

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	25/09/2018
TYPE	An open public item

<u>Report summary table</u>	
Report title	Better Care Fund Plan 2017-2019 Update for 2018-19
Report author	Caroline Holmes – Senior Commissioning Manager – Better Care
List of attachments	Appendix 1: BCF and iBCF Scheme Updates Appendix 2: Q4 17/18 and Q1 2018-19 BCF Performance Dashboard. Appendix 3: Summary of BCF Schemes and Finance for 2018-19
Background papers	BCF Plan 2017-19 http://www.bathandnortheast Somersetccg.nhs.uk/documents/strategies/better-care-fund-201719
Summary	<p>The B&NES Better Care Plan describes how the BCF is being used as an enabler for the integration of health and social care services and also the journey towards further integration with a firm focus on prevention.</p> <p>The first plan was published in 2014, followed by a revised plan in 2016/17. The latest iteration covering two years (2017/19) 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. An update to this two-year plan which meets the refreshed guidance published on 18th July 2018 is being presented to the Health and Wellbeing Board today.</p> <p>A link to the original plan for 2017-19 is included above for ease of reference.</p> <p>This report is to outline how B&NES is meeting the refreshed guidance, and in particular how it will meet the requirements against reducing delayed transfers of care (DTOCs) from hospital which has been identified in the guidance as one of the key priorities for year two.</p>

Recommendations	<p>The Board is asked:</p> <ul style="list-style-type: none"> • To note the Better Care Fund plan 2017-19 update provided both in this report and the attached appendices. • To approve the funding commitments to schemes outlined in this report at appendix 3. • To approve the proposed DTOC trajectories.
Rationale for recommendations	A requirement of NHS England is that the plans for investing the 2017-19 BCF must be agreed by the Health and Wellbeing Board,

	<p>which will then have strategic oversight of the delivery of those plans.</p> <p>This paper therefore presents an update on year two of the Better Care Fund plan 2017-19 and how the plan meets refreshed guidance issued on 18th July 2018.</p> <p>The Better Care Fund plan is aligned with and makes a significant contribution to the 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.
Resource implications	This update sets out the proposed commitments within the BCF plan for 2018-19.
Statutory considerations and basis for proposal	This report responds to the planning guidance published on 18 th July 2018. In order to draw down the maximum B&NES’ BCF allocation, it is necessary for BCF plans and proposed schemes to comply with this guidance.
Consultation	Not required, update for information only.
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.

THE REPORT

1 SUMMARY AND INTRODUCTION

- 1.1 This report gives a brief update on progress against the Better Care Fund plan 2017-19.
- 1.2 The report also explains the operational guidance issued on 18th July 2018 for year two of the plan, and subsequently outlines new schemes introduced in 2018-19 to respond to the guidance.
- 1.3 A key requirement in the guidance issued is to comply with Delayed Transfers of Care (DTC) reductions and this report specifically explains the actions in place to deliver the trajectory for B&NES.
- 1.4 The report also recommends the approval of funding commitments for 2018-19.
- 1.5 The report is supported by appendices as follows:

Appendix 1: 2017-19 Scheme Updates

Appendix 2: Q4 2017/18 and Q1 2018-19 BCF Performance Dashboard

Appendix 3: Summary of BCF Schemes and funding 2018-19

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 in 2017, included 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 ending in 2019.

2.2 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.

Refreshed operating guidance for year two was published on 18th July 2018 and reconfirmed the requirement to meet the four conditions above.

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 in 2017/18 and so far this year (2018/19) are set out at Section 2.9 of the report and at appendix 2.

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.

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.

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

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 updated Integration and Better Care Fund Operating Guidance for 2017-2019 outlines that nationally there is a specific focus on how areas are responding to changes relating to:

- Change 2: Systems to Monitor Patient Flow;
- Change 5: Seven Day Services and
- Change 6: Trusted Assessors.

The schemes which will influence such high impact changes within BaNES are explored in section 3.

In 17/18 a B&NES DTOC Action Plan was written to respond to each High Impact Change and this was monitored monthly by a multi-agency DTOC Action Group. In April 2018 it was agreed with system partners that actions contained within the 17/18 DTOC Action Plan were also monitored within the system wide A&E 4 Hour Recovery Plan, with governance oversight from the BaNES A&E Delivery Board, together with other strategic forums including the Complex Discharge Strategy Group. Therefore, to avoid duplication at this point the DTOC Action Group was disbanded.

