

REPORT TO THE HEALTH AND WELLBEING BOARD

8 August 2017

Better Care Fund: Guidance & Principles

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Received by SSDG:
Date of Report: 20 July 2017

1. Purpose of Report

- 1.1 To provide the Board with an overview of the 2017-2019 'Integration and Better Care Fund' planning requirements and timescales, and provide an update on the local planning processes and proposed principles in developing the Barnsley Better Care Fund Plan.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the contents of the report including the Integration and Better Care Fund Planning requirements and agree that due to the submission deadline and requirement for Board sign off of the plan that the final plan is circulated to members of the board for comment with sign off of the plan for submission being delegated to the Chair of the Board and Accountable Officer of Barnsley Clinical Commissioning Group.

3. Introduction/ Background

3.1 The Better Care Fund 2017/19

3.2 Following the publication of the NHS Operational Planning Guidance and Contracting Guidance 2017/19 in September 2016 which signalled that the BCF would continue into 2017/18, with the requirement for Health and Wellbeing Boards to submit two year Better Care Fund Plans covering the period 2017/18 and 2018/19, there have been a number of delays in publication of the guidance. The Department of Health and Department for Communities and Local Government published the '2017-19 Integration and Better Care Fund' Policy Framework in March 2017, however the final detailed planning guidance and requirements was only published on 4 July 2017.

3.3 The BCF policy framework and guidance confirms the intention for the Better Care Fund (BCF) to provide the mechanism for joint health and social care

planning and commissioning, bringing together ring fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and for the first time, funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF).

3.4 The key changes to the policy framework from 2016/17 include:

- A requirement for plans to be developed for the two-year period 2017-19 rather than a single year and;
- The number of national conditions which local areas will need to meet through the planning process has been reduced to four.

3.5 The four national conditions require:

- That a BCF plan, including at least the minimum contribution to the pooled fund, must be signed off by the Health and Wellbeing Board, and the constituent Local Authorities and CCG's
- A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
- That a specific proportion of the area's allocation is invested in NHS-commissioned out of hospital services;
- All areas to implement the High Impact Change Model for Managing Transfers of Care to support system-wide improvements in transfers of care.

3.6 The reduction in national conditions is intended streamline the assurance processes and focus the conditionality of the BCF, however the guidance emphasizes that this should not diminish the importance of the issues that were previously subject to conditions. Plans are therefore required to describe how local areas will continue to improve and build on improvements made to:

- Develop delivery of seven day services across health and social care;
- Improve data sharing between health and social care; and
- Ensure a joint approach to assessment and care planning.

3.7 In addition and in line with the conditions of the additional funding for social care announced in the March budget, the plan will need to demonstrate this funding is being used for the purposes of:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
- Stabilising the local social care provider market.

- 3.8 In summary, the planning guidance requires local areas to develop a joint spending plan that meets the national conditions. In developing the BCF plans there will be a requirement to agree, through the Health and Wellbeing Board:
1. A jointly agreed narrative plan including details of how the national conditions are being addressed; how the BCF plans will contribute to local plans for integrating health and social care; and
 2. A completed planning template, demonstrating:
 - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
 - A scheme-level spending plan demonstrating how the fund will be spent; and
 - Quarterly plan figures for the national performance metrics.
- 3.9 The national metrics associated with the BCF will continue as in 2016/17. A planned performance trajectory will be required for each of the 4 metrics which include:
- Non-elective admissions to hospital
 - Admissions to residential and care homes
 - Effectiveness of reablement
 - Delayed transfers of care.
- 3.10 Following finalisation and submission, plans will be subject to a regional assurance process which will initially see plans either; approved, approved with conditions or not approved.
- 3.11 The timetable for submission and approval is set out in the table below:

Milestone	Date
Publication of Policy Framework	31 March 2017
Publication of planning requirements and templates	4 July 2017
First Quarterly monitoring returns on use of the IBCF funding from Local Authorities*	21 July 2017
Areas to confirm draft DToC metrics*	21 July 2017
BCF Planning submission from local Health and Wellbeing Board areas	11 September 2017
Regional Assurance processes	12-25 September 2017
Regional Moderation	w/c 25 September 2017
Approval letters issued giving formal permission to spend	6 October 2017

Escalation panels for plans rated as not approved	w/c 10 October 2017
Deadline for areas with plans rated approved with conditions to submit updated plans	31 October 2017
All section 75 agreements to be signed and in place	30 November 2017

* The first monitoring return for the IBCF and the draft DToC metric trajectory have been submitted in line with the milestone date.

