

Report to Cabinet

Title:	Better Care Fund 2017-19
Date:	Monday 10 July 2017
Date can be implemented:	Tuesday 18 July 2017
Author:	Cabinet Member for Health and Wellbeing
Contact officer:	Jane Bowie, Director of Joint Commissioning Tel: 01296 382 143
Local members affected:	
Portfolio areas affected:	Adult Social Care

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

The Better Care Fund (BCF) was first announced in the Government's Spending Review of 2013 and established in the Care Act 2014. The BCF brings together health and social care budgets into pooled budgets for each Health and Wellbeing Board area to support more person-centred, coordinated care. In the first two years of the BCF, the total amount pooled nationally was £5.3bn in 2015-16 and £5.8bn in 2016-17.

The Government has published a Better Care Fund policy framework for 2017-19 and announced funding of £5.128bn BCF in 2017-18 and £5.617bn BCF in 2018-19 but no detailed guidance on plan requirements. In addition in the 2017 budget an additional £2bn funding over the next three years was announced (£1bn in 2017/18, £674m in 2018/19 and £337m in 2019/20) to be pooled within the BCF but which is intended to be for councils to spend on meeting adult social care needs; reducing pressure on the NHS, including supporting more people to be discharged from hospital; and ensuring that the local social care market is supported. There is no certainty that this additional funding will be available beyond 2019-20 so local authorities bear a financial risk if this is used for recurring expenditure.

Decisions are needed now from Cabinet on the allocation of BCF funding to areas of spend. The CCGs' Board will be considering this in parallel.

Cabinet is asked to agree that once the detailed guidance on BCF plans is received that approval of that plan for BCC should be delegated to the Cabinet Member for Health and Wellbeing.

The planned areas of spend for 2017-18 will align with the wider integration initiatives across the Buckinghamshire system, particularly the Sustainability and Transformation Plan (STP) for Buckinghamshire, Oxfordshire and Berkshire West, the Roadmap to Integration and the Health and Wellbeing Board Strategy. The planned areas of spend for the new funding announced in the Budget will help to support adult social care and care providers and are in line with national conditions.

Recommendation

- To approve the allocations of funding for the Better Care Fund for 2017-18**
- Agree to delegate the approval of the final BCF Plan, including (a) any amendments to the budget allocations which may be required as a result of NHSE guidance and (b) the detailed allocation of the new funding announced as part of the Spring Budget (the iBCF) to the Cabinet Member for Health and Wellbeing**
- Better Care Fund Plan should be reviewed after 2 years in April 2019**

A. Narrative setting out the reasons for the decision

The Buckinghamshire Joint Health and Wellbeing Strategy aims to create the best conditions in Buckinghamshire for people to live healthy, happy and fulfilling lives and achieve their full potential. Our vision is to improve outcomes for the whole population as well as having a greater impact on improving the health and wellbeing of those people in Buckinghamshire who have poorer health and wellbeing.

The Better Care Fund is a lever to support the work that Buckinghamshire health and social care organisations have embarked upon to deliver integrated services that will in turn ensure person centred care. Our aim is to improve the way we work together, particularly in managing transfers of care between health and social care and at the point when people are discharged from hospital, and to work more effectively in partnership to prevent escalation of need.

The Better Care Fund (BCF) is the only mandatory policy to facilitate integration of health and social care. The BCF was first announced in the Government's Spending Review of 2013 and established in the Care Act 2014. The Spring Budget 2017 announced a major injection of money which will be pooled in the Better Care Fund. This is described as the 'Improved Better Care Fund' or iBCF. The iBCF may only be used for the purposes of meeting adult social care needs; reducing pressure on the NHS, including supporting more people to be discharged from hospital; and ensuring that the local social care market is supported through identifying £1,333k to cover inflation demands and £1,673k to meet impacts of changes in law.

The BCF policy framework is available but the final BCF planning guidance and templates have not yet been published. However to enable commissioned services to continue and to utilise the iBCF allocation to meet growing demand agreement has been reached with the CCG on the broad areas for how the BCF should be spent. Recommendations are being presented in parallel to Cabinet and the CCG board for agreement. The main focus of spending in the existing BCF is largely unchanged from 2017-18. It has been agreed with the CCGs that the BCF plan will include more details of health and social care activity and improvement metrics in relation to all areas of spend (this has not been sufficiently strong in the BCF plan previously) and that we will agree on some local improvement measures to support improved patient flow and discharge.

The detailed BCF plan will be reviewed and revised in the light of final guidance. It is proposed that agreement of the detailed plan should be delegated to the Cabinet Member for Health and Wellbeing before being presented to and signed-off by Health and Wellbeing Board.

