



Central Bedfordshire
Health and Wellbeing Board

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Title of Report Planning for the Better Care Fund Plan 2016/17

Meeting Date: 6 April 2016

Responsible Officer(s) Julie Ogley, Director of Social Care, Health & Housing
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Redesign Bedfordshire Clinical Commissioning Group

Presented by: Julie Ogley, Director of Social Care, Health & Housing
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Recommendation(s) **The Health and Wellbeing Board is asked to:**

1. **consider the draft Better Care Fund (BCF) plan for 2016/17;**
2. **review the first submission for the BCF Plan 2016/17;**
3. **delegate authority to the Director of Social Care, Health and Housing and the CCG lead Director to sign off of the BCF Plan 2016/17; and**
4. **note quarter three return on the Better Care Fund Plan to NHS England.**

Purpose of Report	
1.	To provide an update on the Better Care Fund Plan for 2016/17.
2.	To seek approval on priorities for the 2016/17 BCF Plan.
3.	For the Board to note the submission of the BCF Plan Quarter 3 performance return to NHS England and narrative on progress.

Background	
4.	The Better Care Fund is a single pooled budget to promote the integration of health and social care services in local areas and was first announced in summer 2013. The Care Act 2014, Section 121 provides for this pooled budget. The full value of the Better Care Fund in Central Bedfordshire for 2015/16 was £18.707m.

5.	Following confirmation during late 2015 that the BCF would continue into 2016/17, the Government published, in January 2016 the Better Care Fund Policy Framework.
6.	The policy framework for the implementation of the Better Care Fund in 2016/17 confirmed the requirement for local areas to have in place a shared Health and Wellbeing Board level plan for integrating health and social care services through the Better Care Fund Plan. This framework forms part of the NHS Mandate for 2016/17 to 2017/18. Further guidance setting out the technical requirements for the 2016/17 plan was later published in February.
7.	In 2016/17, the BCF nationally will be increased to a mandated minimum of £3.9 billion (from £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 remains. 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.
8.	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.
9.	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 Groups BCF allocation will be subject to a new national condition.
10.	Within the BCF allocation is £138m to support the implementation of the Care Act 2014. The previous NHS transfer funding (£300m) and Carers Breaks funding (130m) also remains within the pool.
11.	The new national condition, which replaces the pay for performance element of the current BCF Plan, requires 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.
12.	There will also be a second new national condition to develop a clear, focused action plan for managing delayed transfers of care (DTC), including locally agreed targets. These new 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.

13.	The total fund for Central Bedfordshire 2016/17 Better Care Fund equates to £20,534million. This is made up of a CCG gross contribution of £15,276m, Disabled Facilities Grant capital allocation of £1,315m; underspend from 2015/16 of £526,000 and an additional contribution from the local authority social care budget of £3,417m. Of the total CCG allocation, £4.341m is ringfenced for NHS out of hospital commissioned services/risk share. The first submission for the 2016/17 plan and local allocations are set in Appendix One.
14.	The 2016/17 Plan should build on the Better Care Fund plan for 2015-16 and demonstrate that local partners have reviewed progress in the first year of the BCF 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 2015-16 Better Care Fund plans reflecting this review of progress. Appendix Two shows the Quarter 3 submission and update on progress against the 2015/16 BCF plan.
15.	Furthermore, in developing the 2017/18 BCF Plan, local areas should be mindful about the linkages with the NHS Sustainability and Transformation Plans which NHS partners are required to produce in 2016, as well as the spending review requirement to produce a whole system integration plan by 2017, implemented by 2020. 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. Both planning requirements will need a whole system approach from 2017-20. Local areas will be able to graduate from existing BCF programme management once they can demonstrate they have moved beyond the requirements.
Assurance for 2016/17 Plans	
16.	Assurance of the 2016/17 Plans will be based on a high level BCF Planning Return detailing the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, as well as a narrative plan.
17.	<p>The narrative plan should demonstrate that local partners have collectively agreed the following:</p> <ul style="list-style-type: none"> • the local vision for health and social care services – showing how services will be transformed to implement the vision of the Five Year Forward View and moving towards fully integrated health and social care services by 2020, and the role the Better Care Fund plan in 2016-17 plays in that context; • an evidence base supporting the case for change; • a coordinated and integrated plan of action for delivering that change; • a clear articulation of how they plan to meet each national condition; and • an agreed approach to financial risk sharing and contingency.

