MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**23/03/2016**
TYPE	**An open public item**

Report summary table	
Report title	Better Care Fund Plan 2016/17
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List of attachments	Appendix 1: Financial Summary of BCF funded schemes Appendix 2: Draft Delayed Transfers of Care (DTOC) Action Plan
Background papers	Report to the Health and Wellbeing Board (HWB), 17th September 2014 Report to the Health and Wellbeing Board, 25th March 2015 BCF Plan Submission: http://www.england.nhs.uk/wp-content/uploads/2014/12/bcf-bath-prt1.pdf
Summary	Bath and North East Somerset's Better Care Plan 2014/15-2018/19 was agreed by the Health and Wellbeing Board on the 17th September 2014, this led to the plan being approved and recognised as an example of best practice through the NHS England national assurance process. The Health and Wellbeing Board agreed at its meeting on 25th March 2015 to put in place a formal agreement setting out funding transfers, governance and risk share arrangements under Section 75 of the NHS Act 2006. This agreement was entered into by the Council and Clinical Commissioning Group (CCG) on 1st April 2015. The Autumn 2015 Spending Review set out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. Further details were then set out by NHS England in the 2016/17 Better Care Fund Policy Framework with detailed guidance published on 23rd February 2016. This report summarises the Policy Framework and then sets out proposals for Bath and North East Somerset's BCF Plan 2016/17 with the emphasis on new requirements and how it is proposed that

	these will be met.
Recommendations	The Board is asked to: • Agree the proposed utilisation of BCF 2016/17 funds as set out in Appendix 1; • Agree the Delayed Transfers of Care (DTOC) Action Plan attached as Appendix 2; • Agree the proposed local DTOC targets as set out in paragraph 2.15; and • Delegate to the Co-Chairs of the Health and Wellbeing Board formal sign-off of the final submission on 25th April 2016.
Rationale for recommendations	The Health and Wellbeing Board in September 2014 approved and endorsed B&NES's Better Care Plan 2014/15-2018/19 and the associated schemes to be funded from the Better Care Fund in the context of the local vision for and delivery of integrated care and support. This local vision is aligned with and makes a significant contribution to delivery of the outcomes in the Joint Health and Wellbeing Strategy as follows: Theme One - Helping people to stay healthy: • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. Theme Two – Improving the quality of people's lives: • Improved support for people with long term health conditions; • Reduced rates of mental ill-health; • Enhanced quality of life for people with dementia; • Improved services for older people which support and encourage independent living and dying well. Theme Three – Creating fairer life chances: • Improve skills, education and employment; • Reduce the health and wellbeing consequences of domestic abuse; • Increase the resilience of people and communities including action on loneliness. A requirement of NHS England is that the plans for investing the 2016/17 BCF must be agreed by the Health and Wellbeing Board, which will then have strategic oversight of the delivery of those plans.
Resource implications	The national funding allocations into the BCF remain consistent with the 2015/16 with a small reduction in the CCG minimum contribution this has taken BCF funding from £12.049m in 2015/16 to £12m in 2016/17. The proposed use of the funding is set out in Appendix 1 of the report. The 2016/17 BCF Section 75 agreement will be amended to include a local risk share of £540k that revises the 2015/16

	agreement with the 2016/17 BCF technical guidance.
Statutory considerations and basis for proposal	This report responds to the national technical and planning guidance on the Better Care Fund published on 23rd February 2016. In order to draw down the maximum B&NES' BCF allocation, it is necessary for BCF plans and proposals to comply with this guidance.
Legal implications	The report details the steps needed to enable the Health and Wellbeing Board to demonstrate compliance with the conditions for accessing the BCF fund in 2016/17 and in particular the requirement to jointly agree plans for how that funding will be spent. The deadline for the submission of the BCF Plan with NHS England is 25 April 2016 and therefore delegated authority for final signoff is required to meet the deadline.
Consultation	Key contributors to this report are: • Director, Adult Care and Health Commissioning; • Strategic Business Partner – Joint Commissioning (Council & CCG); • Senior Commissioning Manager – Better Care; • Council Section 151 Officer; • CCG Chief Finance Officer. The local vision for integrated care and support and associated plans have been developed through engagement and consultation with our community and a broad range of partners, including representatives from: provider organisations; primary care; VCSE (Voluntary, Community and Social Enterprise) sector organisations; Healthwatch B&NES; the HWB; the CCG, the Council, including Public Health.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. Any arising financial risks have been recorded by both CCG and Council in line with Schedule 3 of the Better Care Fund Section 75 Agreement.

