

From the Director of Operations and Delivery's Office

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Councillor Sir Stephen Houghton CBE
Barnsley Health and Wellbeing Board Chair

SENT VIA EMAIL

Dear Colleagues,

As you will be aware a peer review of initial Better Care Fund plans has been undertaken in line with national expectations. This review involved an assessment against a set of key criteria by both officers within NHS England and peer local authority officers. This output has now been submitted for national consideration and formal feedback is expected later in March. Through the peer review process we have agreed that it would be sensible to share the draft feedback with each health and wellbeing board to allow you the maximum time available to continue to develop your final plans for submission on 4 April.

With this in mind the attached document provides the draft assessment on your initial plans. Reviewers were impressed by the level of detail and agreement that has been reached at this stage in the process, and there are no criteria which have been assessed as 'do not believe that this condition has been sufficiently considered. It is unlikely that these concerns can be fully addressed for the submission of the 4 April plan.'

The table below provides a summary against those criteria which were RAG rated amber:

| Criteria | RAG Rating Assessment | Comment |
|--|-----------------------|---|
| Plans jointly agreed | Amber | Providers engaged but more work needed on agreement |
| Protection for social care services (not spending) | Amber | More detail needed |
| As part of agreed local plans, 7 day working in health and social care | Amber | More detail needed in relation to how |
| Where funding is used for integrated packages of care, there is an accountable professional | Amber | No identified person yet |
| Agreement on consequential impact of BCF plan on the provider sector, including consultation with providers | Amber | Major providers only not all |
| Confidence that the plan is deliverable | Amber | Plan not complete yet |
| Confidence that plan is affordable | Amber | Plan not complete yet |
| The plan must not have a negative impact on the level and quality of mental health services | Amber | No detail on Mental Health services |
| The plan includes a clear risk mitigation plan, covering the impact on existing NHS and social care delivery | Amber | Limited detail on mitigation |

| | | |
|---|-------|--|
| and the steps that will be taken if activity volumes do not change as planned | | |
| Patients and the public have been engaged in the development of the plan | Amber | Need further emphasis on integration pioneer value |

We hope you find this information useful in your continuing work on the development of your Better Care Fund plans. Please do not hesitate to contact me if you require any further detail.

Yours sincerely



BRIAN HUGHES
Director of Operations and Delivery
NHS England (South Yorkshire and Bassetlaw)

CC: - Joan Beck – Peer Reviewer

Mark Wilkinson – Barnsley CCG Accountable Officer



Department
of Health



Department for
Communities and
Local Government

From:

Norman Lamb MP, Minister for Care and Support
Department of Health

Brandon Lewis MP, Parliamentary Under Secretary of State
Department for Communities and Local Government

To:

Local Authority Leaders
Chairs of Health and Wellbeing Boards
Directors of Adult Social Services

CC:

Chair of NHS England
Chair of Monitor
Chair of NHS Trust Development Authority

27 March 2014

Dear Colleagues

Better Care Fund

We know that local areas have been working hard to develop Better Care plans ahead of the April 4 deadline. It is encouraging to see local areas are thinking of pooling budgets beyond the £3.8bn, seeing this fund as a catalyst for greater investment and change.

As you are finalising your plans, and whilst recognising the significant challenges that you face, we are writing to urge you to both be as ambitious as you can be and to stress the importance of sustained involvement and engagement of the leadership of the acute sector and primary care.

Through the announcement of the Better Care programme, we have made clear our ambition that better care provided through high quality, joined-up services becomes the standard that your local people can expect.

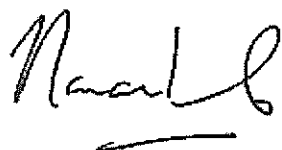
Therefore your plans should reflect a level of ambition and service transformation that delivers long term sustainability and effective coordination of services. This is part of a fundamental change in the way we work together to provide better care to people, both now and in the long term. In making plans you should expect that pooled funding will be an enduring part of the health and social care system after 2015/16. This is absolutely not a one year only initiative.

It is essential that the acute sector and primary care are active partners in developing local plans, working with you to agree how you will invest in joined up services that help people stay at home for longer, get them home from hospital more quickly and prevent them from getting ill in the first place.

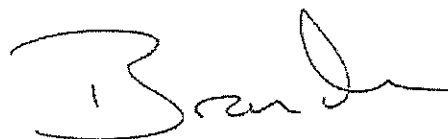
We expect that plans will demonstrate that this engagement has taken place and provide an assessment of the likely impact of plans on reducing pressure on acute partners and achieving the best possible outcomes for local people.

Many of you have told us that you would like to go further towards including primary care in your integrated care plans. We are currently working with NHS England to explore how that might be opened up in future. For now we would encourage areas to be ambitious and creative about what they would like to achieve and to work closely with NHS England Area Teams to achieve as much co-ordination as possible between the commissioning of primary care and other services.

If we want to deliver person-centred care, if we truly want to protect our NHS and care services ensuring they are sustainable and fit for the future, then new coordinated ways of working are the only answer.



NORMAN LAMB



BRANDON LEWIS