

Care Act Stocktake, Better Care Fund and NHS Five Year Forward View

Purpose

For discussion and direction

Summary

An update on key areas of the Health and Care programmes

Recommendation/s

Members are asked to:

- Note the recent developments across the key areas of work; and
- Give a steer on any issues arising

Action/s

As directed by the Board

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Care Act Stocktake, Better Care Fund and NHS Five Year Forward View

Care Act Stocktake

1. The LGA, working with the Joint Programme Office (JPO) for the Care Act, have produced two stocktakes to assist local authorities in their preparations for the implementation of the Care Act in April 2015 and 2016, and to inform support discussions locally, regionally and nationally.
2. The first stocktake was completed in May/June and the second completed in October. A further stocktake is scheduled in January 2015. Both completed stocktakes were sent to Directors of Adult Social Services, and were completed by 100% of councils.
3. Overall the stocktakes report a positive picture, with most councils reporting high levels of confidence for changes in 2015:
 - 3.1. 97% of councils say that they are very or fairly confident that they will be able to deliver the Care Act Reforms from April 2015;
 - 3.2. Of the 12 authorities who reported low confidence in Stocktake 1, all are now confident. 9% of councils say they have only made 'early progress' in their preparations for the Care Act, with 66% saying they have made 'moderate progress' and 25% 'advanced progress'. Only four local authorities report they are now 'not very confident'; and
 - 3.3. Confidence has increased on all measures from Stocktake 1 to Stocktake 2, except costs.
4. However, there remain some key challenges and areas of concern:
 - 4.1. Concerns about the total costs have increased (55% report this as the biggest risk);
 - 4.2. Measures indicate potential support needs particularly around costs, IT, workforce, information and advice, carers and market shaping; and
 - 4.3. Feedback through direct conversations with authorities suggests that other pressures on councils (e.g. funding shortfalls, Better Care Fund) compounded with uncertainty on key guidance and information has delayed or otherwise impacted upon preparations in a number of areas.
5. Support has been offered to those councils identified as potentially benefitting from it based on their own responses, and we are working directly with a number of councils to address their concerns. A range national of support materials have been developed on key areas, and further support materials published. The support materials that councils have found most helpful include: 'Lincolnshire model', 'Factsheets', 'Clause analysis', 'Draft regulations and guidance' and 'Care Act stocktake'. In addition £4m of further funding has been provided to the regions to assist with implementation.

Better Care Fund

6. Revised BCF plans were submitted on 19 September, following which there was a regional and national assurance process, which had four key elements:
 - 6.1. Standardised plan review by external review experts;
 - 6.2. Local delivery risk review by Area Teams with HWBs and Regional colleagues;
 - 6.3. Moderation by central team informed by Area Team and Regional colleagues; and
 - 6.4. National calibration by NELCSU and BCF Task Force.
7. Ministers announced the outcome of the assurance process on 30 October and that 97% of areas had been approved (about 30% with some conditionality).
8. Overall the plans project a 3% reduction in non-elective admissions yielding a saving for the pay-for-performance fund of £250m. There is a range reflecting local circumstances and means that the greatest possible financial risk for NHS trusts as a result of BCF is less than a half of one percent of the CCG commissioning budget.
9. Only 5 authorities have not been approved – one has not yet completed, two have failed to agree, three are complex systems in challenged health.
10. Most areas with conditions have only a couple of conditions to address – the most significant are protecting social care, evidencing deliverability of non-elective admissions reduction and evidencing management of financial risks. We are confident that most areas can resolve these conditions by Christmas.
11. Only “not approved” plans have to be resubmitted so the assurance process is effectively finished and the focus is now on delivery.
12. Every area with a condition has a named experienced advisor and access to further support. Support, including regional clinics, will be also available to those who require it.
13. More specifically of the 48 areas with conditions:
 - 13.1. 14 need to further demonstrate how they will meet the national condition to protect social care;
 - 13.2. 12 have not agreed the impact on acute hospital care;
 - 13.3. 7 areas have 4 or more conditions;
 - 13.4. 4 areas may have a gap in spending on NHS services after the pay for performance calculation; and
 - 13.5. The majority of other conditions relate to the quality of the plan.

14. The plans demonstrate a 7.5% reduction in Delayed Transfers over two years, a 34% increase in the number of people remaining at home 3 months after discharge, and a 3.3% increase in the number of people remaining independent rather than in a care home.
15. Of the £3.8bn fund - £1.5bn is definitely being spent on social care and a significant further amount (£1.1bn) on integrated services that may be benefiting social care. £1.1bn is being spent on NHS services – so the pay for performance condition is met nationally, though not in four specific plans.
16. 80 per cent of councils reported in the Care Act Survey that the funds transferred to them through the BCF were the same or more than they had anticipated when they submitted their earlier plan last April.
17. Therefore, whilst protection of social care remains an issue in a number of areas, most councils and CCGs have come to a clear pragmatic agreement about how to spend the BCF money in a way that benefits health and social care.
18. But there remains a substantial funding shortfall in both health and social care. Estimated at £12bn - £8bn in health and £4bn in social care

NHS 5 Year forward View

19. NHS England recently published their five year forward view which set out a number of important signals about their future strategic direction. Notably:
 - 19.1. Public health is central to the future sustainability of the NHS. Without effective public health and prevention strategies, the NHS will not be able to cope with the rising burden of illness caused by obesity, smoking, alcohol and other major health risks. As well as proposing new workplace schemes to promote employee health, NHS England will support greater public health powers for local government.
 - 19.2. Patients need greater control of their care. NHS England is working with the LGA, the Association of Directors of Adult Social Services and the Think Local Act Personal Partnership on the Integrated Personal Commissioning Programme. It will work with demonstrator areas to develop shared personal health and social care budgets to give people greater choice and control of all the health and social care service to promote independence and wellbeing and to reduce demand for inpatient care. The voluntary sector and carers will be key partners in this initiative and in giving greater voice, choice and control to all patients.
 - 19.3. There will be greater integration between hospitals and primary care and between health and social care to break down the barriers and provide holistic care and support in community settings. In recognition that a 'one size fits all' model of care will not be adequate to meet local diversity, NHS England will develop a limited number of options for service delivery. The options include:
 - 19.3.1. Combining GP services with community health and social care;
 - 19.3.2. Vertical integration of acute and primary care;

- 19.3.3. Redesign of urgent and emergency care to integrated A&E, GP out-of-hours services, urgent care centres, NHS 111 and ambulance services;
 - 19.3.4. New options for smaller hospitals to remain viable, including partnerships with larger hospitals to provide services on site;
 - 19.3.5. New midwife-led units for maternity services; and
 - 19.3.6. In partnership with adult social care develop enhanced health care in care homes to reduce hospital admissions.
- 19.4. No further national structural reorganisation but instead encourage local leadership and flexibility to drive innovation in the adoption of new technology
- 19.5. Greater investment in primary care and give GPs a greater role in commissioning primary care to support a shift in investment from acute to primary and community services. This will include increasing the recruitment, training and retention of GPs.
- 19.6. The NHS requires real terms increase in funding in order to meet the projected £30 billion funding gap that will open up by 2020/21. Efficiency savings will not be sufficient to improve quality, safety and patient experience. NHS England argues that without investment the NHS will not be sustainable.
20. This potentially presents a number of opportunities for strategic alignment with local government.

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- 21. Note the recent developments across the programmes of work; and
- 22. Give a steer on any issues arising.