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BARNSLEY Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 2 February 2016
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

SUPPLEMENTARY AGENDA

7 Better Care Fund - Plan for 2016/17 (HWB.02.02.2016/7) *(Pages 3 - 8)*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

10 Update on Multispeciality Community Providers (HWB.02.02.2016.10) *(Pages 9 - 10)*

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson for Communities
Diana Terris, Chief Executive
Rachel Dickinson, Executive Director People
Wendy Lowder, Interim Executive Director Communities
Julia Burrows, Director Public Health
Nick Balac, NHS Barnsley Clinical Commissioning Group
Lesley Smith, NHS Barnsley Clinical Commissioning Group
Tim Innes, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Steven Michael OBE, South West Yorkshire Partnership NHS Foundation Trust
Richard Jenkins, Barnsley Hospital NHS Foundation Trust

Please contact Peter Mirfin on 01226 773147 or email governance@barnsley.gov.uk

Monday, 25 January 2016

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REPORT TO THE HEALTH AND WELLBEING BOARD

2 February 2016

Better Care Fund 2016/17

Report Sponsor: Lesley Smith/Rachel Dickinson
Report Author: Jamie Wike
Received by SSDG:
Date of Report: 26 January 2016

1. Purpose of Report

1.1 To provide the Board with an update on the 2016/17 Better Care Fund Policy Framework
1.2 To provide an overview of the planning requirements and timescales for the Better Care Fund 2016/17
1.3 To provide an outline of the proposed approach to developing and approving the Barnsley Better Care Fund Plan.

2. Recommendations

2.1Health and Wellbeing Board members are asked to:-

- Note the contents of the report in relation to the policy framework and planning requirements
- Agree the proposed approach to developing and approving the 2016/17 Better Care Fund plan

3. Introduction/ Background

3.1 The Better Care Fund (BCF) was established from 1 April 2015, in line with NHS England and Local Government Association directions with the aim of supporting transformation and integration of Health and Social Care.

3.3 The total value of the fund in 2015/16 is £20,374k. £2,016k of this is provided from grants made directly to the Local Authority for Disabilities Facilities and Social Care Adaptations. The remaining £18,358k is provided from the CCG baseline allocation.

3.4 Following confirmation during late 2015 that the BCF would continue into 2016/17 and the Department of Health and Department for Communities and Local Government published the '2016/17 Better Care Fund' Policy Framework.

4. The Better Care Fund 2016/17 Policy Framework

4.1 In 2016-17, the BCF will be increased to a mandated minimum of £3.9 billion (form £3.8bn in 2015/16) 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 BCF. In 2016-17, it is important that BCF 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.

4.2 Under the mandate to NHS England for 2016-17, NHS England is required to ring-fence £3.519 billion within its overall allocation to Clinical Commissioning Groups to establish the BCF. The remainder of the £3.9 billion fund will be made up of the £394 million Disabled Facilities Grant, which is paid directly from the Government to local authorities.

4.2 Of the £3.519 billion BCF allocation to Clinical Commissioning Groups, £2.519 billion of that allocation will be available upfront to Health and Wellbeing Boards to be spent in accordance with the local BCF plan. The remaining £1 billion of Clinical Commissioning Group BCF allocation will be subject to a new national condition.

4.3 The total value of the fund locally in 2015/16 was £20,374k. £2,016k of this is provided from grants made directly to the Local Authority for Disabilities Facilities and Social Care Adaptations. The remaining £18,358k is provided from the CCG baseline allocation. Based upon the CCG allocations for 2016/17, the CCG minimum contribution to the BCF is £18,263k so it is expected that the total minimum requirement for the fund will be at a similar level to 2015/16.

4.3 A key component of the BCF in 2015/16 was a £1 billion payment for performance framework. This has been removed for 2016/17 and in place of the performance fund there will be a new national condition, requiring local areas to fund NHS commissioned out-of-hospital services. This condition could be achieved by funding a range of out-of-hospital services as part of the BCF Plan or choosing to put an appropriate proportion of the funding into a local risk-sharing agreement as part of contingency planning with the balance spent on out-of-hospital services.

4.4 In addition there will also be a second new national condition to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. These new conditions are designed to tackle the high levels of DTOC 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.

4.5 Beyond the 2016-17 BCF, the spending review set out an ambitious plan that by 2020 health and social care are integrated across the country. To deliver this

ambition, every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing BCF programme management once they can demonstrate that they have moved beyond its requirements.

4.6 Further detailed guidance was expected in early January on developing BCF plans for 2016-17 however this guidance has not yet been published.

5. Conditions of Access to the Better Care Fund

5.1 In line with previously, NHS England have set out the following conditions, which local areas will need to meet to access the BCF funding:

- A requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG (as set out in section 3 below)
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

5.2 BCF plans will also be required to demonstrate how the area will meet the following national conditions (these are the same as in 2015/16 plus the two new conditions for 2016/17):

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- 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;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.