B. Other options available, and their pros and cons

The Better Care Fund is a mandatory policy which must adhere to the grant conditions set out in the 17-19 Integration and Better Care Fund policy framework.

The Better Care Fund plan is being written to comply with the policy framework and has been agreed with the Clinical Commissioning Groups. The policy framework requires the plan to be jointly agreed with NHS partners.

C. Resource implications

The BCF is not new money. BCC previously received funding from the NHS through a Section 256 transfer for social care with a health benefit. This was superseded by the BCF. The Improved BCF (iBCF) is new money and for Buckinghamshire is £3.489m in 2017/18, £3.658m in 2018/19 and £2.346m in 2019/20.

The Department of Communities and Local Government (DCLG) has made it clear that the iBCF funding is intended to enable local authorities to quickly provide stability and extra capacity to local care systems. Local authorities have been encouraged to spend the grant, subject to the conditions set in the grant determination, as soon as plans for spending the grant have been agreed locally.

There is no certainty that this additional funding will be available beyond 2019-20 so local authorities bear a financial risk if this is used for recurring expenditure. We are assuming that a longer term solution to support Adult Social Care will be addressed in the Green paper expected later this year.

The draft budget proposal (below) has been agreed in principle for 2017/18 by the Integrated Commissioning Executive Team (senior commissioners from Adult Social Care and the CCGs), pending the formal approval of both BCC and CCGs. The BCF is now a two year arrangement and we have received an indicative budget for 2018/19. Any amendments to the 17/18 budget resulting from the identification of further integrated commissioning opportunities will be discussed by the Integrated Commissioning Executive Team.

Broad areas of spending for the iBCF funding are shown in the table below. These will be agreed in more detail with the Cabinet Member following detailed discussions with providers.

BCF 2017-18		
Service	BCF Funding (£) 17-18	Notes
7 day service and hospital discharge teams	£1,431,000	Discharge support teams to reduce length of stay by rapidly working with individuals to agree plans out of hospital. Social care support to enable discharge out of hours and at weekends
Home from hospital	£262,000	Voluntary care sector (Red Cross) contract to support individuals to return home from hospital
Stroke	£70,000	Provided by Stroke Association and Bucks Healthcare Trust. Community support service to support ongoing needs in the community. Joint service, to be reviewed by September 2017
Assistive Technology	£306,000	A range of different technological support and equipment enabling individuals to remain independent
Dementia	£156,000	Memory Support Service works with people, and their carers, who are concerned about their memory or seeking a diagnosis or have been diagnosed with dementia
Intermediate services including reablement	£2,172,000	Short-term support to reduce hospital admissions, help individuals to be independent following a hospital admission and to reduce the need for longer-term ongoing support or residential care.
Care act and Social Care pressures	£3,635,554	Care Act – Information Advice and Guidance, Advocacy, Carers, Social Care Pressures
Support for carers	£550,000	Support for carers with their caring role, enabling care and support at home, reducing residential care
QiCT	£500,000	Team of multi-disciplinary professionals to support care home providers and to deliver quality care. Includes delivery of the dignity in care initiative
Falls	£275,000	Service that provides specialist assessment and support to prevent falls in frail elderly. Current service contract ends in March 18. Scoping exercise underway to identify options of alternative service models in 18/19
Service	BCF funding (£) 17-18	Notes

<ul style="list-style-type: none"> • Adult Community Health Teams in 7 localities providing 24/7 support to people at home and facilitate discharge from BHT, WPH and MK • home intravenous antibiotics service (OPAT) • Community Hospitals • Community Hubs • Community Frailty Assessment services 	£18,243,650	The CCGs commission a range of integrated community services from BHT designed to prevent admission to acute care and when admitted to support timely and supported discharge. These services include 24/7 Adult Community Health Teams (ACHTs) across 7 localities in Buckinghamshire; a home intravenous antibiotics service (OPAT), and community hospitals. During 2017/18 we are transforming the way these services are delivered with partners as we implement Locality integrated Teams, Rapid Response Intermediate care and Community Care Co-ordinators. We are piloting Community Hubs which build on the model already in place in Wycombe Hospital to include community based Frailty assessment clinics. This means GPs can refer patients to specialist clinics in the community to help frail older people to stay at home and avoid an A&E visit or hospital admission. The new one-stop same-day or next-day clinic, will be available 9am – 5pm, five days a week across Marlow and Thame.
Funding	BCF amount	Notes
Improved BCF	£3,489,166	<ul style="list-style-type: none"> • Stabilise the market place including addressing inflation and changes in law impacts • Protect VCS preventative capacity – in context of social care financial pressures, maintaining services to support people in the community • Influence the self-funder market in Bucks to make the right decisions and care choices which maximise their independence and reduce their future needs of care and support. • Deliver a more streamlined and effective reablement function which also contributes to individuals sustaining their independence for longer and reducing their longer term burden of care • By focusing on above, address the key local issues which impact on health and social system and DTocS
Disabled Facility Grant	3,049,085	Funding to be transferred directly to the district councils
Buckinghamshire BCF Total	34,464,366	