THE REPORT

1 2016/17 BETTER CARE FUND POLICY FRAMEWORK AND GUIDANCESUMMARY

1.1 In 2016-17, the Better Care Fund will increase to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. The local flexibility to pool more than the mandatory amount will remain. From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund. In looking ahead to 2016-17, it is important that Better Care Fund plans are aligned to other programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services.

1.2 In developing the policy framework, NHS England "has taken on board.. the strong feedback from local areas of the need to reduce the burden and bureaucracy in the operation of the Better Care Fund… and streamlined and simplified the planning and assurance of the Better Care Fund in 2016-17, including removing the £1 billion payment for performance framework, which for B&NES was £540k in 2015/16**.**

1.3 In place of the performance fund are two new national conditions, requiring local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the high levels of DTOC across the health and care system, and to ensure continued investment in NHS commissioned out-of-hospital services, which may include a wide range of services including social care.

1.4 **Conditions of Access to the Better Care Fund**

In 2016-17, NHS England will set the following conditions, which local areas will need to meet to access the funding:

- A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

1.5 NHS England will also require that Better Care Fund plans demonstrate how the area will meet the following national conditions:

- Plans to be jointly agreed. In agreeing the plan, CCGs and local authorities should engage with health and social care providers likely to be affected by use of the fund in order to achieve the best outcomes for local people;

- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services (utilising the local share of the payment for performance fund), which may include a wide range of services including social care. Local areas can choose to put an appropriate proportion of their share of the payment for performance fund into a local risk-sharing agreement as part of contingency planning in the event of excess activity;
- Agreement on local action plan to reduce delayed transfers of care, including a locally agreed target agreed between the CCG, LA and relevant acute and community trust.

1.6 Delayed Transfers of Care Reduction Action Plan

NHS England expects locally agreed DTOC Action Plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and LAs are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce – ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

1.7 The Assurance and Approval of the Local Better Care Fund Plan

The first stage of the overall assurance of plans will be local sign-off by the relevant Health and Wellbeing Board, local authority and Clinical Commissioning Group(s). In line with the NHS operational planning assurance process, plans will then be subject to regional moderation and assurance. The key aspects of the process for the planning, assurance and approval of Better Care Fund plans are:

- Brief narrative plans will be developed locally and submitted to regional teams through a short high level template, setting out the overall aims of the plan and how it will meet the national conditions. The document "BCF Planning 2016-17, Approach to regional assurance of Better Care Fund plans" was published on 7th March and includes the Key Lines of Enquiry (KLOEs) to be addressed in the narrative plans. The late publication of this guidance does increase the challenge of achieving the required submission deadlines.
- A reduced amount of finance and activity information relating to local Better Care Fund plans will be collected alongside CCG operational planning returns to submitted to NHS England, to ensure consistency and alignment
- There may be flexibility permitted for devolution sites to submit plans over a larger footprint if appropriate
- An assessment will then be made of the risk to delivery of the plan due to local context and challenges, using information from NHS England, the Trust Development Agency, Monitor and local government
- These judgements on 'plan quality' and 'risks to delivery' will contribute to the placing of plans into three categories – 'Approved', 'Approved with support', 'Not approved'.

1.8 Where plans are not initially approved, or are approved with support, NHS England will implement a programme of support to help areas to achieve approval (and / or meet relevant conditions) ahead of April 2016. NHS England has the ability to direct use of the fund where an area fails to meet one of the Better Care Fund conditions.

1.9 **National Performance Metrics**

Under the 2015/16 Better Care Fund policy framework local areas were asked to set targets against the following five key metrics:

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Patient / service user experience
- A locally-proposed metric

In the interests of stability and consistency, areas will be expected to maintain the progress made in 2015/16.

1.10 **Planning Timetable and Submission Requirements**

2 March: Excel template submission, fairly high level covering finances and metrics.

21 March: First submission of full narrative plans for Better Care alongside a second submission of the BCF Planning Return template.

25 April: Final submission, once formally signed off by the Health and Wellbeing Board.

1.11 As part of the submission of the full narrative plan, local partners will need to agree the following:

- The local vision for health and social care services – showing how services will be transformed to implement the vision of the Five Year Forward View and moving towards integrated health and social care services by 2020, and the role the BCF plan in 2016/17 plays in that context;
- An evidence base supporting the case for change;
- A coordinated and integrated plan of action for delivering that change;
- A clear articulation of how they plan to meet each national condition; and
- An agreed approach to financial risk sharing and contingency.

