

# Better Care Fund - London Councils' seven point plan

The first full year of the Better Care Fund (BCF) starts in April 2015. London Councils believes that there are seven steps that government should commit to taking to ensure full value is gained from this initiative and that it can be used as spring board to even closer health and care integration. A number of these steps can be undertaken immediately, while others should receive the early attention of the new government when it enters office in May.

## 1. Health and Wellbeing Boards (HWBs) should be given responsibility for operational resilience and capacity planning for winter 2015/16 so that this can be effectively aligned with local BCF arrangements

### Issue

Operational resilience and capacity planning is the term given to activity done by local areas to plan and prepare for winter pressures and the excess demands this places on all parts of the health and care system, acute care in particular. Last year's guidance from NHS England required local areas to establish System Resilience Groups (SRGs) to be chaired by a senior CCG leader and with membership from local commissioner and provider organisations, including social care.

There is a strong interrelationship between BCF plans and Operational Resilience and Capacity plans with both aiming at essentially the same target. It does not make operational sense for these plans to be developed and overseen apart from each other, yet with many of the same people and organisations around the table each time.

### Solution

HWBs should be given responsibility for operational resilience and capacity planning for 2015/16 with a requirement for these plans to be closely aligned with and ideally incorporated into local BCF plans.

In the medium term, Department of Health should undertake an audit of all the planning requirements placed on local health and care economies to establish opportunities for greater rationalisation and efficiencies through combining these and giving HWBs a stronger oversight role.

## 2. The £37 million given to local government this year to address delayed transfers of care should be incorporated into baselines

### Issue

As part of its response to excessive pressures and capacity problems in hospital A&E departments in January 2015, government made a one-off payment of £37 million to local government in recognition of the important role that adult social care plays in getting and keeping people out of hospital.

- This additional funding was welcomed by London boroughs but as a one-off payment is only of limited use this year
- This is tacit recognition by government of the real implications of current funding pressures in social care
- This funding was allocated in a way which rewarded poor performance, with areas that had the greatest problems with delayed discharges of care from hospital receiving the most.

### Solution

London Councils is calling on government to make an early commitment to building this £37 million into local government baselines starting with next year. An announcement on this as part of the Budget on 18 March 2015

would enable this to be incorporated into BCF plans at the start of the year. This funding should be distributed in a way that rewards areas which have put plans in place to deal effectively with issues relating to flow through the health and care system locally.

In addition, London Councils estimates that the financial cost of implementing the Care Act will create a new burdens funding pressure of £85 million for London in 2015/16. London Councils estimates that London will face additional costs of at least £1.14 billion between 2016/17 and 2019/20 as a result of the Care Act, inflation and demographic pressures. London Councils is calling on government to commit to providing sufficient funding to meet these additional costs.

### **3. Local authorities and CCGs should be able to form joint committees for the purpose of commissioning local health and care services**

#### **Issue**

CCGs have responsibility for commissioning most secondary care services. They have recently been given the opportunity to take on shared responsibility for primary care commissioning with NHS England or to have this responsibility devolved to them. This is an opportunity for people closer to the ground to be involved in decisions about the shape of general practice provision, to ensure this fits with wider system plans.

There is currently no formal role for boroughs or HWBs in this process, despite HWBs being established to have an overarching role in overseeing local health and care provision. This is missing a significant opportunity to create a platform for more effective joined up out of hospital care and support.

#### **Solution**

In October 2014, a statutory order was passed enabling CCGs to form joint committees with each other and with NHS England for the purpose of commissioning services. London Councils would like to see this order extended to enable CCGs and local authorities to establish joint committees for this purpose. This would enable closer alignment between social care, public health and primary care commissioning, including opportunities for pooling funds to achieve outcomes more effectively. It would also create opportunities to work jointly on issues such as estate renewal, transport and infrastructure and workforce.

We would also like to see HWBs given a formal oversight role in relation to local health and care commissioning arrangements. This would entail HWBs having responsibility for receiving and approving local health and care commissioning strategies, in accordance with the Joint Health and Wellbeing Strategy.

### **4. Government should provide local government with the funding required to meet the additional costs falling on local authorities arising from the Deprivation of Liberty Safeguards (DOLS) judgement – estimated to be £98 million this year**

#### **Issue**

The Cheshire West Supreme Court judgement of March 2014 had the effect of dramatically increasing the number of people deemed to fall within the scope of what constitutes a deprivation of liberty. This has significantly increased the number of applications to local authorities to authorise such arrangements.

Nationally, the total number of DOLS applications has increased from 13,714 in 2013/14 to 90,646 for the first three quarters of 2014/15: a 561 per cent increase.

In London, the increase is even more dramatic. The total number of DOLS applications has increased from 1,088 for the whole of 2013/14 to 8,638 for the first three quarters of 2014/15: this translates into a percentage increase in applications of 694 per cent, with one quarter still to report.

On top of other cost pressures facing adult social care, this is an additional unforeseen expense that local government should not be required to meet alone. This creating additional cost pressures local health and care systems have to absorb.

#### **Solution**

London Councils is calling on government to add an additional £98 million into the local government baseline specifically to cover the additional costs of complying with the DOLS judgement.

## **5. Government monitoring of existing BCF schemes should be light touch to allow staff to focus on making progress on the ground**

### **Issue**

Government has not yet provided details of how it plans to monitor activity and performance relating to the BCF in 2016/17. Local areas need clarity on this as soon as possible but also reassurance that reporting requirements will be minimal and part of existing returns where possible.

We would like government to stop making ad hoc requests for information outside of agreed reporting arrangements (as happened most recently with a survey on non elective admissions circulated on 22 January 2015).

### **Solution**

Government should issue its monitoring guidance as soon as possible and certainly before the start of 2016/17. Government should also provide assurances that it will stop making ad hoc progress report requests outside of agreed monitoring arrangements, to avoid taking the focus away from getting on with delivery on the ground.

## **6. The Law Commission should move rapidly to issue clear guidance on the provisions of the Data Protection Act as this applies to integration**

### **Issue**

Concern about sharing personal and aggregate level data is still impeding efforts on the ground to integrate commissioning and delivery arrangements and to co-ordinate care around the needs of individuals.

The current wording of the Data Protection Act does not reflect the current aspiration to join up health and care: at some stage in the near future this will need to be amended to address this.

### **Solution**

Until such time as the Data Protection Act can be updated, the Law Commission should move swiftly to issue guidance on the provisions of the Act as applied to the planning, commissioning and delivery of integrated care arrangements.

## **7. To avoid progress stalling, government should provide early clarity about plans for the BCF in 2016/17**

### **Issue**

BCF plans only formally cover arrangements up to the end of 2015/16. The NHS Five Year Forward View proposed that the experience of BCF in 2015/16 should be evaluated before a decision is taken about next steps.

It is important to learn from the in-year experience of implementing BCF but there is a risk that progress will stall if local authorities and CCGs do not receive an early indication of government intentions for BCF in 2016/17.

### **Solution**

At a minimum, government should guarantee now to keep a pooled funding model in place for 2016/17, even if it is not in a position to specify the quantum of funding involved at this stage.

By the end of quarter one of 2015/16, government should issue a clear framework for 2016/17, clarifying that joint investments made in year can be carried forwards, enabling local partners to start planning. The framework should provide as much flexibility as possible – while encouraging those areas that want to go further, faster, to do so.

Learning from complications with the process last time, the timetable should be realistic (allowing adequate time for local partners to develop and agree arrangements that work locally) and any regional/national assurance mechanisms should be lighter touch and narrowly focused on the core issues. In essence, the most important sign off should be that of the local HWB.