

READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR OF SOCIAL CARE AND HEALTH

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	8 JANUARY 2020	AGENDA ITEM:	8
TITLE:	BETTER CARE FUND PLANNING RETURN 2019/20		
LEAD COUNCILLOR:	COUNCILLOR JONES	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to update on the Better Care Fund Funding planning template, which was completed for the financial year 2019/2020 and submitted in September 2019 in line with requested timescales. The return covered details of the plans to utilise the Better Care Fund and how Adult Social Care and Health services plan to use these funds in an integrated way to maximise system impact (pending NHS England agreement). The funds must be used to support the locality to meet the 4 Better Care Fund targets and the use of the funds must be jointly agreed.
- 1.2 The Better Care Fund has 4 targets which are nationally reported, and our progress will be measured against these. These targets relate to:
 - Reducing the number of placements made in residential and nursing homes
 - Reducing the number of delayed transfers of care (Commonly referred to as DTOC, see 1.3),
 - Reducing the number of people that return to hospital within 90 days of their discharge
 - Reducing non-elective admissions to hospital (commonly referred to as NEL, see 1.4).
- 1.3 NHS England define a delayed transfer of care (DTOC) as, "delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed."
- 1.4 Non-Elective Admission is an NHS term for an unplanned, often urgent admission (often via Accident & Emergency), which occurs when a patient is admitted at the earliest possible time; generally understood to include at least one overnight stay on short notice because of clinical need or because alternative care is not available.
- 1.5 The agreement to allocate Better Care Fund funds, their amount and when they would become available has been significantly delayed. The return guidelines were delivered to local authorities on 18/07/2019 with a submission deadline of 27/09/2019. The funding is due to cover the financial year 2019/2020, pending NHS England's agreement. The

Reading area submission has been recommended for agreement by the Regional NHS England representative and Local Government Association representative.

- 1.6 This report seeks retrospective approval for the Better Care Fund Submission for 2019/20 and a delegated authority for Council and Clinical Commissioning Group Officers, with the support of Lead Members to sign off Better Care Fund returns in the future to meet submission deadlines outside Health and Wellbeing Board reporting timescales.

2. RECOMMENDED ACTION

- 2.1 That the report be noted;
- 2.2 That the content of the Better Care Fund submission (A summary Appendix 1 attached), which was submitted in September 2019 in order to comply with national deadlines outside of the Board meeting cycle be noted;
- 2.3 That the Executive Director of Adult Social Care and Health (Reading Borough Council) and the Director of Operations (Clinical Commissioning Group) be granted delegated authority to sign off Better Care Fund returns in conjunction with the Lead Councillor for Health, Wellbeing and Sport and Lead Member for Adult Social Care;
- 2.4 That progress to Health and Wellbeing Board for formal adoption of the plan be agreed.

3. POLICY CONTEXT

- 3.1 The Better Care Fund creates a financial incentive to facilitate system 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 to promote / deliver on integration ambitions.
- 3.2 The Reading Integration Board (RIB) has responsibility for delivering the vision for integrated care for the residents of Reading and agreeing and delivering an agreed annual work programme including benefits realisation and associated financial savings.
- 3.3 The timing of this return and the Better Care Fund quarterly returns do not align with Health and Wellbeing Boards. This is compounded by short timescales to collect and draft the complex responses that are required by NHS England.
- 3.4 With this in mind, it is recommended that the ACE Committee delegate the sign off of all future Better Care Fund returns (and those linked to the Better Care Fund) to the Executive Director of Adult Social Care and Health and the Clinical Commissioning Group Director of Operations for Reading in conjunction with the Lead Member for Health, Wellbeing & Sport and Lead Member for Adult Social Care. To note this delegation has been granted previously in 2016 and 2017 as 'one off' actions.