These requirements can be evidenced through existing plans if agreements are already in place. In light of the very tight turnaround between issue of this guidance and deadline for submission, this is likely to be the approach taken in most areas

1.12 **Confirmation of Funding Contribution**

Submissions will need to confirm minimum contribution and any additional funding into BCF are used in accordance to BCF policy framework including supporting adult social care. This will need to include specific funding allocations as follows:

- Disabled Facilities Grant – encourage the use of home adaptions and technology to help support people in their own home. Requirement to involve local housing authority representatives in developing and agreeing plans.
- Care Act Funding – nationally £138m was earmarked for Care Act duties in 16/17 main focus is on having plans to support informal family carers. Further information to be sent direct to LA's from DoH.
- Carer's Break Funding – Need to identify how this existing funding stream is giving carer specific support.
- Reablement funding – nationally £300m earmarked to reablement in 15/16, this will continue in 16/17 to maintain reablement capacity.

2 B&NES BCF PLAN 2016/17

2.1 Context

B&NES BCF Plan 2016/17 reflects the vision and strategic priorities for integrated health and care set out in and evidenced by existing plans including the Better Care Plan 2014/15-2018/19, CCG 5-Year Strategic Plan 2014/15-2018/19, Health and Wellbeing Strategy and plans associated with the Council and CCG's joint review of Community Services **"*your care, your way*"** (see www.yourcareyourway.org).

2.2 Following extensive engagement and consultation with our community, our vision is:

- Bath and North East Somerset will be a connected area ready to create an extraordinary legacy for future generations - a place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big.
- We will have health and care services in the community that empower children, young people and adults to live happier and healthier lives.

- Our services will provide timely intervention and support to stem ill health, prevent social isolation and tackle inequalities. By placing people at the heart of services, they will receive the right support at the right time to meet their needs and conditions.

- Dedicated to supporting greater levels of prevention and to help people self-manage their conditions, community services will ensure that clear routes to good health and wellbeing are available.

- Supporting people to access services when they are needed in as seamless a way as possible, navigators will assist individuals to access pathways of care and support. Services will be easy to access and will connect and integrate across acute, primary care, mental health and community service boundaries.

- Services will reward excellence and innovation, encouraging a culture of continuous quality improvement, whilst delivering better outcomes for people in ways which deliver best value for money.

2.3 In this wider context, our 2016/17 BCF plan focuses on the new conditions as set out in the Policy Frame and planning guidance. As summarised in paragraph 1.3, these are: investment in NHS commissioned out-of-hospital services; a DTOC Action Plan; and a locally agreed target for reducing DTOCs.

2.4 Investment in NHS Commissioned Out-of-Hospital Services

The Better Care Fund Plan for B&NES continues its investment in a range of integrated services, designed to enable people to remain independent and in control of their lives. However, there are also a number of changes to schemes this year, following a review of activity, outcomes and value for money. The labelling of schemes has also changed in 2016/17, to better reflect the approach of each scheme and what it aims to deliver. This is shown in the financial summary of schemes attached at Appendix 1.

2.5 The changes outlined below reflect the new expectations of the Better Care Fund in 2016/17 to reduce delayed transfers of care and to invest further in out of hospital services. They support the DTOC action plan which is outlined in paragraphs 2.12-2.14 below and attached as Appendix 2. The changes also reflect the further development of integration detailed in ***your care, your way*** our vision for community services in Bath and North East Somerset.

2.6 Within the Home from Hospital schemes heading, the Handyperson service which expedites minor adaptations in the home to support hospital discharge is to transfer from the current provider, Somerset Care and Repair to an alternative provider, West of England Care and Repair under an established framework contract to secure the level of service needed and achieve improved value for money. This change follows a review of the pilot service provided by Somerset Care and Repair. There will be no adverse impact on the service and, indeed, the change of provider may result in an improvement to the number of people accessing the service as a result of greater awareness of the service and a simplified referral pathway. Similarly, the support provided to the Royal United Hospital and hospital discharge process will not change.

2.7 An urgent domiciliary care response service, supporting people waiting to be discharged from hospital to home will be commissioned to further test an approach piloted on a small scale in 2015/16. The service will complement the reablement and Discharge to Assess schemes and the aim is to reduce the number of days that patients are delayed in hospital, waiting for their care package to begin. Building on the 2015/16 pilot, the intention is to further develop and test this approach during 2016/17 to evidence its impact and value.