5.3 BCF plans will also continue to be expected to set targets against the following five key metrics, in line with current BCF plans:

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Patient/service user experience
- A locally agreed metric (the current BCF plan includes – Proportion of people with long term conditions who feel they are supported to manage their condition)

5.4 In 2015/16 the key performance target associated with the BCF was a reduction in non-elective admissions to hospital and this was subject to the payment for performance regime. It is not clear from the policy framework whether there will continue to be a requirement for local areas to set a target for this.

6. Planning Process and Implementation

6.1 Whilst the detailed planning guidance and requirements have yet to be published, it will be important to begin planning now to ensure the indicative BCF deadlines that were included in NHS planning guidance can be met.

6.2 It is proposed that, in line with the previous planning arrangements for the BCF, the Senior Strategic Development Group (SSDG) take the lead for developing and agreeing the BCF plan on behalf of the Health and Wellbeing Group. To support the SSDG a task and finish group made up of officers from key partners will be convened to produce the plan documentation.

6.3 Subject to confirmation in the final guidance the deadlines for BCF submission are:

- 8th February 2016 – First draft submission of full BCF local plans
- 11th April 2016 – Final full BCF local plan submission

6.4 For each of these submission dates it is expected that there will be a requirement to submit:

- A narrative plan
- Confirmation of funding contributions
- Details of how the plan will meet the national conditions
- Scheme level spending plans
- Targets against the five key metrics

6.5 Given the short timescales for developing and submitting the plans, particularly the first draft, and the timings of Health and Wellbeing Board meetings, it is proposed that the BMBC Executive Director, People and the Chief Officer of NHS Barnsley CCG sign off the draft plan on behalf of SSDG and the Health and Wellbeing Board. The final plan will then be submitted to the Health and Wellbeing Board on 5 April 2016 prior to formal submission on 11 April 2016.

6.6 The Senior Strategic Development Group and the BCF task and finish group will ensure all key partners are engaged in the development of the plan and that it contributes towards the delivery of the overall vision for health and wellbeing as set of in the Health and Wellbeing Strategy.

Officer: Jamie Wike **Contact:** 01226 433702 **Date:** 26/01/16

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REPORT TO THE HEALTH AND WELLBEING BOARD

2nd February 2016

MULTI SPECIALTY COMMUNITY PROVIDER MODEL BRIEFING PAPER

Report Sponsor: Lesley Smith
Report Author: Jade Rose
Received by SSDG:
Date of Report: 25th January 2016

1. Purpose of Report

1.1 To provide the Health and Wellbeing Board with an overview and update of the development of the Multi-Specialty Community Provider (MCP) model for Respiratory and Diabetes.

2. Recommendations

2.1Health and Wellbeing Board members are asked to:-

- Note the report and direction of travel.

3. Introduction/Background

3.1 The CCG is working with partners to develop an MCP model for diabetes and respiratory services across Barnsley.

3.2 There are different multi agency groups supporting the development of the clinical service specification and the finance and activity work streams. These sub groups report collectively to the New Models of Care Programme Meeting.

3.3 The clinical service specifications were ratified by the Clinical Transformation Board (CTB) on the 17th December.

3.4 The service specifications have now been formally shared with providers and the project has moved to implementation phase. The first implementation group meeting takes place on 25th January 2016.

3.5 It has been agreed that the New Models of Care Programme Meeting will be stood down and that the MCP Implementation Group will report into CTB going forward.

3.6 The aim is to have both services ready to mobilise and implement from 1st April 2016. The CCG will work closely with all providers to ensure we are collectively responsible for making these changes happen.

3.7 The timescales are as follows

Service Specifications formally issued to providers	25th January 2016
First MCP implementation Group Meeting; initiation of Joint Service Development Plans	25th January 2016
Second MCP implementation Group Meeting; review of first draft of Joint Service Development Plans	23rd February 2016
Joint Service Development Plans submitted to Barnsley CCG	11th March 2016
Joint Service Development Plans reviewed by Barnsley CCG and feedback provided	18th March 2016
Joint Service Development Plans agreed	22nd March 2016
Phased mobilisation and implementation commences	1st April 2016

3.8 The Governing Body has recently agreed to explore the development of an Accountable Care System in Barnsley. An Accountable Care System is one where local health and care organisations and partners work together, to govern the resources available for meeting their population's health and care needs (King's Fund 2015). The Governing Body has agreed to explore the development of this with partners and it will be the focus of the Start of the Year conference on the 25th February 2016.

Officer: Jade Rose **Contact:** jade.rose2@nhs.net **Date:** 25/01/2016