A dedicated Community Services Commissioning Manager has also been recruited to oversee the delivery of the actions to support DTOC reductions, the delivery of the High Impact Change Model and associated services commissioned to reduce DTOCs, such as the Discharge to Assess beds.

As part of updated guidance outlined in the Integration and Better Care Fund Operating Guidance for 2017-2019, B&NES is required to meet a revised trajectory for DTOCs and this is explained in section three. To help set trajectories in B&NES, the impact of schemes such as Home First and Trusted Assessment has been assessed and estimated to help plan the reductions. Planned reductions have been tested with system partners who will be collectively supporting their delivery.

2.9 National Performance Metrics

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.

Performance in 2017/18 against the BCF national metrics is summarised as follows (further detail is available in Appendix 2):

- Non-elective admissions were 12.5% above plan (×). However, this is reflective of business rules not being updated to reflect the changes to service delivery, where ambulatory care episodes are being recorded as admissions.
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 populations were 0.1% below plan (✓). This amounts to a 6% reduction in permanent care home placements compared to 2016/17.

- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services: the community provider continues to work on a corrected reporting method after it was established that performance in 2016/17 was overstated. While reported performance was below plan at 82.4% in Q4 against a plan of 89.1% (x), the trajectory for 2017/18 was based on incorrect data. The revised reporting method more accurately identifies the number of people still at home but the variance against plan reflects a change in reporting methodology rather than a change in outcomes for individuals compared to 2016/17.
- Delayed transfers of care (delayed days) per 100,000 18+ populations: performance at Q4 was above plan (x). Overall delays (all providers) reduced during Q4, so improvement has been made across the system. Further detail is provided in Section Three to explain the DTOC position, which was complicated due to an incorrect baseline set at national level due to under-reporting of BaNES delayed days in 2016/17; and because the BCF trajectory for BaNES was set based on RUH performance only rather than all providers who submit national returns, as a result of NHSE advice prior to BCF plan submission.

Appendix 2, part 2 also summarises performance for Q1 in 2018-19 and a summary is also provided as follows:

- Performance for permanent admissions for people aged 65 and over to residential and nursing care homes continues to be good in Q1, following the on-plan performance in 2017/18. At the end of Q1, admissions to care homes are 16% lower than in Q1 2017/18. The trajectory for 2018/19 has been adjusted to show a greater level of improvement than was initially planned as a result of last year's performance.
- Delayed Transfers of Care (DTOC) performance has also been good in Q1. NHSE has set expectations for each Health and Wellbeing Board to reduce DTOCs but, due to community hospital delays not being reported nationally for B&NES until Q4 2017/18, B&NES has asked NHSE to revise the DTOC target so that it accounts for community hospital delays as well. Performance in Q1 against a locally proposed target of 20.1 delayed days per day has been good with an average rate of 19.9.
- Non-elective admissions have been 2.9% above plan in Q1 but this is partly reflective of the coding of ambulatory care activity rather than a full increase in admissions. It is likely that this measure will remain above plan while business rules concerning ambulatory care activity (with a zero-day length of stay) mean that such activity is coded as non-elective admissions.
- Currently the data for the reablement measure – the proportion of people aged 65 and over still at home 91 days after discharge from the reablement service – is unavailable as the provider is working through some information governance issues following a change in the way this indicator is calculated locally. This is expected to be resolved during Quarter 2.

Whilst meeting the four metrics above, B&NES is also proposing to monitor local targets in 2018/19 which are as follows:

- Number of stranded (over 7 days) and super-stranded (over 21 days) patients in acute hospitals (to follow on the dashboard in Q2).
- Volume of community equipment provided which helps to monitor all spend that supports people to stay at home, not just directly provided care (to follow in Q2).

- Length of stay in community hospitals which will help support patient flow through the community.
- Delays due to care packages and placements
- Reablement length of stay.

3 DELAYED TRANSFERS OF CARE UPDATE (DTCO)

For 2017 onwards, B&NES was required to set a number of metrics to reduce Delayed Transfers of Care from hospital (DTCOs). Different expectations had been set by different organisations (NHS England (NHSE) and the Department of Communities and Local Government (DCLG).

