

HEALTH & WELLBEING BOARD

Subject Heading:

Better Care Fund Planning for 2016-17

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with an update on the way in which the BCF will be implemented in the financial year 2016/17. This is based on the national policy framework which has recently been issued.

There is a requirement for plans to be jointly developed and approved by the Health and Wellbeing Board, in accordance with BCF technical guidance.

The BCF has been established by Government to provide funds to local areas to support the integration of health and social care. It aims to ensure a closer integration between health and social care, putting person centred care and

wellbeing at the heart of the decision making process. The BCF is a vital part of both NHS planning and local government planning.

2015/16 was the first year of the BCF nationally. Section 75 of the National Health Service Act 2006 gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payments may be made towards expenditure incurred in the exerciser of prescribed local authority functions and prescribed NHS functions.

The BCF policy required the pooling of budgets and a section 75 agreement about how integration will be taken forward and the funding prioritised to support this. In Havering, the pooled fund totals £18,914m in 2015/16.

RECOMMENDATIONS

1. Delegate authority to the HWBB Chair to approve the final submission of the BCF Plan 2016/17 to NHS England for submission on 25 April 2016, subject to obtaining approval from the Council and the Havering Clinical Commissioning Group (CCG).
2. To receive, post 25 April 2016, the final submission that was made, and subsequently to receive monitoring reports at six monthly intervals.
3. Delegate authority to the HWBB Chair to approve BCF statutory reporting returns each quarter.

REPORT DETAIL

1. **2016/17 Planning**
 - 1.1 The Department of Health (DH) and the Department for Communities and Local Government (DCLG) have published a detailed policy framework¹ for the implementation of the Better Care Fund in 2016/17, developed in partnership with the Local Government Association, Association of Directors of Adult Social Services and NHS England.
 - 1.2 For 2016/17 it has been agreed that the BCF planning and assurance process should be integrated as fully as possible with the core NHS operational planning and assurance process.
 - 1.3 Local partners will be required to develop, and agree, through the relevant Health and Wellbeing Board (HWBB):



- i. A short, jointly agreed narrative plan including details of how they are addressing the national conditions;
 - ii. Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
 - iii. A scheme level spending plan demonstrating how the fund will be spent;
 - iv. Quarterly plan figures for the national metrics.
- 1.4 In Havering we held a BCF planning workshop on 10 February 2016. This was independently facilitated to enable impartial review and challenge. The main outcomes that will be reflected in our 2016/17 plan were:
- i. **Current Schemes** - for the coming year we should maintain the current schemes and focus on developing the 2020 integration plan (to be in place by 2017).
 - ii. **Governance** – the Joint Management and Commissioning Forum and the Delivery Group would both be reviewed and reorganised.
 - iii. There was consensus that the **Accountable Care Organisation** (whether attained or not) is the scale of integration we are strategically committed to. This is a longer term strategy and the local BCF plan needs to be delivered as initial steps towards integration at a greater scale.

2. Policy Requirements

- 2.1 The legal framework for the Fund derives from the amended NHS Act 2006, which requires that in each area the Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with DH and DCLG. The Act also gives NHS England powers to attach additional conditions to the payment of the Better Care Fund to ensure that the policy framework is delivered through local plans. In 2016/17, NHS England will set eight conditions, which local areas will need to meet through the planning process in order to access the funding. The conditions require:
- i. That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and by the constituent Councils and CCGs;
 - ii. A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016/17.
 - iii. Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
 - iv. Better data sharing between health and social care, based on the NHS number;
 - v. 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;
 - vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
 - vii. That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
 - viii. Agreement on a local action plan to reduce delayed transfers of care.

- 2.2 New condition vii replaces the national payment-for-performance element of the Fund, linked to delivering a reduction in non-elective activity that was a condition in 2015-16. Condition viii is also a new national condition for 2016-17.
- 2.3 Our DTOC plan currently is effectively the Joint Access and Discharge Team and moving forward we have the Discharge to Access Pilot. These plans are being incorporated into the BCF submission.

