

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

TO:	HEALTH AND WELLBEING BOARD		
DATE:	18 MARCH 2016	AGENDA ITEM:	13
TITLE:	BETTER CARE FUND - 16/17 PLANNING AND SUBMISSION UPDATE		
LEAD COUNCILLOR:	CLLR HOSKIN / CLLR EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation.
- 1.2 For 2016/17, the BCF continues with a mandated minimum fund of £3.9 billion to be deployed locally on health and social care. This translates to a local Reading fund of approximately £10.1 million.
- 1.3 This report sets out to inform Health and Wellbeing Board members of the 2016/17 BCF submission requirements and timetable and the changes to the mandated National Conditions that will inform spending for 2016-17. The report goes on to explain our progress to date for the 2016 - 17 BCF submission planning and requests delegated authority for the Director of Adult Social Care and Health, in consultation with the Chair of the Health and Wellbeing Board, to submit 16/17 Better Care Fund plans, as suggested at 22 January 2016 Health and Wellbeing Board.
- 1.4 The move to more integrated Health and Care services are a key national and local driver for health and social care with the BCF being one of the key policy vehicles to enable delivery. It should be noted, however, that not all elements of integration are included in the BCF, and other initiatives such as the Frail Elderly Pathway are outside the scope of this report, which relates solely to the 16/17 BCF.

- 1.5 The report will set out the current progress on the Reading Better Care Fund and any outstanding issues preventing submission of the BCF plans.

2. RECOMMENDED ACTION

- 2.1 For the Health and Wellbeing Board to agree in principle the 2016-17 BCF submission, subject to final revision negotiated by staff.
- 2.2 To delegate authority to the Director of Adult Social Care and Health, in consultation with the Chair of the Health and Wellbeing Board, to formally sign agreement with the 2016/17 Better Care Fund submissions, in line with the agreements made in 2.1 above
- 2.3 The Chief Officer will sign off for the CCG.

3. POLICY CONTEXT

- 3.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. In 2015-16, the Government committed £3.8 billion nationally to the BCF with many local areas collectively contributing an additional £1.5 billion, taking the total spending power of the BCF to £5.3 billion nationally. Funds are channelled via the CCGs, and are subject to national conditions - please see web link in paragraph 3.7.
- 3.2 The Reading BCF for 2015/16 totalled £10,196k and was utilised to fund a range of integration initiatives intended to promote more seamless care and support services, deliver improved outcomes to patients and service users and protect key front line services that deliver value to both the NHS and the Local Authority. (All projects can be found in appendix 1). The 15/16 BCF had a particular focus on initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care.
- 3.3 For 2016/17, the BCF continues with a mandated minimum fund of £3.9 billion to be deployed locally on health and social care. This translates to a local Reading fund of approximately £10.1 million.

What has changed for 2016/17

- 3.4 For 2016/17 the BCF policy framework remains largely in line with that set out in year one (2015/16) with the requirement for plans to be jointly agreed, between relevant Local Authority/s and CCG/s, 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. There are again a range of National Conditions and Key Performance Metrics that a local area must devise plans to meet and then regularly report progress against.
- 3.5 There are some key differences from the previous year, however. In place of the performance fund are two new national conditions. The first requiring local areas to fund NHS commissioned out-of-hospital services (at a level in

line with the 15/16 performance fund allocation) and the second to develop a clear, focused plan for management in delayed transfers of care (DTC), including locally agreed targets. The conditions are designed to tackle the high levels of DTC 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.

The guidance also provides further advice to areas around the alignment of BCF targets for reducing non-elective admissions with the planning assumptions included in final CCG operational plans. Increased admission in 2015/16 has led to system wide pressures at discharge which RBC has experienced as significant financial pressure from the high numbers of additional people requiring support. RBC believe that there needs to be increased emphasis on BCF projects to tackle the increased admissions to hospital before the Health and social care BCF is viable. During 15/16 there has been a significant increase in non-elective admissions 14.9% for North West Reading CCG and 18.8% for South Reading CCG. There is an in-depth analysis to understand this cohort of patients and the financial impact on all partners. NHS England advice to the CCGs and Reading Borough Council is that in 16/17 there could be a risk share to mitigate the cost pressure of extra hospital activity, but this is not required in the guidance. The current proposal from the CCG is for this to be £542k which is lower than the £712k agreed last year.

The details of the risk share are subject to further discussion between the Council and the CCGs so that a jointly agreed submission can be made on 21st March. An agreed Better Care Fund needs to be in place for the transfer of funds to occur.