4. 2017-19 Better Care Fund Plan

- 4.1 For 2016/17 the Better Care Fund plan was a roll forward of the 2015/16 plan to enable the work around the BCF to continue whilst the broader transformation and integration plans were being considered as part of the development of Sustainability and Transformation Plans and Local Place Based Plans.
- 4.2 During 2016/17 the Health and Wellbeing Board approved a new Health and Wellbeing Strategy and Place Based Plan setting out the local plans to improve health and wellbeing within Barnsley. On this basis the proposed approach to developing the BCF Plan for 2017-19 is to set the plan in the context of delivery of the overall Health and Wellbeing Strategy and Plan and use this as the foundation for setting out our vision for integration of Health and Care services.
- 4.3 To bring the focus further towards the integration agenda, it is also proposed that the plan for 2017-19 should emphasize the current arrangements which are already in place for joint commissioning of health and care services and the emerging development of an Accountable Care Partnership in Barnsley.
- 4.4 The Senior Strategic Development Group will have oversight of the development of the plan ensuring input from and engagement of all partners during the planning process and to support partner sign off and buy in to the final plan.
- 4.5 Due to the late publication of the guidance and the timescales and milestones set out in the planning requirements it has not been possible to present a draft plan to this meeting and the next Health and Wellbeing Board would not be until after the submission deadline. There is however a requirement for the plan submitted on 11 September to be signed off by the Health and Wellbeing Board and therefore it is proposed that the final draft plan be circulated to members of the Board and signed off on behalf of the Board by the Chair and by the Chief Officer of the CCG.

5. Conclusions

- 6.1 The Board are asked to note the contents of the report along with the Integration and Better Care Fund Planning requirements and agree that due to the submission deadline and requirement for Board sign off of the plan that the final plan is circulated to members of the board for comment with sign off of the

plan for submission being delegated to the Chair of the Board and Accountable Officer of Barnsley Clinical Commissioning Group.

6. Financial Implications

- 6.1 The required level of funding for the BCF in Barnsley has increased in 2017/18 and 2018/19, mainly to take account of the fact that the IBCF funding paid directly to local government is required to be included in the pool. The table below provides details of the contributions into the BCF pooled fund.

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£2,544,576	£2,758,216
Total iBCF Contribution	£6,803,033	£9,395,305
Total Minimum CCG Contribution	£18,590,357	£18,943,574
Total BCF pooled budget	£27,937,966	£31,097,096

- 6.2 It should be noted that, with the exception of the IBCF funding, the other funding included within the pooled fund is not new funding and therefore in developing the plan, recognition needs to be given to ensuring continuation of commissioned services and meeting other conditions for use which also applies to the funding including use of the Disabled Facilities Grant, funding to support implementation of the Care Act and providing dedicated carer specific support.
- 6.3 The use of the additional funding included as part of the IBCF has already been agreed by the Health and Wellbeing Board at its meeting on 6 June 2017 and therefore the details of this will be included within the final plan.

7. Consultation with stakeholders

- 7.1 In developing the BCF Plan 2017-19 for Barnsley all key partners will be engaged to ensure appropriate input to development and agreement of the plan. As described in section 4, the plan will build upon current place based plans and organisational plans and therefore will take account of the consultation activity and feedback gathered in the development of these plans.

8. Appendices

- 8.1 Appendix 1 – 2017-19 Integration and Better Care Fund Policy Framework
 8.2 Appendix 2 – Integration and Better Care Fund planning requirements for 2017-19

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Date: 20/07/17