14 th April 2014

- 6.6 The initial estimate for Slough's allocation of the BCF was £7.030m.
- 6.7 After the Autumn Statement this was revised to £8.762m.
- 6.8 In the final BCF delivery plan Slough has agreed on a pooled budget of £6.058 million for 2014/15 and £9.762 million for 2015/16.
- 6.9 The minimum amount required for BCF pooled budgets by NHS England is £2.28 million for 2014/15 and £8.762 million for 2015/16. This is detailed in the tables below.

Table 1 describes the funding identified for Slough through the national formula

Better Care Fund Planning Announcements Slough CCG and Slough BC				
DESCRIPTION	Original Estimate	Revised Estimate		
		Local Authority	NHS	TOTAL
	£'m	£'m	£'m	£'m
Pass Through Funding				
2013/14 S256 Funds	1.850		1.850	1.850
2015/16 Government Transfers Capital	0.670			
2015/16 Disabilities Facilities Grant		0.407		0.407
2015/16 Social Care Capital Grant		0.287		0.287
Total	2.520	0.694	1.850	2.544
Impacting CCG Budgets				0.000
2014/15 Additional S256 Transfer	0.380		0.430	0.430
Carers Break Funding	0.250			0.000
Re-ablement Funding	0.280			0.000
Core CCG Funding	3.600		5.706	5.706
Difference between s256 & 15/16 BCF			0.082	0.082
Total	4.510	0.000	6.218	6.218
GRAND TOTAL	7.030	0.694	8.068	8.762

Table 2 describes the funding that Slough CCG and Slough Borough Council will be contributing to the BCF over the next two years.

		2014/15	2015/16
CCG Budgets		£m	£m
	Carers	0.210	0.210
	Community Equipment (s.75)	0.523	0.523
	Intermediate Care (s.75)	0.857	0.857
	CCG match funding s256	0.430	0.430
	Ward 8 & Early Supportive Discharge Service	0.252	0.252
	Oaks EMI		0.076
	Henley Suite		0.247
	Foot care		0.014
	CCG additional BCF contribution		3.119
	Sub Total	2.272	5.728
Local Area Team 14/15, CCG 15/16			
	s256 money continued from 2013/14	1.910	1.910
	Additional s256 transfer	0.430	0.430
	Sub Total	2.340	2.340
Local Authority			
	Disabilities Facilities Grant		0.407
	Social Care Capital Grant		0.287
	Intermediate Care	1.000	1.000
	Sub Total	1.000	1.694
	Overall Total	5.612	9.762

6.11 These budgets have been agreed to deliver the Slough BCF vision of:

“My health, My care: Slough health and social care service will join together to provide consistent, high quality personalised support for me and the people who support me when I’m ill, keeping me well and acting early to enable me to stay happy and healthy at home.”

6.12 Since the initial draft submission of the BCF delivery plan to NHS England on 14th February a number of changes have been added to the plan. These include:

- Additional budget from the CCG
 - Community equipment that is already transferred to the Council - £0.583m
 - Intermediate care that is already transferred to the Council – 0.857m
 - Match funding of the additional S256 funding (this is new investment - £0.430m
 - Ward 8 rehabilitation funding - £0.698m)
- Additional budget from SBC Intermediate Care Service - £1m
- Amended the vision, aims and objectives of the plan following consultation with partners, providers and service users at the January Wellbeing Board workshop
- Agreement to include meeting the health needs of children in relation to reducing admissions to hospital
- Agreement to use the additional investment in a number of areas of need. These include:
 - Infrastructure to support the delivery of the BCF delivery plan
 - Sustainability of our developing integrated care services including an improved falls service and the continuation of some of the services that have had an impact over the winter period (and were funded by temporary winter pressures funding).
 - Improving the health and well being of our residents living in care homes
 - Supporting the reduction of admission to hospital of children and young people

6.13 Slough’s BCF delivery will focus on the following three strands:

- Self care and prevention services across adults and children and families
- Improved care co-ordination.
- Maintaining and promoting independence.

6.14 BCF Programme Delivery Boards will be set up to deliver the agreed aims and objectives for each of these three strands.