3. Timeline

- 3.1 The high level timetable is below:

- 1) NHS Planning Guidance for 2016-17 issued 22 December 2015
- 2) Technical Annexes to the planning guidance issued, 19 January 2016
- 3) BCF Planning Requirements; Planning Return template, BCF Allocations published February 2016
- 4) First BCF submission agreed by CCGs and local authorities, to consist of: BCF planning return only 2 March 2016
- 5) Assurance of CCG Operating Plans and BCF plans March 2016
- 6) Second submission following assurance and feedback, to consist of Revised BCF planning return and high level narrative plan 21 March 2016
- 7) Assurance status of draft plans confirmed by 8 April
- 8) Final BCF plans submitted, having been signed off by Health and Wellbeing Boards 25 April 2016

4. Assurance and Plan Approval

- 4.1 There will be no national assurance process for BCF Plans for 2016-17. Instead regional teams will work with the Better Care Support Team to provide assurance to the national Integration Partnership Board (jointly chaired by DH and DCLG whose membership includes NHS England, LGA and ADASS) that the above process has been implemented to ensure that high quality plans are in place which meet national policy requirements and have robust risk-sharing agreements where appropriate. This will include offering assurance that appropriate support and assurance arrangements are in place for high risk areas.
- 4.2 The assurance arrangements will place plans into three categories – ‘Approved’, ‘Approved with support’, ‘Not approved’. The next steps for a HWB whose plan is placed within each category are set out below:
- I. Approved – proceed with implementation in line with plans;
 - II. Approved with support – proceed with implementation with some on-going support from regional teams to address specific issues relating to ‘plan development’ and / or ‘risks to delivery’;
 - III. Not Approved – do not proceed with implementation. Work with the NHS England DCO team, Better Care Manager and LGA / ADASS representatives to put in place steps for achieving plan approval (and / or meet relevant conditions) ahead of April 2016.

IMPLICATIONS AND RISKS

Financial implications and risks:

Funding Requirement

Under the NHS Mandate for 2016/17, NHS England is required to ring-fence £3.519 billion within its overall allocation to CCGs to establish the BCF.

BCF 2016/17 funding allocations have been announced. Havering's minimum funding allocations over 2015/16 and 2016/17 are per the table below:

Description	2015/16 £'000	2016/17 £'000	Variance
Revenue funding from CCGs	15,495	16,352	857
Disabled Facilities Grant (DFG) funding	829	1,426	597
Social Care Capital	560	-	(560)
Total	16,884	17,778	894

Note that Social Care Capital funding will be discontinued from 2016/17.

In 2015/16 there was also £590k Local Authority non-recurrent revenue funding and £850k contribution from base budget. The CCG also contributed £590k non-recurrent funding. This brought the total value of the pool up to £18,914m. In 2016/17 it is expected only the Local Authority £850k contribution from base budget will remain that is over and above the minimum requirement.

There is additional funding in 2016/17 financial year of £80k relating to what was previously section 256 funding for Social Care and £12k for the Care Act. This funding is not new but has been uplifted. The £135m nationally made available through the BCF in 2015/16 for a broader set of duties around the Care Act has been simplified to focus mainly on carer support.

The Disabled Facilities Grant (DFG) allocations have increased from £829k to £1.4m. This is to encourage areas to think strategically about the use of home adaptations, use of technologies to support people in their own homes, and to take a joined-up approach to improving outcomes across health, social care and housing. In 2016/17, the housing element has been strengthened through the National Conditions, which require local housing authority representatives to be involved in developing and agreeing BCF plans.

Risk Share

In 2015/16 there was a performance element totalling £857k within the pool. This was related to the non-elective admissions performance metric, which has a target activity reduction of 2.5%. The risk share was apportioned 35/65 between the local authority and the CCG respectively. The performance fund was not achieved and so this element of the pooled fund was not passed onto the council and instead was paid directly to health to offset acute pressures. Although non-elective admissions is no longer the basis of a Performance Fund, the metric is still in place, as set by the CCG Operational Plan. As per Technical Guidance Annex 4 – Better Care Fund Planning Requirements for 2016/17, Local areas are expected to consider including a risk sharing arrangement which is specifically linked to the delivery of their plan for non-elective admissions in 2016/17. There will be further discussions between the Council and the CCG to determine this level of risk and will aim to finalise this for the second and final submissions due by 21st of March and 25th of April 2016 respectively.

Better Care Fund 2016/17 First Submission - 02 March 2016

The first submission spending plan for each scheme is in line with 2015/16. This will require further approval by the Joint Management and Commissioning Forum and is subject to HWBB chair sign off for the second submission due on 21st of March 2016, and the final submission on 25th of April 2016.

Section 75

There will be a requirement to amend the s.75 to reflect the locally agreed risk share and also update the relevant schedules. As per s.75 the financial arrangements will remain the same including the invoicing processes between the two partners.

Legal implications and risks:

There are no legal implications arising directly from this report.

Human Resources implications and risks:

There are no human resources implications arising directly from this report.

Equalities implications and risks:

The Better Care Fund provides an opportunity to transform care so that people are provided with better integrated care and support. It encompasses a substantial level of funding and it will help deal with demographic pressures in the health and social care system. The Better Care Fund does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

BACKGROUND PAPERS

Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016/17

2016/17 Better Care Fund : Policy Framework