

Better Care Fund Supplement to the assurance process guide

24 February 2014

Introduction

1. This note is a supplement to the guidance on the assurance process for Better Care Fund plans issued to Area Teams and Local Government peer review leads on 13 February.
2. The supplement is being provided following early discussion between government, NHS, and local government colleagues on some of the common risks and concerns which have emerged through the process of developing and submitting the first drafts of local plans. It is intended to provide further advice and clarification on the kinds of issues which should be considered in assessing the completeness and robustness of Better Care Fund Plans, and should be read in conjunction with the earlier guidance.

Principles of the Assurance Process

3. Some concern has been expressed that the assurance process is too top-down and driven by central concerns and requirements. The emphasis should be on the local assurance of plans, starting with the central role of the Health and Wellbeing Board, supported by the role of Area Teams and local government peer reviewers in assessing whether plans meet the national conditions and provide a firm basis to begin the process of service transformation.
4. This guidance should be used as one tool to support the assurance process. Area teams and local government peer reviewers should consider the content of the plan together with their knowledge of the area, its resource context, the quality of local relationships and leadership and the track record of delivering improvement, to consider whether there is a reasonable prospect of delivering transformational integration through the plan.
5. Officials from central government will not intervene directly with CCGs and councils in the details of the continuing process of developing plans (although ministers may, of course, wish to discuss progress with this or any other policy issue with local political leaders). Similarly, officials from the NHS England national support centre will continue to engage through regional and area teams, rather than intervening directly with individual CCGs.
6. It should be emphasised that the first draft of plans submitted in February are not expected to be complete in every detail. They should be assessed on the extent to which they provide a basis for completing a robust revised submission on 4 April.

Key national milestones

7. The revised submissions in April must be sufficiently complete and detailed in terms of metrics and financial plans to be signed off, and to provide a basis for the agreement of contracts with service providers. However, it is recognised that the details of planned

service changes may be subject to ongoing refinement through 2014/15. This will ensure that plans remain aligned with the ongoing process of developing five-year strategic plans and whole system savings targets.

Provider Engagement

8. The planning guidance for the Better Care Fund emphasised the importance of engaging service providers in the process of developing local plans and achieving a detailed shared view of the future requirements for service provision.
9. Early indications are that the quality and extent of this engagement has been very variable so far. The assurance process should have a clear focus on the evidence of provider alignment demonstrated by the plan, including how well the plan addresses the implications for provider activity, capacity and workforce requirements (providing a basis for discussion with LETBs about workforce numbers).
10. NHS England will work closely with Monitor and the NHS Trust Development Authority to assess the extent of alignment between providers' own plans and Better Care Fund and CCG operational plans. It is therefore in the interests of both providers and Health and Wellbeing Boards to ensure that providers engage with the Better Care Fund plans at an early stage. Councils and CCGs should speak to their Area Teams if they are having difficulties engaging with service providers.

Alignment with wider local strategic context

11. It is expected that in signing off draft plans Health and Wellbeing Boards will have considered the extent of alignment with both the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. This alignment should be considered as part of the assurance process.
12. It will also be important to consider how well aligned the plan is with local plans for housing, and plans for the use of technology as an enabler for closer service integration and joint working.

Care and Support

13. Initial feedback suggests that there has been some confusion about the requirement for the Better Care Fund to meet the costs of support for carers and costs associated with the Care Bill. The requirements were set out in paragraphs 13-14 of the Better Care Fund planning guidance in December. The assurance process should consider how clearly the plan articulates the amount of money identified for Care Bill costs, and whether this is proportionate to the £135m allocated nationally. It should also consider where the plan is sufficiently clear on:
 - What level of resource will be dedicated to carer-specific support, including carers' breaks, and how the chosen methods for supporting carers will help to meet key outcomes. (This element of the plan should develop as local estimates the financial impact of the carers' element of the Bill are refined, and the eligibility criteria are published);

- How the Disabled Facilities Grant and the provision of adaptations can be incorporated in the strategic consideration and planning of investment to improve outcomes for service users.

Meeting National Conditions

14. The following points have emerged from local queries raised about the requirements of the national conditions for the Better Care Fund, and should be taken into account in the overall assessment of the evidence provided in plans on meeting these conditions.

Protection for Social Care Services

15. Does the plan set out how eligibility criteria will be protected and provide a rationale for any service changes?

16. Does the plan describe an increased focus on preventative services?

Joint Approach to Assessment and Care Planning

17. Evidence to date suggests that integration works best when there are single teams coordinating care, organised virtually or physically. While areas do not always need to co-locate teams or put in place complex joint funding of posts it is important to people that they know who they contact when they need to, that the person can facilitate a decision about their care in a timely manner and that they do not need to tell their story more than is necessary. Consideration should be given to how well plans demonstrate this approach to person-centred care planning.

18. Consideration should also be given to whether:

- the plan adequately considered the impact for people with Dementia in the local area; and
- the plan set out how GPs will be supported in being accountable for co-ordinating patient-centred care for older people and those with complex needs.

Quantitative Summary

19. To support the assurance process, Area Teams and Local Government regional peers, will be provided with a summary of the quantitative data from completed part two plan templates submitted on 14 February. Using RAG ratings, this will provide a high level view of the completeness of the plans submitted by each HWB. Area Teams and Local Government regions peers may want to refer to, and build on, this basic data as part of their more detailed assessment of the quality of plans.

Further Guidance

20. Further supplementary guidance may be provided as the process of plan development and assurance progresses, in response to any substantive issues which emerges from the early experience of the process.