

MEETING	B&NES HEALTH AND WELLBEING BOARD
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<u>Report summary table</u>	
Report title	Better Care Fund Plan 2017-2019
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List of attachments	Better Care Fund Narrative Plan 2017-2019 Appendix 1: 2016-2017 Performance Dashboard Appendix 2: 2017-2019 BCF Scheme Plans Appendix 3: 2017-2019 Finance Dashboard Appendix 4: 2017-2019 Summary of Funding Contributions and Schemes Appendix 5: 2017-2019 Impact of Schemes on National Metrics Appendix 6: Risk Register Appendix 7: DTOC Action Plan
Background papers	Report to the Health and Wellbeing Board and BCF Submission 2016-2017. http://moderngov/documents/s41020/Better%20Care%20Fund%20Plan%20Update.pdf
Summary	<p>The B&NES Better Care Plan describes how the BCF is being used as an enabler for the integration of services and also the journey towards further integration with a focus on prevention. The first plan was published in 2014, followed by a revised plan in 2016/17. The later plan specifically referenced the <i>your care your way</i> community services review and the vision and priorities for our people and communities. The 2017/18 -2018/19 BCF Plan builds on this whilst also setting out how new conditions will be met, including those for Improved Better Care Fund (iBCF) adult social care grant funding.</p> <p>The Improved Better Care Fund (iBCF) Policy Framework was published in April 2017 and this was followed by the policy framework and technical guidance published by NHS England (NHSE) for the Better Care Fund in July 2017.</p> <p>The Better Care Fund plan attached to this report sets out the vision for integrated services in B&NES up to 2020 and how the Improved Better Care Fund grant monies (iBCF) will be utilised to support the Better Care Fund plan.</p> <p>The plan is due to be submitted to NHS England on 11th September 2017 as part of the assurance process for 2017-2019. Agreement is sought to delegate final sign off, as in previous years, to the Co-Chairs of the Health and Wellbeing Board, the final submission, following feedback received at the Board today.</p>

<p>Recommendations</p>	<p>The Board is asked:</p> <ul style="list-style-type: none"> • To provide feedback on the BCF narrative plan and appendices 1-7 2017-19 • To approve the proposed utilisation of the BCF funds 2017-19 and also the utilisation of iBCF grant monies • To approve the DTOC action plan attached at appendix seven <p>To delegate to the Co-Chairs of the Health and Wellbeing Board formal sign off of the final submission on 11th September 2017.</p>
<p>Rationale for recommendations</p>	<p>The Better Care Fund is a key enabler of the national and local vision of integrated health and care services. In B&NES, the journey towards closer integration is set out within the <i>your care your way</i> programme. <i>Your care, your way</i> was introduced in the BCF plan 2016-17 and the 2017-19 Better Care Fund (BCF) Plan and associated pooled budget will incorporate all of the care and health services procured under <i>your care your way</i>. The inclusion of the full range of <i>your care your way</i> services in the BCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the BCF.</p> <p>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:</p> <p>Theme One - Helping people to stay healthy:</p> <ul style="list-style-type: none"> • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. <p>Theme Two – Improving the quality of people’s lives:</p> <ul style="list-style-type: none"> • 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. <p>Theme Three – Creating fairer life chances:</p> <ul style="list-style-type: none"> • 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. <p>A requirement of NHS England is that the plans for investing the 2017-19 BCF must be agreed by the Health and Wellbeing Board, which will then have strategic oversight of the delivery of those plans.</p>

<p>Resource implications</p>	<p>The Fund has grown in 2017-18 (year one of this two year plan) to incorporate the Virgin Care community services contract. This means it has grown from £13.5m in 2016-17 to £61.1m in 2017-18.</p> <p>The Fund confirms the protection of adult social care funding and also includes a risk share agreement, should non-elective admissions not be reduced by the schemes in the Plan. The value of this risk share in 2017-18 is £549,660.</p> <p>This plan also sees the incorporation of the new three year non-recurring Improved Better Care Fund (iBCF) adult social care grant funding. The value of this for 2017-18 is £3.428m.</p>
<p>Statutory considerations and basis for proposal</p>	<p>This report responds to the technical and planning guidance published on 4th July 2017. In order to draw down the maximum B&NES' BCF allocation, it is necessary for BCF plans and proposals to comply with this guidance.</p>
<p>Consultation</p>	<p>The local vision for integrated care and support and associated plans have been developed under the banner <i>your care, your way</i> 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 Health and Wellbeing Board; the CCG, and the Council.</p> <p>IBCF proposals (section 11 of the main BCF narrative plan) reflect the priorities of B&NES Accident & Emergency Delivery Board. These proposals have been considered and supported by B&NES Joint Commissioning Committee.</p> <p>The Council Section 151 Officer and Monitoring Officer have been consulted in the preparation of this report.</p>
<p>Risk management</p>	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p>