D. Value for Money (VfM) Self Assessment

The Integrated Commissioning Executive Team (ICET) provides joint accountability and oversight of the strategic direction, budget and performance of the Better Care Fund. In addition a joint management sub group (ICET JMG) meets quarterly to review the financial

arrangements, performance and value for money of the schemes that sit within the section 75 agreements that are in place for the Better Care Fund.

Performance of Better Care Fund schemes against national and local metrics are regularly reviewed by ICET and by the Health and Wellbeing Board to ensure schemes are delivering results.

In addition, it is a requirement of the fund that a quarterly return on the finances and performance of the Better Care Fund is submitted to NHS England.

E. Legal implications

The Better Care Fund is a mandatory policy. All areas are required to apply the fund according to the grant conditions set out in the policy framework:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

The BCF has four national conditions attached to the funding:

1. Plans to be jointly agreed
2. NHS contribution to adult social care is maintained in line with inflation
3. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
4. Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings).

It is a requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006. A section 75 agreement has been in place for the BCF in Buckinghamshire since 2015. This will be updated in line with the revised plan.

The improved BCF (iBCF) may only be used for the purposes of meeting adult social care needs; reducing pressure on the NHS, including supporting more people to be discharged from hospital; and ensuring that the local social care market is supported

The iBCF must:

- Be pooled in the BCF
- Meet national condition 4 of the BCF (managing transfers of care)
- Provide quarterly reporting

F. Property implications

Not applicable

G. Other implications/issues

The BCF is a jointly agreed plan between health and social care and overseen by the Buckinghamshire Health and Wellbeing Board

The BCF includes the Disabled Facilities Grant which is allocated to district councils and is subject to grant conditions set out by the Department of Communities and Local Government

A stakeholder workshop was held on 16th June 2017 to consider integration opportunities via the BCF

iBCF will be used to support the local care market, support voluntary sector preventative capacity, implement a choice directive for self-funders and to streamline the reablement function

H. Feedback from consultation, Local Area Forums and Local Member views

The BCF is a county-wide plan and reporting is to the Health and Wellbeing Board, therefore, local member consultation is not applicable.

A BCF stakeholder workshop took place on 16th June 2017 with system wide partners. Stakeholders were asked to contribute to the system-wide priorities for integration. The current plan has been discussed with the stakeholder group and ongoing priorities highlighted by this group will be developed further and incorporated into the BCF plan as the plan develops. Stakeholders will be kept informed and updated.

I. Communication issues

Progress against the BCF will be reported to the Health and Wellbeing Board.

J. Progress Monitoring

All the schemes detailed in the table above will be performance managed through the Integrated Commissioning Executive group. A monthly highlight report and performance dashboard will be reviewed as a standing item to demonstrate how schemes are contributing to the Better Care Fund national metrics as well as highlighting any local system pressures. This will supplement the nationally required quarterly reporting for NHS England for the main Better Care Fund Schemes and the Department for Communities and Local Government for the Improved Better Care Fund.

The Integrated Executive Commissioning Team have recognised that there are many sources of health and social care data available that can facilitate our understanding of the impact of integration initiatives. A joint working group are currently reviewing the range of health and social care data sources available across the system with a view to developing a dashboard that will better measure the cost benefit realisation of the Better Care Fund Schemes.

Overseen by our A and E Delivery Board, a subgroup has developed an action plan to address the progress we need to make which will have the greatest impact on reducing delayed discharge.

The implementation of the plan will remain under the A and E Delivery Board. Membership includes senior representation from Buckinghamshire Healthcare NHS Trust and CCGs and the Council.

K. Review

The policy forming part of this decision will be reviewed after two years, April 2019.

Background Papers

2017-19 Integration and Better Care Fund Policy Framework :

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

Buckinghamshire Roadmap to Integration:

<https://democracy.buckscc.gov.uk/documents/s94866/Health%20and%20Social%20Care%20Integration%20report%20for%2009%20March%20HWB.pdf>

Health and Wellbeing Board Strategy

<http://www.buckscc.gov.uk/media/4508294/jhws-2016-2021-web.pdf>

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Member Services Team by 5.00pm on Friday 07 July 2017. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk