

WORKSHOP ON BETTER CARE FUND SUBMISSION WITH MEMBERS OF READING HEALTH & WELLBEING BOARD & PARTNERS - 27 AUGUST 2014

Present:

Councillor Hoskin	Chair of Reading Health & Wellbeing Board and Lead Councillor for Health, Reading Borough Council (RBC)
Gabrielle Alford	Director of Joint Commissioning, Berkshire West CCGs
Lindsey Barker	Networked Care Group Director, Royal Berkshire NHS Foundation Trust
Councillor D Edwards	RBC
Anna Grainger	Project Manager, Mental Health Integration, RBC
Elizabeth Johnston	Chair, South Reading Clinical Commissioning Group (CCG)
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Melanie O'Rourke	Programme Manager - Integration, RBC
Asmat Nisa	Consultant in Public Health, RBC
Rob Poole	Head of Finance & Resources (Financial Planning), RBC
Janette Searle	Preventative Services Development Manager, RBC
Nicky Simpson	Committee Services, RBC
Rod Smith	Chair, North & West Reading CCG
Councillor Stanford-Beale	RBC
Councillor Tickner	RBC
Avril Wilson	Director of Education, Adult and Children's Services, RBC

Apologies:

Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Lovelock	Leader of the Council, RBC
Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS England
Lise Llewellyn	Director of Public Health for Berkshire
Bev Searle	Director Of Transformation, Berkshire Healthcare NHS Foundation Trust (due to her high level of involvement in the scheme's development, she felt she had already had sufficient engagement in the detail of the BCF submission)
Ian Wardle	Managing Director, RBC
Suzanne Westhead	Head of Adult Social Care, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

1. WELCOME & INTRODUCTION

Councillor Hoskin welcomed everyone and thanked them for attending the workshop at short notice.

Avril Wilson explained that, as set out in the report which had been to the last Health and Wellbeing Board meeting on the Better Care Fund (BCF), Reading had been identified as a possible exemplar site for the BCF. Reading had now been confirmed as one of six Councils on the fast-track process, and so an updated BCF submission had to be submitted by 29 August 2014.

She explained that the fundamentals of the bid (the aims and the projects) had not changed since the last discussion of the BCF by the Health and Wellbeing Board, but

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there had been numerous changes to the rules and guidance received from central government. There had been a lot of joint work carried out on updating the BCF submission from that submitted in July 2014, and this work would be continuing up to the last minute before the submission. Because of the tight timescales, the workshop was being held to refresh memories about the bid, to advise where it was now thought that the risks sat, as the changes in guidelines had had some impact on the financial planning, to capture any comments for a last addition into the bid, and to seek a mandate to submit the bid on 29 August 2014, with formal ratification of the bid to be done retrospectively at the next Health and Wellbeing Board meeting on 10 October 2014.

2. THE BETTER CARE FUND

Gabrielle Alford and Eleanor Mitchell gave a presentation on the BCF, explaining its background and the history of Reading's BCF bid. Copies of the presentation slides were tabled at the meeting.

Reading had made previous submissions in February, April and July 2014 and positive feedback had been received, with NHS England asking Reading to fast-track its updated submission by 29 August 2014. Other BCF submissions had to be submitted by 19 September 2014.

The presentation explained that the Reading BCF submission contained the following vision:

Vision - A Healthier Reading

“Communities and agencies working together to make the most efficient use of available resources to improve life expectancy, reduce health inequalities and improve the health and wellbeing across the life course”

with the following key issues:

- Access - Right care, Right Place, Right Time
- Quality and safe services
- Proactively address the risk of hospital and care admissions
- Protect communities and make connections - Promote Independence
- Personalisation - patient and client-centred

The presentation set out what difference this would make to the people of Reading and detailed the case for change, setting out seven key areas which provided evidence of growing demand pressures in the economy.

3. BETTER CARE FUND PROJECTS

Melanie O'Rourke presented further details of the five projects within the BCF submission, setting out the impact of each. The five projects were:

- Hospital at Home
- Enhanced support to Care Homes
- Berkshire West Connecting Care
- Time to Decide Beds (Discharge to Assess Service)

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- Whole System , Whole week (including 7 day integrated health and social care neighbourhood teams, a single point of access health and social care hub and GP seven day working)

4. BETTER CARE FUND FINANCIAL IMPLICATIONS & RISKS

Rob Poole presented summary details of the financial implications of the BCF, which had a total fund of £9.8M.

The presentation gave a breakdown of the total fund, setting out the baseline funding, funding from Section 256, new grant in preparation for BCF, capital funding added to the BCF which was already committed for Carers Funding and Reablement, BCF funding from Disabled Facilities Grant and from Social Care Capital Grant, and the new 15/16 BCF commitment. The presentation also set out details of the planned new spend on different projects by Local Authorities and the NHS and of BCF funding from Local Authority budgets.

The presentation also listed the potential risks to the health and social care system, as follows:

- Projects would not deliver the decreased activity into RBH
- Lack of public engagement into the proposed plans
- Potential for a significant financial pressure in both the NHS and Council
- Projects would not deliver on the savings required across the health and social care system
- Cost of delivery of the Care Act would exceed estimations and impact on the fund to the BCF

5. DISCUSSION

The meeting discussed the BCF and the points made included:

- There needed to be cost benefits of the projects that were ‘invest to save’ and work was being carried out to identify exactly what was wanted to be achieved, to include in the metrics in the submission. For example, in 2015/16 there was a potential reduction of 20 placements a year into residential care to allow individuals to achieve greater levels of independence.
- It was important that Time to Decide beds did not become another form of delayed discharge and so a robust system was needed. Research on other similar projects like this across the country had been carried out to ensure that this did not become a problem.
- It was noted that workforce capacity was also a potential risk. Recruiting staff to do the extra work was likely to be a challenge, and there was a need to look at exactly what kind of staff were needed for the different roles and how best to attract staff. There was already an enabling workstream working on this issue across Berkshire and £500k funding had been received from Health Education Thames Valley to develop an integrated workforce plan.
- Lindsey Barker said that, from the acute sector’s point of view, the projects were fantastic, but noted that the metrics would be important. For example, the Royal Berkshire Hospital had predicted a 4% increase in patient numbers

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through the 'front door', and were seeing a 6% increase, so it was vital to also increase the numbers leaving hospital by reducing the numbers on the 'fit list' - those fit to leave hospital but delayed in their discharge. It was noted that a number of the projects were aimed at addressing this issue.

6. NEXT STEPS

Avril Wilson explained that the BCF submission would be updated in light of comments captured at the workshop and, once it had been submitted on 29 August 2014, the final version would be circulated.

A call from the BCF assurance teams was expected on 4 September 2014, possibly requesting further details or points of clarification as part of the assurance process. It was expected to be known on 9 or 10 September 2014 whether Reading's submission had been approved. Other BCF submissions had to be in by 19 September 2014, but the decisions on these were likely to be slower because of the volume.

Eleanor Mitchell reported that, interpreting the latest advice, it seemed likely that the possible exemplar sites would be given approval or refusal, or might be given approval with attached conditions, in a similar fashion to the approval process used in CCG authorisation.

If further work on the submission was needed, this would be carried out jointly, as required, and then the final BCF submission would be taken to the Health and Wellbeing Board on 10 October 2014 for formal retrospective approval.

It was noted that, whilst the BCF work was an important part of the integration of health and social care, it was not the totality of the work on the integration agenda, and there was also other integration work going on, for example in the area of children and young people.

AGREED:

- (1) That the plan to submit the updated BCF submission for the deadline on 29 August 2014 and to take the final submission to Health and Wellbeing Board on 10 October 2014 for formal retrospective approval be endorsed;
- (2) That all those involved with the preparation of the BCF submission be thanked for their hard work.

(The meeting started at 5.30pm and closed at 6.36pm)