6.15 The benefits for services users of these integrated services for each strand are as follows:

A Self care and prevention:

This programme will focus on the information, advice and support available to residents to manage their condition to remain as safe and independent for as long as possible. Service users will have improved access to:

- Psychological Therapies
- Information and Advice services (e.g. primary care, NHS 111)
- Smoking Cessation
- Falls Prevention
- Structured patient medication for long term conditions
- Social Marketing Campaigns

- Support to carers
- Admission avoidance for children and young people

B Care Co-ordination:

This programme will focus on integrating care for residents who require more specialist clinical and social care support to maintain independence either in a community care setting or in their own home. Benefits to services users will include:

- Improved and integrated case management including individuals at high risk of admission
- Joint health and social care assessments
- A single access point to health and social care services and shared care records
- Improved medicines management
- Integrated Care Teams
- Improved end of life care
- Improved sensory services

C Maintaining and recovering independence:

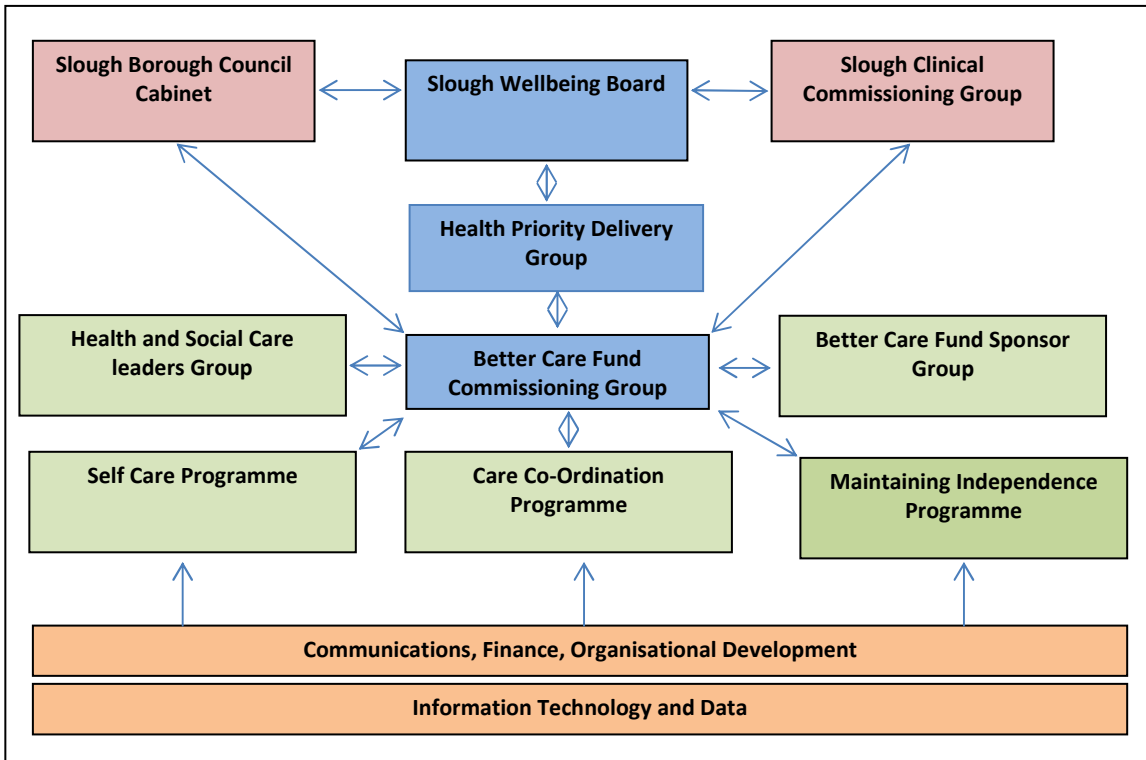
This programme will focus on supporting patients to maintain their independence and to recover quickly after a period of ill health. Benefits to services users will include:

- A multi-disciplinary discharge team at Wexham Hospital
- Access to 24/7 intermediate care and reablement services
- Improved quality of nursing and residential home placements
- Continuing Healthcare
- Early Supported Discharge schemes
- A rapid assessment process

D The wider benefits of implementing the BCF delivery plan are as follows:

- Protection of social care services
- Improved 7 day health and social care services
- Data sharing
- Joint assessment

6.16 The Governance structure for delivery of the BCF is as follows:



6.17 The Governance and reporting arrangements for BCF are that:

- The CCG and SBC will hold joint accountability for delivery of the BCF plan and effectiveness and performance against the agreed outcomes and metrics will be monitored through the SWB.
- The Slough CCG will be accountable to NHS England for BCF compliance. SBC will be accountable to SWB and Health Scrutiny Panel.
- SBC will hold accountability for the Section 75 Partnership Agreement and the pooled budget for the BCF funding. The Section 75 agreement will also outline the financial and performance reporting structure.
- Slough BCF delivery and performance will also be regularly reported to SBC corporate management team, Cabinet and Overview and Scrutiny Committee
- The final BCF delivery plan will be submitted to NHS England on 4th April 2014 and it is expected that ongoing monitoring of the delivery plan and outcomes will be required to be reported to NHS England.
- Once Section 75 and 256 agreements to manage the fund are developed, further sign off will be required by the SWB, the CCG Governing Body and the SBC Cabinet.