THE REPORT

1 SUMMARY AND INTRODUCTION

1.1 This report summarises key elements of the attached draft Better Care Fund plan 2017-19 which will be submitted to NHS England on 11th September 2017. The plan consists of an overall narrative plan and seven appendices which are as follows:

Appendix 1: 2017-19 Performance Dashboard

Appendix 2: 2017-19 BCF Scheme Plans

Appendix 3: 2017-19 Finance Dashboard

Appendix 4: 2017-19 Summary of Funding Contributions and Schemes

Appendix 5: 2017-19 Impact of Schemes on National Metrics

Appendix 6: Risk Register

Appendix 7: DTOC Action Plan

1.2 The Government is clear within the Better Care Fund Policy Framework for 2017-19 that people need health, social care, housing and other public services to work seamlessly together to delivery better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.

1.3 In B&NES, the journey towards closer integration is set out within the *your care your way* programme. *Your care, your way* was introduced in the BCF plan 2016-17 and the 2017-19 Better Care Fund (BCF) Plan and associated pooled budget will incorporate all of the care and health services procured under *your care your way* under the Virgin Care community services contract. The inclusion of the full range of *your care your way* services in the BCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the BCF.

1.4 In terms of the wider strategic agenda, next steps on the NHS Five Year Forward View (5YFV) published March 2017 acknowledges that the way STPs (Sustainability and Transformation Partnerships) work will vary according to the needs of different parts of the country. The key point is that place-based health and care systems should be defined and assessed primarily by how they practically tackle their shared local health, quality and efficiency challenges. The government does “*not want to be overly prescriptive about organisational form*”. Increasingly Accountable Care Systems are being referenced as a more flexible way of bring together a wide range of partners, including not only public sector organisations but those from the Voluntary, Community, Social Enterprise and independent sectors. It is this approach, that most closely aligns with B&NES’ vision and the Health and Wellbeing Board’s draft Statement of Intent.

2 THE 2017-19 INTEGRATION AND BETTER CARE FUND GRANT ALLOCATIONS POLICY FRAMEWORK

2.1 The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding and includes a new injection of grant funding for adult social care announced in the Spending Review 2015 and Spring Budget 2017 known as the Improved Better Care Fund (iBCF). The policy framework for the Fund covers two financial years.

2.2 National total amounts of adult social care grant funding announced in the Spending Review 2015 (one-off grant for 2017/18) and Spring Budget 2017 (3-years grant funding covering the period 2017/18-2019/20) are £1.115bn in 2017/18 and £1.499bn in 2018/19.

2.3 For B&NES the figures are as follows:

- 2017/18 - £3.428m*
- 2018/19 - £2.063m
- 2019/20 - £1.028m

*Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016.

2.4 Nationally, the total amount of Better Care Fund and iBCF funding amounts to £5.128bn for 2017/18 and £5.616bn for 2018/19. B&NES has chosen to pool more BCF funding than is required, by including the services commissioned under *your care your way*, within the Virgin Care Community Services contract. As a consequence, B&NES BCF pooled budget will increase from £13.4m in 2016/17 to £61.1m in 2017/18. The BCF Plan for 2017/18-2018/19 reflects this extension of services funding from the BCF pooled budget. This is explained in section 8 of the narrative plan.

2.5 Conditions of Access to the Better Care Fund

For 2017-19, NHS England set the following conditions within the technical and planning guidance published in July 2017:

- Plans must be jointly agreed;
- The NHS contribution to adult social care is maintained in line with inflation;
- There is agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care; and
- There is a requirement to manage transfers of care between services and settings.

Sections 6 and 7 of the narrative plan outline how the BCF Plan and the iBCF grant monies intend to support these national conditions.

2.6 Measuring Success

Beyond the four national conditions set out above, areas are given flexibility on how the Fund is spent over health, care and housing schemes or services. However, the spending needs to demonstrate how it will improve performance against the four national metrics which are:

- Delayed transfers of care
- Non-elective admissions to hospital
- Admissions to residential and nursing homes
- The effectiveness of reablement.

These metrics and how we have performed against them this year are explained more in section 3 of the narrative plan.