The 16/17 BCF maintains the level of investment for protecting social care at over £1m. It also provides for investment in a range of schemes to prevent admission and support discharge. These proposals have been developed through the Reading Integration Board prior to the financial picture becoming clear, and now being adjusted to ensure care systems remain financially viable.

Further collaborations between health, social care and Reading Borough Council's Wellbeing Team will identify a greater preventative approach. Taking this joint up approach will require further developments within commissioning working forward a 2020 vision.

- 3.6 In addition, 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.
- 3.7 Further detail on the National Conditions and Performance Metrics can be found within the BCF Policy Framework published by Central Government -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

4. CURRENT POSITION

- 4.1 For 2016-17 the CCGs and council will be required to collectively 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 Due to the delays with the publication of the final 2016/17 BCF submission guidance and timetables from NHS England it has not been possible to fully anticipate all requirements. The final guidance was eventually released 23 February 2016 meaning we faced a challenging timetable with the first BCF submission due 02 March 2016 (see 5.1). This was not submitted due to outstanding issues relating to the Nel targets and financial reconciliation as reported to Health and Wellbeing Board in June 2015, and further discussions required on whether to include the risk share on BCF plans. Below follows a brief summary of the submission requirements and the related progress/position to date.

Narrative

- 4.3 The guidance states that our 16/17 BCF narrative should build on our approved year one plan and demonstrate a consideration of what has, and what has not, been successful 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 year one plans and reflect this review of progress. An evaluation of year one BCF schemes has already taken place and the findings will help shape our 16/17 programme. This will be combined with a review of our year one submission against the final 16/17 requirements to produce the required high level narrative.
- 4.4 Although plans are still in development, key themes/service developments expected to form part of the 16/17 BCF are:
- Protection for Adult Social Care is maintained
 - Greater financial alignment to performance measures is required. Reading Borough Council need to fully understand the person centred implications and economic benefits of all programmes within the BCF

- Completion of an in-depth analysis to understand the alternatives for the cohort of patients admitted to hospital and the financial impact on all partners of the net target **Increased Discharge to Assess** capacity at the Willows to build on the success of the service in relation to timely hospital discharge, reablement and avoiding long term residential care home admissions.
- The inclusion of the **Rapid Response and Treatment Service**, born out of the evaluation of the Hospital at Home service that was part of the 15/16 BCF. This service will provide rapid care and support services to residents in care homes to avoid hospital admission and help people return home quicker where they have needed a stay in hospital to support the pressure on reablement team.
- Due to their alignment with BCF objectives and aspirations, a range of services currently delivered via Berkshire Healthcare Foundation Trust, and commissioned by the CCGs, will be managed within the 16/17 BCF programme.
- A continuation of the **Connected Care** project, that aims to improve data sharing between Health and Social Care professionals and enhance the service delivered to patients.
- The Care Home Project aims is to prevent avoidable admissions or attendances to hospital, reduce delayed discharges of care back into care homes, reduced length of stay for care home residents during an acute illness, improve patient outcomes and support care homes in providing high quality care.

Funding Contributions

- 4.5 2016/17 BCF minimum fund contributions from NHS South Reading CCG and from NHS North & West Reading CCG have been announced by Central Government and total £10,113k. As per year one, within this total there is capital funding for Social Care services and DFGs (Disability Facilities Grant). Further guidance is expected as part of the final technical guidance publication from DH regards any other mandated requirements on the fund total.
- 4.6 It is expected that funding for Carers services will again be included within the BCF for 16/17. This funding will be in addition to the mandated minimum contributions and capital funding outlined above.

Scheme Level Funding Plan

- 4.7 Work continues 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 BCF. 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

- 4.8 Work remains to benchmark and set targets for the key performance metrics and this will initially be undertaken via the Reading Integration Board, and reported to the Delivery Group (officer Programme Board) and West of Berks Integration Board (Diagram Appendix 2) and aligned to relevant HWBB Strategies and CCG Operating Plans.
- 4.9 BCF plans will also 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 (not yet published), this is of critical importance because as more people are admitted to hospital care, the pressure on services to manage discharge effectively is massively increased. 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 (due 25 April 2016).