2.8 A key element of the Better Care Fund in 2016/17 will be a greater focus on the use of technology and assistive technology in particular. This additional investment will enable teams to work alongside service users and carers and try different forms of assistive technology during assessment such as that undertaken, for example, as a core element of the reablement service, or as part of Discharge to Assess.

2.9 This will allow teams the time and space to test out equipment with people with the benefit and back up of care which will help assess whether equipment such as medicine dispensers, door alerts and movement sensors that can support people to remain at home, provide reassurance to carers and family members and can help highlight risks that can then be addressed. Equipment will also be introduced to enable practitioners to evidence the risk of people remaining at home and it is expected that this will be required before any proposal to move into permanent care is made. This proposed change in practice is one that would reflect the seriousness of a life-changing event such as moving into a care home and the importance of exploring alternative options and enabling individuals to make informed decisions.

2.10 The Integrated Enablement Service, which provides reablement to residents of care homes and extra-care housing, is being re-shaped to develop a falls prevention and response service. This change is being introduced as the prevalence of falls within the community and in care homes in particular is one of the major causes of admission to hospital. The aim is to support people who fall whilst living in a care home to enable their assessment to be carried out locally where clinically appropriate, rather than being admitted to hospital.

2.11 Delayed Transfers of Care Action Plan

The DTOC action plan, attached at Appendix 2 has been developed using feedback from a recent multi-agency review of managing hospital discharges over the Christmas and New Year period. Its title ***"Everyone's Issue"*** was coined at the event and describes the nature of the plan, which sees accountability and responsibility for improving the numbers of patients delayed in hospital shared across a range of agencies.

2.12 It sets out plans for: improving capacity within key services such as domiciliary care and reablement; supporting complex discharges; and agreeing escalation procedures so that when the answers are not straightforward, the issue can be escalated to senior managers to make a decision. It starts with a recommendation that patients delayed in all aspects of services are counted, rather than just in acute and community hospital beds. This will allow the true picture and capacity required to be clear to all partners and plans to be strengthened as a result.

2.13 Governance and oversight of the DTOC Action Plan have been agreed by the multi-agency Systems Resilience Group. This will be one of the most critical levers of the plan as ownership and visibility of actions are critical to its delivery.

2.14 In line with our plan for a whole system reduction in delayed transfers of care, our **local target** is to achieve an overall **reduction in delayed transfers of care of 8%** in 2016/17. However, this is subject to fully working through the impact of the recent implementation of the changes in definitions of DTOCs and quantifying the impacts of the DTOC Action Plan.

3 FINANCIAL IMPLICATIONS

3.1 2016/17 BCF Schemes

Appendix 1 gives a full summary of the BCF schemes, this shows the usage of the B&NES element of the £1bn fund for NHS commissioned out-of-hospital services which total £3.13m. The schemes that the Council is acting as lead commissioner for in partnership with the CCG total £10.37m giving a combined BCF of £13.5m.

3.2 Funding allocations

The funding allocations into the 2016/17 BCF are summarised below with 2015/16 allocations for reference

Funding Summary	2015/16 £000	2016/17 £000
CCG Minimum contribution	11,091	11,008
Disabled Facilities Grant Capital	552	991
Social Care Capital	406	
Total	**12,049**	**11,999**

This shows that there has been a £50k reduction in funding allocations in 2016/17, however the total value of the BCF in 2016/17 has increased to £13.5m, this due to the Council aligning its revenue funding for the Care Act implementation with the BCF.

3.3 Risk Share

The 2016/17 risk share agreement between the Council and CCG will be amended to reflect the requirements of the BCF 2016/17 Technical Guidance. The guidance states that a local risk share will need to be put in place where emergency admission reductions targets were consistently not met in 2015/16; this is to ensure that the same pound is not spent twice.

For B&NES the intention is to build the risk share around the approach used in 2015/16 which will create a maximum risk share fund which is equal to the value of non-elective admissions that original BCF plans aimed to avoid. Table 1 below summarises the target reductions in admissions and financial value.

Table 1

Non-Elective Admissions	
	Total
2014/15	15,249
2015/16 Target	14,976
Growth	109
QIPP	-382
Difference	**-273**
Percentage Reduction	-1.81%

BCF Risk Share Contingency	**£539,994**

This value will be withheld by BaNES CCG from the BCF allocation which is paid into the pooled budget from the beginning of the year. The rationale for holding this outside the fund is to ensure that BCF investment does not cause the CCG to over extend itself in financial terms and hence put the financial balance of the health economy at risk

It is proposed that in the where emergency admissions are reduced in line with the original BCF plan then funding will be released into the BCF pooled budget.

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