7. Benefits, implications and risks

7.1 The Council and the CCG will be in a formal partnership for management of the funds and services will need to be managed jointly with shared risks and shared opportunities. It is planned that SBC will be the host organisation of the S75 Partnership Agreement under NHS Act 2006.

7.2 The following benefits for Slough and the SWB of implementing the BCF are as follows:

- Jointly agreed planning and objectives between health and social care.
- Improved transparency over data, budgets and use of funding.
- Clear and robust governance arrangements with joint management of existing and any new risks and issues.
- Clear local leadership.
- A focus on the key priority issues for Slough for the two main public bodies.
- A strong focus on outcomes.
- Better joint understanding of the needs of the Slough population.
- Improved value for money and use of resources. With a focus of resources on where this makes the biggest difference.
- Less duplication of effort, time and resources leading to further efficiencies and to support the delivery of existing efficiency savings.
- Working in partnership to meet increasing demand/complexity against the backdrop of reducing funding.
- Improved opportunities for joint commissioning.
- Provision of Veto by voting members of BCF Commissioning Group.

7.3 The following general risks for Slough and the SWB are as follows:

- A possible loss of autonomy for the SWB and CCG. This will be mitigated by agreed plans and the ability to review the objectives and BCF funding allocation annually by each party, and by financial modelling and planning being undertaken over the coming months to track planned investments, and where the benefits of these investments will be delivered.
- Decisions on funding and services could not be made unilaterally.
- A loss of boundaries between the use of funding for health and social care.
- The background effect of efficiency savings for both SBC and CCG could lead to a loss of focus and delivery for only one partner.
- Not delivering to agreed BCF outcomes.

7.4 If the BCF delivery plan is not agreed there will be a continued pressure on NHS acute services; and on Slough CCG and SBC regarding demand for services that the sole agencies will have difficulty providing alone.

8. **Comments of Other Committees**

8.1 On the 26th March 2014 the Slough Wellbeing Board were asked to agree the submission of the BCF delivery plan to NHS England on 4th April 2014.

8.2 The SWB made the following comments:

- The Board suggested that the final local delivery plan submission should be updated to show a clear link between the investment programmes being put forward and the outcome and metrics data. It would also assist to show the timescales for completion of the business plans underpinning the Local Delivery Plan.
- And Resolved –
 - (a) That the benefits of the BCF planning for Slough and future planned activity be noted.
 - (b) That subject to final updates and completion, the Local Delivery Plan be signed off by the Board for submission to NHS England on 4th April 2014.

9. **Conclusion**

- 9.1 The BCF delivery plan and funding provides a real opportunity for improved partnership working, jointly delivered services and improved outcomes for service users. It allows SBC and Slough CCG with the opportunity to meet the increasing health and social care needs of the residents and patients of Slough in a more integrated way, is patient and person centred and is focussed on early intervention and prevention and is not crisis and acute care dominated.

10. **Appendices Attached**

'A' - BCF delivery plan, financial summary and metrics template.

11. **Background Papers**

- '1' - Annex to NHE England Planning Guidance Developing Plans for the Better Care Fund. <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>
- '2' - The Care Bill; reforming care and support, department of health (ADASS South East TASCK Network) 30th October 2013
- '3' - Delivering better services for people with long-term conditions – Building the house of care (The Kings Fund). October 2013
- '4' - Co-ordinated care for people with complex chronic conditions (The Kings Fund). October 2013
- '5' - Next Steps on implementing the Integration Transformation Fund (LGA and NHS England) October 2013
- '6' - Planning for a sustainable NHS: responding to the 'call to action' (NHS England) October 2013
- '7' - Integrated Care and Support: Our Shared Commitment (DoH) May 2013
- '8' - Department of Health Factsheet 19; The Care Bill - Better Care Fund, January 2014
- '9' - The Care Bill explained including a response to consultation and pre-legislative scrutiny on the Draft Care and Support Bill. (Secretary of State for Health) May 2013