2.7 The Improved Better Care Fund (iBCF)

Guidance on the use of new iBCF adult social care grant funding was released in April 2017 and included within the technical guidance for the BCF published in July 2017. Section 4.3 of the narrative plan sets out how the iBCF monies have been allocated in B&NES. Key requirements are:

- Grant paid to a local authority may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.
- A recipient local authority must:
 - a) Pool the grant funding into the BCF; and
 - b) Work with the relevant CCG and providers to meet the National Condition 4 (Managing Transfers of Care) in the Policy Framework and Planning Requirements for 2017-19); and
 - c) Provide quarterly reports as required by the Secretary of State.
- The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities have therefore been able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed.

2.8 High Impact Change Model and Managing Transfers of Care

BCF and iBCF Conditions both make explicit reference to the implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care from hospital. Section 7.4 of the narrative plan explains how B&NES is meeting the fourth national condition of the BCF on managing transfers of care and in particular, how we are meeting the requirements of the High Impact Change Model requirements.

The High Impact Change Model sets out eight high impact changes that can support local health and care systems reduce delayed transfers of care (DTC):

- Change 1: Early Discharge Planning.
- Change 2: Systems to Monitor Patient Flow.

- Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.
- Change 4: Home First/Discharge to Assess.
- Change 5: Seven-Day Service.
- Change 6: Trusted Assessors.
- Change 7: Focus on Choice.
- Change 8: Enhancing Health in Care Homes.

The B&NES DTOC Action Plan has also been written to respond to each High Impact Change and this is attached at appendix 7 of the Better Care Fund plan.

As part of this year's plan, B&NES has been asked to submit a number of trajectories for delayed transfers of care, estimating reductions by September 2017 and March 2018. We have been asked to plan reductions to 3.5% of all bed days for the RUH and to reduce DTOC days by 5.45% for the community hospitals. We have also been asked to reduce social care delays by two thirds compared to 2016-17. To help set trajectories in B&NES, the impact of schemes such as reablement and Home First have been assessed and estimated to help plan the reductions. Planned reductions have been tested with members of the multi-agency DTOC Action Group which monitors DTOCs and works to implement the Action Plan.

Current performance against DTOCs will be used to assure the plan when it is submitted to NHS England in September. The CCG and Council are currently assessing this as a risk against assurance for the plan, although feedback from NHS England confirms that the impact of DTOCs on the assurance process has not been fully clarified yet.

2.9 National Performance Metrics

As in 2015-16 and 2016-17, local areas are asked to agree and report metrics in the following four areas:

- Delayed transfers of care from hospital;
- Non-elective admissions in acute hospitals (using the same metric which is agreed in the CCG's Operational Plan);
- Admissions of older people (65+) to residential and care homes; and
- The effectiveness of reablement.

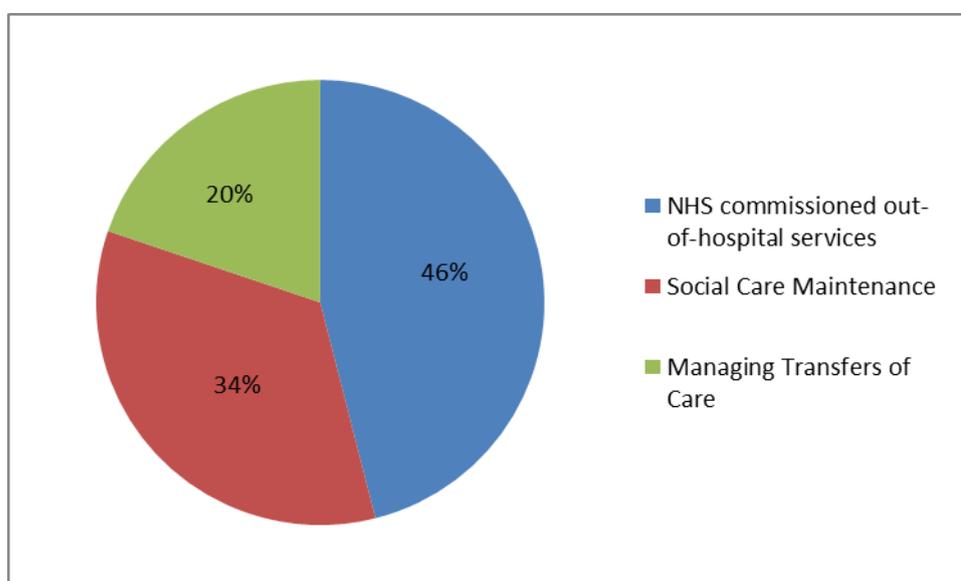
The 2016-17 performance dashboard is attached at appendix 1 of the narrative plan for information. Section 11 of the narrative plan sets out the B&NES proposals against each metric with a review of previous performance and how each scheme will impact on the 4 metrics. Section 11 also explains how B&NES is setting three local metrics which are as follows:

- Number of live in care packages (which monitors whether B&NES is offering people support in proportion to their needs)
- Volume of community equipment provided which helps to monitor all spend that supports people to stay at home, not just directly provided care.
- Length of stay in community hospitals which will help support patient flow through the community.