- NHSE set a target to reduce occupied bed days (OBD) to 3.5% in all providers.
- DCLG set a target to reduce social care delays to 2.6 delayed days per 100,000 population.

Performance for 2017/18 against these targets is reviewed below in section 3.1.

The operating guidance for 2018-19 sets out the Government's mandate to see further ambitious reductions in DTCO rates, and in particular, to ensure nationally there are no more than 4,000 hospital beds occupied by patients delayed without discharge by September 2018, with this rate to be held by March 2019. Section 3.2 sets out the BaNES trajectory to deliver local expectations which support this national target.

There are a number of schemes put in place in 2017/18, which will continue within 2018/19 to reduce DTCO's, many funded either by BCF or iBCF monies. These include:

- Reablement and its review
- 7 day working in Home First
- Discharge to Assess beds
- Support planning and brokerage (commissioning Care Home Select to provide interim support)

Plus there are other schemes which are not funded by the BCF or iBCF but contribute and these include:

- The fracture support pathway beds and care (for people in plaster following a fracture)
- The community hospital review

There are also a number of schemes planned to come online in 2018/19 funded by the BCF or iBCF and these include:

- Trusted Assessment Pilot
- Delirium Pathway
- Home First Expansion

These schemes are further explored in Section 4 of this paper and in Appendix 1.

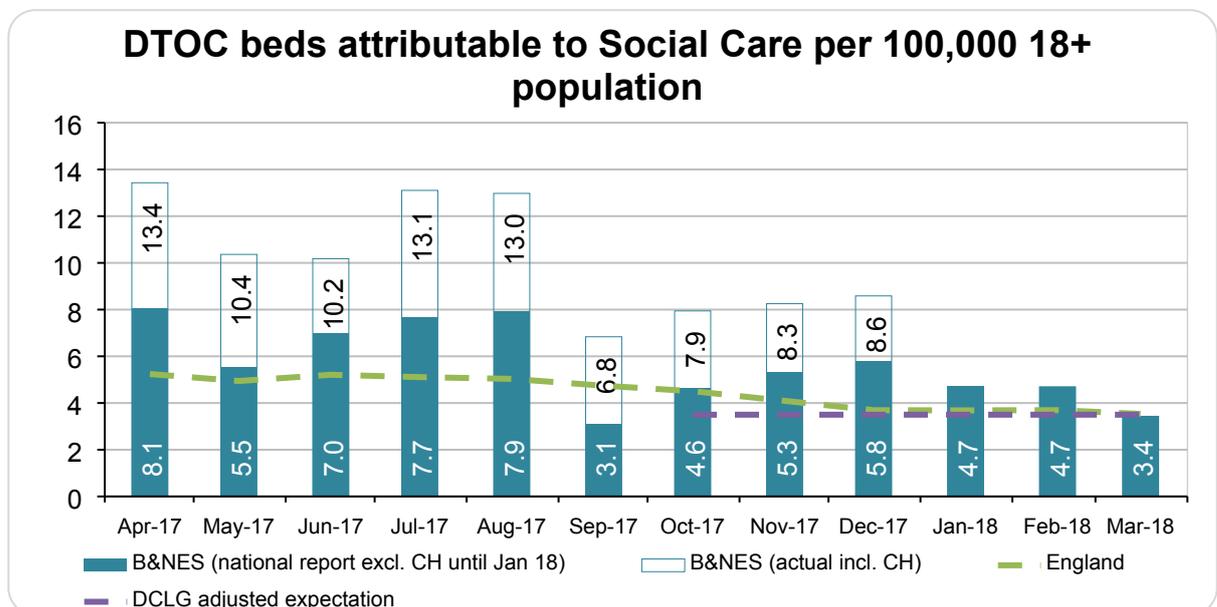
Finally, nationally there has been an increasing focus on patients with a Length of Stay (LOS) greater than 7 days (Stranded) and 21 days (Super Stranded). Such focus has

resulted in targets being set nationally to reduce the number of super stranded patients by 25% by December 2018, with an agreement at BaNES A&E Delivery Board to deliver local reductions of 30%. Such focus on super stranded patients is anticipated to help support reductions in DTOC rates, as a number of patients may be prevented from becoming delayed due to the increasing focus on reducing long stays in hospital.

