READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

TO:	**ACE COMMITTEE**		
DATE:	**3 FEBRUARY 2016**	**AGENDA ITEM:**	**13**
TITLE:	**BETTER CARE FUND UPDATE**		
LEAD COUNCILLOR:	**Cllr HOSKIN**	**PORTFOLIO:**	HEALTH
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**All**
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 In 2013, the government announced a framework to integrate health and social care service. This initiative is known as the Better Care Fund (BCF). The BCF was initially set up for only a 1 year period (2015-16). In the Autumn Statement 2015, the government announced plans to continue the BCF into a second year and beyond.

1.3 This report sets out to inform the ACE committee of the BCF and the National Conditions that will inform our plans for 2016-17. The report goes on to explain our plans to date for the 2016 – 17 BCF (in lieu of final guidance from Department of Health) and the potential implications this has on the Local Authority.

2. RECOMMENDED ACTION

2.1 That the ACE committee is briefed on the current position of the 2016-17 BCF and potential financial risks to the council.

3. POLICY CONTEXT

3.1 The Better Care Fund is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups and local authorities to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation. In 2015-16, the Government committed £3.8 billion nationally to the Better Care Fund with many local

areas contributing an additional £1.5 billion, taking the total spending power of the Better Care Fund to £5.3 billion.

3.2 In 2016-17, the Better Care Fund will be increased 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.

3.3 For 2016/17 the BCF policy framework remains largely in line with that set out in 15/16 with the requirement for plans to be jointly agreed, between relevant Local Authority/s and CCG/s within a local area, and signed off by the local Health & Wellbeing Board. The requirement to formally pool budgets, established under section 75 of the NHS Act 2006, also remains. Again, as per 15/16, there are also a range of National Conditions (appendix A) and Key Performance Metrics (*appendix B*) that a local area must devise plans to meet and then regular report progress against.

3.4 There are some key differences from the previous year, however. 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 plan for management in 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 systems and to ensure continued investment in NHS commissioned out-of hospital services, which may include a wide range of services including social care.

3.5 Finally, the previous national BCF plan assurance process has been removed and replaced with a less onerous local assurance process aligned to the assurance process for local CCG Operating Plans. However, timescales (which are identified in more detail in section 5.2), show extremely challenging to achieve, given that at the time of the completing this report final technical guidance had not been issued.

4. CURRENT POSITION:

4.1 For 2016-17 the council will be required to develop, and agree, through the Health and Wellbeing Board:

1. A short, jointly agreed narrative plan including details of how we are addressing the national conditions

2. Confirmed funding contributions from the Local Authority and CCGs including arrangements in relation to funding within the BCF for specific purposes
3. Spending plans broken down by each BCF scheme demonstrating how the fund will be spent
4. Quarterly plan figures for the national metrics

4.2 In lieu of the final 2016/17 BCF guidance from Department of Health it is not possible to fully anticipate all likely planning and submission requirements. Work is on-going, however, with our CCG colleagues to prepare as best we can for the challenging 08 February 2016 submission deadline.

Narrative

4.3 The preliminary guidance seen thus far indicates that our 16/17 BCF narrative should build on the approved 15/16 plan and demonstrate that local partners have reviewed progress in the first year of the BCF as the basis for developing plans for 2016-17. High level narrative plans produced for 2016-17 will therefore be expected to demonstrate incremental changes to 2015-16 Better Care Fund plans reflecting this review of progress. To this end, an evaluation of our 15/16 BCF schemes has taken place and the findings will help shape our 16/17 programme. This will be combined with a review of our 15/16 submission against the final 16/17 requirements and help produce the required high level narrative.

Scheme Level Funding Plan

4.4 We are working with our CCG colleagues to draft the scheme level spending plan which will be required to account for the use of the full value of the budgets pooled through the Better Care Fund. These plans will include:

- Area of spend
- Scheme type
- Commissioner type
- Provider type
- Funding source
- Total 15/16 investment (if existing scheme)
- Total 16/17 investment

Performance Metrics

4.5 Work remains to benchmark and set targets for the key performance metrics. Additionally, BCF plans will need to establish a Health and Wellbeing Board (HWB) level Non-Elective Admission activity plan. This in itself will initially be established by mapping agreed CCG level activity plans to the HWB footprint using the mapping formula provided in the planning return template. As CCG plan figures will not be finalised when initial BCF plans are submitted these targets are not intended to be confirmed at that point. Instead these will be mapped from CCG operating plan returns centrally and provided back to HWBs

to review and confirm as part of the final submission (anticipated to be mid April 16)

5. IMPLEMETATION

5.2 Subject to final guidance publication by Department of Health, the current BCF plan submission and assurance timetable is as follows –

First submission of narrative and technical planning templates	08 February 2016*
Review and assurance by Regional DCO (in line with local CCG operating plan)	February – March 2016*
Second Submission following assurance and feedback	16 March 2016*
BCF plans finalised and signed off by HWB	20 April 2016*

**all dates to be confirmed*

5.3 The submissions will need to be signed off by the chair of the Health and Wellbeing Board. In preparation for this the Health and Wellbeing Board on 22 January 2016, agreed to delegate authority to the Director of Adults and Health services for signing off the submissions in consultation with the Health and Wellbeing chair.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The decision contributes to the following Council's strategic aims:

- To promote equality, social inclusion and a safe and healthy environment for all

6.2 Reading Borough Council is committed to:

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- Changing the Council's service offer to ensure core services are delivered within a reduced budget so that the council is financially sustainable and can continue to deliver services across the town;

6.3 The decision also contributes to the following:

- Equal Opportunities
- Health

7. LEGAL IMPLICATIONS

7.1 As per 2015/16, the requirement to formally pool budgets, established under section 75 of the NHS Act 2006, with South Reading CCG and North & West Reading CCG remains.