Appendix 5 also sets out how each BCF scheme impacts on the four national metrics.

3 B&NES 2017/18-2018/19 PLAN SCHEMES

3.1 For this year's plan, we highlight and focus on a number of existing schemes (including social prescribing, falls response and reablement) and also introduce new schemes funded by the Improved Better Care Fund. Some existing schemes already funded by the BCF have grown in priority, for example, Community Equipment are, therefore, also an area of focus. These are explained in section 4 of the narrative plan, and scheme plans setting out objectives, milestones, performance indicators and spending plans are also attached at appendix 2 of the narrative plan. Each scheme identifies which national metric it will support and the pie chart below at shows the split of the national metrics across these key schemes.



4 FINANCIAL IMPLICATIONS

4.1 Funding allocations

Section 8 of the narrative plan gives an overview of the funding contributions within the plan. The table below sets out the planned contributions for the Better Care Fund together with the previous year's figures for comparison. The first four rows are the CCG's contribution with the remaining figures being the Council's investment. The total funding by scheme is shown at appendix 4 of the narrative plan.

Section 8 also confirms the maintenance of funding for social care and the allocation of the iBCF grant monies.

Funding Source	16/17 £	17/18 £	18/19 £
Section 75 Transfers CCG To Council	£8,460,000	£8,611,434	£8,775,051
CCG NHS Commissioned Out of Hospital Services	£2,008,000	£2,043,943	£2,082,778
BCF Risk Share Contingency	£539,994	£549,660	£560,103
YCYW	£0	£24,182,014	£24,182,014
Disabilities Facilities Grant Capital	£991,000	£1,084,352	£1,084,352
Local Authority Grant	£0	£50,000	£0
Care Act Council Revenue	£1,500,000	£1,500,000	£1,500,000
IBCF	£0	£3,457,987	£2,063,000
YCYW	£0	£19,668,842	£19,668,842
Total	£13,498,994	£61,148,233	£59,916,141

The proposed funding has been included in both the plans and budgets of both the Council and CCG for the year 2017-19. These plans have been through the governance processes of both organisations as laid out in section 9 of the narrative plan and have been signed off by the CCG's Board and the cabinet of the Council.

The section 75 agreement has been written to cover the inclusion of the *your care, your way* community services provision and the funding mapped to individual service level documents. The use of the BCF funding is to be agreed by both the Council Section 151 officer and CCG Chief Financial Officer to give transparency on the use of funds for both organisations.

5 SUBMISSION OF PLANS AND APPROVAL PROCESS

5.1 Technical and planning guidance for the BCF and the final version of the policy framework was published in July 2017. This set out a single stage of assurance with submission on 11th September 2017. Those plans deemed to meet the requirements of the policy framework will be put forward for approval. Plans rated "approved with conditions" will be given permission to enter into Section 75 agreements on condition that an outstanding requirements are met by the date specified in the notification.

5.2 Plans will be assured by a regional process between NHS England and Local Government representatives.

5.3 The B&NES plan was submitted in draft to NHS England on 13th August 2017, and following feedback given on 22nd August, a number of small changes will be made to the plan before its final submission on 11th September 2017. Feedback from the NHS England lead was positive, confirming that only minor adaptations need to be made to the plan. Comments and input from members of the Health and Wellbeing Board are welcomed and can be incorporated into the plan before submission on 11th September 2017.

- 5.4 The performance of DTOCs will be taken into account when assuring the plan. This presents a moderate risk to B&NES as DTOCs have been higher than planned in July and August, triggering additional actions across agencies to speed up delays as much as possible. Final details on the impact of the DTOC position on the assurance process have not been confirmed yet – this is likely to be communicated in early September and a verbal update will be provided to the Health and Wellbeing Board.
- 5.5 As the final submission will be made on 11th September, agreement is therefore sought to delegate, as in previous years, to the Co-Chairs of Health and Wellbeing Board to sign off the final detailed submission.

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