3.1 DTOC Targets

The Department for Communities and Local Government (DCLG) set a target to reduce social care delays to 2.6 delayed days per day (known as DTOC beds) per 100,000 adult population in 2017/18. This target was then increase to 3.5 delayed days per day. BaNES' performance against this target in 2017/18 shows an improving picture Figure 1, with DTOC delays due to Social Care reducing significantly.

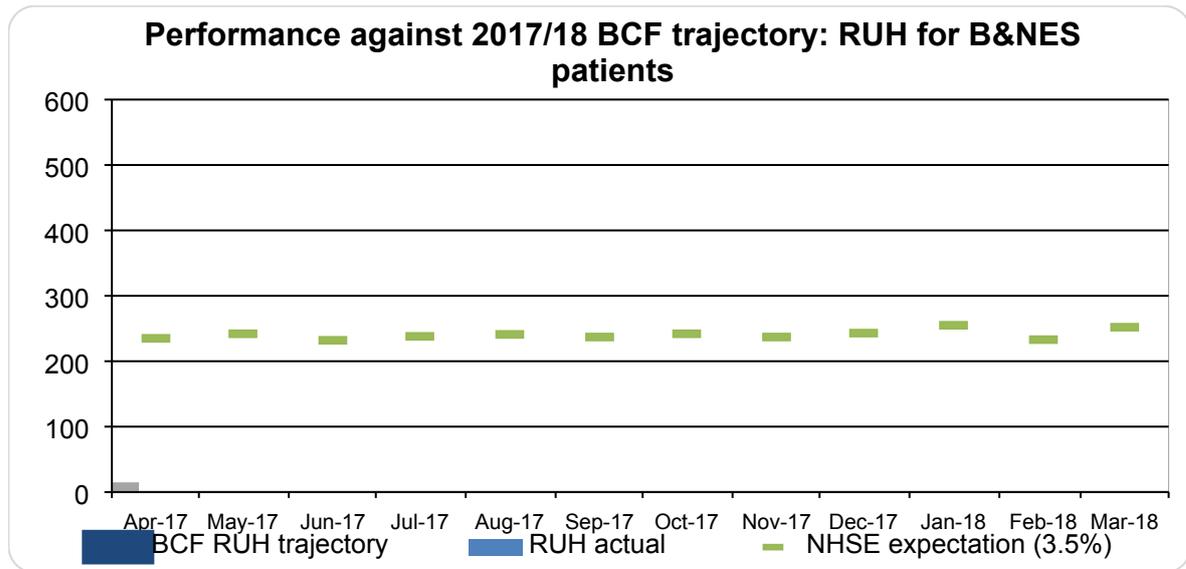
Figure 1



NHSE additionally set a target in 2017/18 to reduce DTOC's to 3.5% of occupied beds days by September 2017 and March 2018 for Trusts where performance was within specified levels during Q4 2016/17 (a higher percentage was set for the worst performing Acute Trusts and Community Hospitals). NHSE monitors the number of delayed days reported nationally from organisations with beds, however in 2017/18 BaNES did not report national data for community hospital beds until Q4.

In 2017-18, the baseline for the CCG's trajectory was set incorrectly for B&NES, therefore a position was agreed with NHSE which saw the CCG reporting nationally against RUH delays only for 2017-18, and thus community hospital delays were excluded. Performance in 2017-18 against this trajectory and the NHSE expectation that delayed days accounted for no more than 3.5% of occupied bed days is set out in Figure 2 below.

Figure 2



RUH performance was higher than planned for much of 2017/18 which was in part due to the escalation in pressure seen across the health and social care system on a national level. The BCF schemes that supported a reduction in DTOCs also started later than planned in some cases, although the improvement after December demonstrates that the schemes were effective in reducing delays once in operation. Throughout the year, patients delayed due to awaiting residential home and nursing home placements and awaiting home care packages¹ were the main reasons for delays at RUH. While these have remained a proportionately high cause of delays, the number of delayed days has reduced during the year. Patients awaiting transfer to community hospitals had also been a significant cause of delays in 2017/18, albeit the number reduced in Q4.

It was agreed with NHSE that community hospital beds would be reported nationally from January 2018 to allow oversight of the scale of DTOC's throughout the whole BaNES system. Therefore whilst the B&NES reported position was affected in Q4 2017/18, due to the agreement with NHSE regarding the trajectory, as outlined in Appendix 2, it did not affect the overall measured performance.