Engagement with Patients and Service Users

- 4.10 It is recognised that we need to improve our engagement and co-production approaches in relation to the BCF. In 2016/17 we will work with Healthwatch to ensure we gain a meaningful understanding of the personal impact of each scheme. We will also utilise a range of engagement techniques to ensure patients and users can shape our BCF programme, via dedicated task/finish user forums through to direct communications with key groups via existing private and voluntary sector partners.
- 4.11 Additionally, individual BCF schemes will establish user feedback mechanisms to gather regular input from patients/service users in relation to their satisfaction with, and ultimate success of, the services. This feedback will be used on an on-going basis to develop individual services and the BCF programme throughout 2016/17.

Engagement with Housing

- 4.12 The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives will 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.

Engagement with Local Providers - NHS

- 4.13 As per plan development in 15/16 the main local NHS Providers, Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital Foundation Trust,

have continued to be engaged in the development of BCF plans and schemes via representation at both the Reading Integration Board and Berkshire West Partnership Board. Via these forums both clinicians and managers from the Trusts will continue to shape the development of business cases and models of care delivery and any resulting impact on their organisations.

Engagement with Local Providers - Adult Social Care

- 4.14 The BCF and wider Integration ambitions, plus the anticipated impact on the local care market, are a key component of the Reading Market Position Statement (MPS). The MPS sets out our understanding of the current and future local needs, the services available in the local care and support market, and the areas where we plan to address identified gaps or support developments in the market. The Market Position Statement is informed by our knowledge of the views of service users and carers, and our work with local providers to make sure the document is useful for their organisations.
- 4.15 The council worked with local providers of care and support services on the development of the Market Position Statement and continues to involve service providers, through both regular Care Conference events and more targeted service specific provider forums and communications, in the documents evolution as the stated ambitions are realised and developed.

5. 16/17 BCF PLAN SUBMISSION & APPROVAL TIMTABLE

- 5.1 The BCF submission and assurance process will follow the timetable below:

NHS Planning Guidance for 2016-17 issued	22 December 2015
Technical Annexes to the planning guidance issued	19 January 2016
BCF Planning Requirements; Planning Return template, BCF Allocations Published	February 2016
First BCF Submission, agreed by CCGs and local authorities, to consist of: <ul style="list-style-type: none"> • BCF Planning Return Template 	02 March 2016
Assurance of BCF Plans (<i>in conjunction with assurance of CCG Operating plans</i>)	March 2016
Second Submission following assurance and feedback, to consist of: <ul style="list-style-type: none"> • Revised BCF planning return • High level narrative plan 	21 March 2016
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25 April 2016
All Section 75 agreements to be signed and in place	30 June 2016

- 5.2 The final BCF submission 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 Adult Social Care and Health for signing off the first submission 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
- To remain financially sustainable to deliver our priorities

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.

7.2 Once budgets and spending plans are confirmed the pooled budget agreement will be drafted (based on the 15/16 template) and approved and formally executed by the appropriate council and CCG committees. The anticipated deadline for completion and signature of the agreement is 30 June 2016.

8. FINANCIAL IMPLICATIONS

8.1 Revenue Implications

The key issue for 16/17 is the financial pressures faced by both the CCGs and the Council. Whilst the overall BCF funding for 16/17 is expected to see a small increase from 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 this has largely been accommodated by removing £2.5m of investment in primary care, application of the 15/16 underspend and removal of the Performance Fund. The Local Authority share of the BCF has increased in 16/17.

The 15/16 BCF for the Reading locality (£10.196m) includes funding for Intermediate care assessments, community reablement and step down care beds.

8.2 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 (£815k)

8.3 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 effectiveness of the schemes and their VFM ready for the new BCF in 16/17.

8.4 Risks

Both the CCGs and the Council are faced with significant funding issues going into 2016/17 and beyond. Section 8.1 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.

Currently the BCF is expected to hold £542,000 in a performance fund related to the reduction of non-elective admissions. If targets are met the funds are released back into the BCF and the Reading Integration Board would agree how they could be applied. However, if there are a greater number of non-elective admissions than planned the funds are retained by the CCGs to mitigate the cost pressure of hospital activity.

All parties need to be assured that the proposed schemes will support the anticipated activity pressures for all partners.

9. BACKGROUND PAPERS

9.1 Reading Integration Update, Agenda Item 11, 22 January 2016 Health and Wellbeing Board

Appendix 1

Scheme BCF04 Discharge to Assess (Full Intake model)
Scheme BCF04 Discharge to Assess (Willows beds)
Scheme BCF05b Neighbourhood Clusters -Social Prescribing
Scheme BCF05b Neighbourhood Clusters -Living Well
Scheme BCF05b Neighbourhood Clusters-Case Coordinators
Scheme BCF05b Neighbourhood Clusters-Right 4 U

Appendix 2