4. SUMMARY OF BETTER CARE FUND SPEND

- 4.1 Table 1 below provides a summary of how the Better Care Fund budget will be spent in 2019/20:

Reading Better Care Fund	Amount
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Disabled Facilities Grant	£1,055,248
Minimum Clinical Commissioning Group Contribution	£10,090,016
Improved Better Care Fund	£2,043,970
Winter Pressures Grant	£569,502
Additional LA Contribution	£305,000
Additional CCG Contribution	£189,850
Total	£14,253,586

- 4.2 A more comprehensive breakdown of the budget for 19/20 and the services that it supports is available in Appendix 1.
- 4.3 The Local Authority additional contribution mentioned in Table 1, relates to £305,000 of RBC budget that has been pooled. This allows Carers Funding across the LA and CCG to be brought together and integrated.
- 4.4 The additional Clinical Commissioning Group contribution mentioned in Table 1, relates to £189,850 of underspends from 18/19. This has been brought forward to ensure that adequate funding is available in 19/20 to support improvements and projects within the Better Care Fund Plan.

5. NEXT STEPS

- 5.1 It is planned that this report will be presented to the Health and Wellbeing Board in January 2020 for formal adoption of the plans. Once this is complete and NHS England complete their decision making, the Council and Clinical Commissioning Group will be made aware of whether we will be awarded the funds. If NHS England does award the funds, there will be a need to finalise and sign Section 75 agreements. The plan has been recommended for agreement by the NHS England Representative and Local Government Association representative.

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 While the Better Care Fund does not in itself and in its entirety directly relate to the Health and Wellbeing Board's strategic aims, Operating Guidance for the Better Care Fund published by NHS England states that: *The expectation is that Health and Wellbeing Boards will continue to oversee the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners [...] Health Wellbeing Boards also have their own statutory duty to help commissioners provide integrated care that must be complied with.* (<https://www.england.nhs.uk/wp-content/uploads/2018/07/better-care-fund-operating-guidance-v1.pdf>)
- 6.2 In Reading, the Health and Wellbeing Strategy sets out to create, "A healthier Reading", and our mission is, "to improve and protect Reading's health and wellbeing-improving the health of the poorest, fastest".

7. ENVIRONMENTAL IMPLICATIONS

- 7.1 The environmental impact of the projects and services will be considered on an individual basis with a view to seeking how we best limit any negative impact.

- 7.2 Whilst developing the plan, as many meetings as possible were held on conference calls, rather than face to face meetings. This reduced the mileage associated with meeting face to face. This reduced the amount of carbon associated with producing the plan.
- 7.3 Documents were shared and stored digitally; this meant that less physical post was used. This reduced carbon emissions from moving the papers around. It also meant that fewer trees were cut down to make paper to print documentation, also aiding the reduction of carbon emissions.

8. COMMUNITY & STAKEHOLDER ENGAGEMENT

- 8.1 As a part of developing the response, discussions were held with stakeholders. These included the members of Reading Integration Board, which includes representatives from the voluntary sector, Health Watch, Berkshire Health Foundation Trust and Reading Social Services.
- 8.2 Views were also included from Reading residents, who were involved in the 'Designing our neighbourhoods' events.
- 8.3 These views were used to support the shaping of the plan. This also supports the area to focus on delivering services and continue developing ways of working to better meet people's needs.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 Each new project or commissioned service will go through an appropriate equality impact assessment, as required but at this stage there is no change to current services for 2019/20.

10. LEGAL IMPLICATIONS

- 10.1 The Section 75 agreements which underpins the Better Care Fund spend will be agreed by both the Council and Clinical Commissioning Group legal teams. This will be completed once the plan has been agreed and the fund awarded.

11. FINANCIAL IMPLICATIONS

- 11.1 If the Better Care Fund allocation is granted for Reading there will be £14,253,586 made available to the Clinical Commissioning Group and Council which will offer funding as detailed in 4.1.

ATTACHED

Appendix 1- Supplementary information in relation to the Better Care Fund budget and spend