Delayed days in Virgin Care were mainly due to awaiting care home placements or home care packages. Like the RUH, there was a marked improvement in Q4 as delays reduced, so while these reasons for delays remain the predominant ones, the actual number of delays due to these reasons has been reducing. AWP performance in 2017/18 continued to be affected by sourcing suitable placements for complex patients.

3.2 DTOC Trajectory 2018/19

As noted in section 3, the recent operational guidance has set out expectations in 2018/19 for further reductions in DTOC rates, with this reduction expectation being calculated from Q3 2017/18 performance. Unfortunately, the Q3 2017/18 baseline for B&NES did not contain Virgin reporting from community hospitals and thus does not fully reflect our DTOC baseline within BaNES in its entirety. Therefore,

¹ This includes people waiting for Home First which are coded under this category
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this has resulted in a reduction target which would be unachievable and thus would not be assured. Work has been undertaken to review the baseline in Q3 2017/18 to include Virgin DTOCs and an approval request to NHSE has been submitted for this to be reset.

Based upon a revised baseline for BaNES, it is expected that by September 2018 and March 2019 BaNES will be required to have no more than an average of 20.1 delayed days per day. The methodology utilised to develop this expectation is outlined in Table 1, and is based upon the NHS rule set.

Table 1

		Revised baseline – using actuals (incl. community hospitals)			
		Average delays per day			
Attributable organisation	NHS	Social Care	Joint	Total	
Baseline	15.9	12.4	1.4	29.8	
Required reduction	Reduce by 30%	Reduce by 40%	Maintain		
Expectation for Sept 18	11.2	7.5	1.4	20.1	

The baseline above was then the basis on which to develop a local trajectory to meet the 20.1 delayed days target by September 2018 and March 2019. The trajectory uses 2017/18 actual delayed days per month as the baseline performance. From this, a weekly estimate has been made for each scheme, outlined in Section 4 and Appendix 1, which will have either a new impact in 2018/19 or an increased impact compared to 2017/18.

Table 2 outlines the planned trajectory for DTOC performance in BaNES in 2018/19 from July onwards (April to June data was already published prior to finalisation of the plan). This trajectory outlines the plan to meet the NHSE target, based upon a revised baseline, in September 2018 and March 2019 and therefore meet national conditions. This trajectory has been approved by system partners and was approved by JCC on 23rd August 2018.

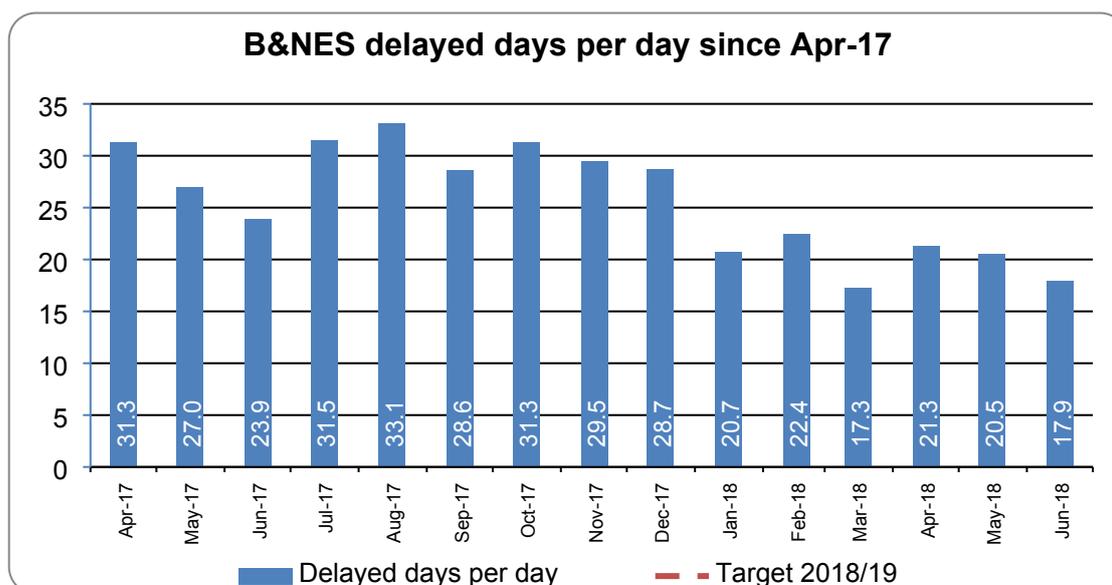
Table 2

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Target	20.1	20.1	20.1	20.1	20.1	20.1	20.1	20.1	20.1
Plan	21.2	27.3	20.1	23.4	20.0	23.9	20.7	19.8	19.8