8. FINANCIAL IMPLICATIONS

8.1 Revenue Implications

The report sets out an overview of the state of the initial BCF planning for 16/17.

The key issue for 16/17 is the financial pressures faced by both the CCGs and the Council. Whilst the system is awaiting the formal technical guidance for 16/17 the major issue is that whilst the overall BCF funding for 16/17 will be at the same level as it was for 15/16, the fund will need to cover £5m (Divided across the West of Berkshire - £1.5m to Reading BCF) of existing CCG spend and therefore "new schemes" that were funded in 15/16 will need to be reviewed to determine how services will need to be designed to fit the new funding envelopes.

The BCF for the Reading locality (£10.196m) includes £3.611m of funding that has for a number of years been funding core Adult Social care services. This includes Intermediate care assessments, community reablement and step down care beds.

9.2 Capital

Within the BCF there is capital funding for Social Care services and DFGs (Disability Facilities Grant). This is expected to continue to be funded as per 15/16 at around the same level (£830k)

9.3 Value for Money

The services being delivered as part of the 15/16 program are being evaluated and as part of this a determination will be made around the effectives of the schemes and their VFM ready for the new BCF in 16/17.

9.4 Risks

Both the CCGs and the Council are faced with significant funding issues going into 2016/17 and beyond. Section 9.1 sets out that there is current £3.611m of BCF funds supporting Council frontline services. Without this funding the Council could not support these services and these would have to cease, with the resulting impact on Council and NHS services.

The need to move £5m (divided across the three Berkshire Localities - £1.5m to Reading BCF) of existing CCG expenditure into the BCF for 16/17 may cause potential significant issues to the delivery of existing services however planning discussions are now taking place to seek solutions to resolve these matters. However if agreement cannot be reach this could put agreement on the whole BCF program for 16/17 in jeopardy.

As at the 25th January the final technical guidance has not been published by Central Government. The delay to this critical important information is also impacting our ability to meet the proposed deadlines.

9. BACKGROUND PAPERS

9.1 Appendix A – Better Care Fund National Conditions
Appendix B - Better Care Fund National Metrics

ACE 03 February 2016 – 16/17 Better Care Fund- APPENDIX A

National Conditions

1.1 In lieu of the final 16/17 BCF planning guidance from Department of Health the following information is draft only and subject to change.

1.2 The detailed national conditions are set out below, as stated in the BCF Policy Framework published by the Department of Health and the Department of Communities and Local Government:

CONDITION	DEFINITION
1. Plans to be jointly agreed	The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups (CCGs). In agreeing the plan, CCGs and councils should engage with health and social care providers likely to be affected by the use of the Fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the BCF will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.
2. Maintain provision of social care services (not spending)	Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16. The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund. In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015/16 figures through the regional assurance process.

	It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf"
3. Agreement for the delivery of 7-day services across health and social care to prevent unnecessary nonelective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.	Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary and social care in order: • To prevent unnecessary non-elective admissions through provision of an agreed level of infrastructure across out of hospital services seven days a week; • To support the timely discharge of patients, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why. The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wpcontent/uploads/2013/12/clinical-standards1.pdf). By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the BCF, particular consideration should be given to whether progress focus should be given to progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.
4. Better data sharing between health and social care, based on the NHS number	The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas should: • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/openapi-policy.pdf

	• ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place; and • ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review. The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga
5. 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	Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals.
6. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.
7. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care.	Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund. This should be achieved by funding NHS commissioned out of-hospital services, , which may include a wide range of services including social care, as part of their agreed BCF plan (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16); or Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency

	planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services; This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.
8. Agreement on a local target for Delayed Transfers of Care (DTOC) and to develop a joint local action plan	Each local area is to develop a local action plan for managing DTOC, including a locally agreed target. All local areas need to establish their own local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the nationally reported metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month. In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue. The plan should also demonstrate engagement with the independent and voluntary sector providers and show consideration to how all available capacity can be effectively utilised to support safe and effective discharge.

ACE 03 February 2016 – 16/17 Better Care Fund- APPENDIX B

National Metrics

1.1 In lieu of the final 16/17 BCF planning guidance from Department of Health the following information is draft only and subject to change.

1.2 The Policy Framework establishes that the national metrics for measuring progress of integration through the Better Care Fund will continue as they were set out for 2015-16, with only minor amends to reflect changes to the definition of individual metrics. In summary these are:

- Non-Elective Admissions (General and Acute)
- Admissions to residential and care homes4
- Effectiveness of reablement
- Delayed transfers of care

1.3 Whilst the requirement to collect locally determined and patient experience metrics has been removed from the requirements of the planning return, it is expected that local areas will continue to use measures that allow them to effectively track the implementation of integrated care locally.

1.4 Information on all four metrics will continue to be collected nationally. The below table sets out a summary of the information required and where this will be collected:

Metric	Collection Method	Data Required
Non-Elective Admissions (General and Acute)	- Collected nationally through UNIFY at CCG level - HWB level figures confirmed through BCF Planning Return6	- Quarterly HWB level activity plan figures for 2016-17, mapped directly from CCG operating plan figures, using mapping provided
Admissions to residential and care homes	- Collected through nationally developed high level BCF Planning Return	- Annual target for 2016-17
Effectiveness of Reablement	- Collected through nationally developed high level BCF Planning Return	- Annual target for 2016-17
Delayed transfers of Care	- Collected through nationally developed high level BCF Planning Return	- Quarterly target for 2016-17