As noted in section 2.9, BaNES' performance against the target has been good in Q1 2018/19, with performance at an average rate of 19.9 against a revised target of 20.1.

Figure 3 demonstrates how B&NES' performance since April 2017 compares to the 2018/19 target against the measure delayed days per day (as we have not reported specifically against this measure to the HWB previously) and it illustrates a significantly improving picture, with specific reference to Q1 2018/2019.

Figure 3



4 B&NES 2018/19 PLAN SCHEMES

4.1 For 2018-19, we continue to focus on a number of existing schemes (including social prescribing, falls response and reablement) and have also introduced new schemes which complement the requirement to focus on the three priority changes within the High Impact Change Model (see section 2.8). Some existing schemes already funded by the BCF or iBCF have grown in priority, for example, Home First and are therefore also an area of focus. An update on such schemes is set out at Appendix 1. Each scheme identifies which national metric it will support.

4.2 Existing Schemes

The schemes funded by the BCF and iBCF cover a wide range of areas, including those aimed at managing transfers of care from hospital, supporting NHS Commissioned out of hospital services and those supporting the delivery of adult social care overall. Full details of all the schemes are available in the overall BCF plan and a summary of their progress is at appendix 1.

A key priority for 2018/19 is to test the expansion of Home First and a business case was approved in August 2018 to increase funding to support an additional 6 people to be discharged from hospital each week (over 7 days). This supports one of the key High Impact Changes prioritised in the 2018/19 Operational Guidance for the BCF which is to strengthen 7 day services.

4.3 New Schemes for 2018/19

There are five new schemes agreed for 2018-19 which are set out below. Three new scheme templates are included at appendix 1. The Delirium Pathway is still being scoped and therefore the template is not included with this report, and the Liquid Logic is to enable system changes to enable other schemes and forms and is reported under a larger project and is therefore not specifically monitored under the BCF.

Scheme 24: Mental Health Pathway Review

The mental health review presents Commissioners with an opportunity to build on the Your Care Your Way recommendations, in order to achieve a truly transformational and long term change in mental health and wellbeing provision for the benefit of its target population in Bath and North East Somerset.

The Review will enable commissioners to achieve: a holistic approach within responsive services, integration of physical and mental health and reduction in stigma; establishment of links with other pathways, such as the Wellness Service; a better flow, and easier discharge from acute services into appropriate community based resources; better pre-crisis support in the community; effective services which work together and share resources for the benefit of service users and the strengthening of a preventative approach wherever possible.

Scheme 25 : Liquid Logic

This funding allows changes to be made to Liquid Logic to enable it to respond to new priorities and information requirement such as Three Conversations.

Scheme 26: Delirium Pathway

This scheme is testing a new approach to supporting people to return home with a temporary delirium (confusion) and is based on a model introduced in Hertfordshire which saw a virtual ward wrapped around patients returning home to help them recover in a familiar environment. The model in Hertfordshire has shown a reduction in people being admitted permanently to care homes from hospital as a result of confusion. The model in B&NES is being developed by the RUH and it is hoped that it will be piloted in autumn 2018, taking up to 5 patients per week when established.

Scheme 27: Enhanced Discharge – Care Home Selection

Care Home Selection began working with B&NES in 2017-18 on a pilot basis and this has been extended in 2018/19 with funding for up to 25 discharges per month, supporting self-funding patients in hospital, those being fast-tracked for Continuing Health Care and patients requiring a care home funded by the Council. Already CHS has had a significant impact on DTOC levels. They have provided the Council with valuable market information and have supported the Council to negotiate lower care home fees, closer to the published rates set by the Council (78% of nursing placements and 58% of residential placements for the Council). CHS provide a service 7 days a week which is a key priority set out in the BCF Operational Guidance.

Scheme 28: Trusted Assessor

The Trusted Assessor project will see the recruitment of a Trusted Assessor role to work between care homes and our local hospitals to build better relationships and trust between them and also to facilitate assessments for care homes which free up the time of the care homes and also ensure that patients in hospital are not unduly waiting for an assessment. This is a key priority set out within the 2018/19 Operational Guidance. This role will also develop a process and set of protocols between care homes and hospitals to support this type of assessment and also to trouble-shoot common issues affecting discharge, such as medication and equipment.

5 FINANCIAL IMPLICATIONS

5.1 Funding allocations

Table 3 below sets out the 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.

Table 3

Funding Source	16/17 £	17/18 £	18/19 £
CCG Section 75 Transfer to Council	£8,460,000	£8,611,434	£8,775,051
CCG Commissioned Out of Hospital Services	£2,008,000	£2,043,943	£2,082,778
CCG Risk Share Contingency	£539,994	£549,660	£560,103
CCG Commissioned Community Services	£0	£24,182,014	£24,182,014
Disabilities Facilities Grant Capital	£991,000	£1,084,352	£1,177,682
Other Local Authority Grants	£0	£779,987	£1,850,458
Council Revenue for Care Act	£1,500,000	£1,500,000	£1,500,000
IBCF	£0	£2,698,013	£2,063,000
Council and Public Health Commissioned Community Services	£0	£19,668,842	£26,629,248
Total	£13,498,994	£61,118,246	£68,820,335

The increase of £7m in year two of the plan arises from the inclusion of CRC and Extra Care services as subcontracts within the Community Services (formerly YCYW) contract.

The use of unallocated funding in year two of the plan has been approved 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 Joint Commissioning Committee before being presented to the Health and Wellbeing Board for final approval. Any financial changes to underlying schemes in year have also been reported and approved through the same governance route.

The financial schedules within the section 75 agreement have been amended to reflect the increases in Community Services contract, the five new schemes and agreed changes to existing schemes. The revised schedules have been agreed by both the Council Section 151 officer and CCG Chief Financial Officer to give transparency on the use of funds for both organisations. Health and Wellbeing Board is asked to approve the funding set out for 2018-19 under section 5 and shown in Appendix 3.

5.2 As at month 4 of 2018/19 the forecast out turn is that all funds, including the deferred income will be fully spent in year. This position is reported in line with the requirements of the section 75 agreement and is monitored on behalf of the CCG and Council by the Joint Commissioning Committee at their monthly meeting.

5.3 The Improved Better Care Fund grant (iBCF) reduces again in 2019/20 and will cease altogether from 2020. Detailed planning will begin in autumn 2018 to prepare for this and to prioritise expenditure to continue to meet its three priorities which are: to support adult social care sustainability, to support hospital discharges and to stabilise the care market as each of these is expected to continue to be a priority for social care into 2020.

6 RISK AND GOVERNANCE

The governance and operational structures of the Better Care Fund are underpinned by a Joint Working Framework, adopted by both the CCG and the Council, which sets out the commitment, aims and practical supporting arrangements for joint working. Assurance of the overall delivery of the Better Care Fund (BCF) is monitored through the Joint Commissioning Committee (JCC) with overall responsibility sitting with the Health and Wellbeing Board (HWB). Monitoring of the financial implications of the BCF and pooled budget is undertaken for the CCG by the Finance and Performance Committee (F&P).

Risks identified are reviewed monthly by the Senior Commissioning Manager for Better Care and entered onto the Partnership Risk Register which is reviewed by JCC as a standard agenda item. There is one current risk on the Risk Register, relating to DTOC metrics which is explained further below.

7 ESCALATION AND ASSURANCE FOR 2018-19

7.1 A key risk to the assurance for the 2018/19 plan is the DTOC trajectory. As explained in section three, B&NES is waiting for confirmation from NHS England that the revised trajectory, based on our performance including community hospital activity, is accepted. Without this acceptance, the plan will not meet one of the national conditions of access explained at Section 2.5 and the plan will no longer be assured. Should this be the case, the Better Care Fund Support Team will assist B&NES to agree a compliant plan.

A verbal update on this position will be given at the Health and Wellbeing Board meeting on 25th September.

Please contact the report author if you need to access this report in an alternative format