18.	Although the policy framework suggests a reduction in overall planning and assurance requirements on local areas, with the shorter narrative plan and reduced detailed requirements on the scheme level data, a comprehensive set of KLOEs has been issued and will influence the assurance process.
	National Conditions
19.	<p>Eight National Conditions have been set for the 2016/17 BCF Plan and a requirement to describe how each national condition, including two new ones, will be met through the BCF Plan narrative. These are:</p> <ol style="list-style-type: none"> 1. that a BCF Plan, covering a minimum of the pooled Fund should be jointly agreed and signed off by the HWB, and by the constituent Councils and CCGs; 2. a demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17. 3. confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective (physical and mental health) admissions and support timely discharge; 4. better data sharing between health and social care, based on the NHS number; 5. 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; 6. agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans; 7. that a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, this may include a wide range of services including social care or retained pending release as part of a local risk sharing agreement; and 8. agreement on a local action plan to reduce delayed transfers of care.
20.	Conditions 1-6, above are based on policy set out in the 2013 Spending Review and were included in the 2015-16 BCF framework. They have been updated to reflect further policy developments and the 2015 Spending Review.
21.	New condition 7, replaces the national payment-for-performance element of the Fund, linked to delivering a reduction in non-elective activity that was a condition in 2015-16. This could include a wide range of services, to be determined locally, including existing out-of-hospital health and social care services.

22.	Condition 8, Local Action Plan to Reduce Delayed Transfers of Care is also a new for 2016/17. Local partners are expected to agree a target for reducing delayed transfers of care (DTC) that is realistic but ambitious. The target should align with CCG planning assumptions and include a trajectory for reducing the number of delays. The target should be underpinned by a set of clear actions to deliver improvement that builds both on successful local initiatives and on the nationally agreed best practice interventions.
23.	In addition to the national condition relating to improving data sharing narrative plans should reference how Local Digital roadmaps are being developed. This recognises that integrated planning and delivery of the enabling information technology (including access to integrated digital records) is a vital part of the infrastructure to support improved operational performance on a number of areas that are a core focus of the Better Care Fund. These include reducing unnecessary non-elective admissions, seven day a week out of hospital services and timely discharge from hospital.
Better Care Fund Plan Schemes for 2015/16	
24.	The Health and Wellbeing Board (HWB) received an update and progress report on the 2015/16 schemes for the BCF, at the last meeting. Progress has been patchy. There is broad recognition that the BCF Plan for 2015/16 was ambitious and had not anticipated subsequent local challenges in the health and care economy. Overall the schemes have not been successful in reducing non-elective acute hospital admissions. Additional projects have been mobilised to help reduce unplanned admissions and these are having some impact.
25.	Following this review, the HWB acknowledged that work to create a shift to out of hospital care and early intervention and prevention through multidisciplinary working was progressing. The focus for reducing non elective admissions through more integrated out of hospital services is fundamental to the BCF Plan priorities. HWB resolved to take a more focused approach to the schemes for 2016/17.
26.	Consequently for 2016/17, the BCF will focus on three key areas that should help to address some of the challenges of reducing unplanned admissions, whilst also improving the health and care experience for local people. The key schemes, which retain components of the 2015/16 Plan are as follows:
27.	<p>Scheme One: Out of hospital care</p> <p>This Scheme, which is focused on transformation of community health services, encapsulates a number of schemes and projects from the 2015/16 Plan. The priority for locality based, integrated care services which provide proactive care for people at risk of emergency admissions remains. The vision for a local model of community services is likely to result in the need for substantial change in the way services are currently modelled and delivered and there may be the need for investment in new services. The scheme will facilitate integration of services, development of multidisciplinary teams across Central Bedfordshire localities and a common intermediate care pathway for joint assessments, care planning and provision.</p>

	<p>Jointly commissioning health and care services will improve patient experience, help to provide efficiencies, improve the quality of care and create opportunities to address local workforce challenges.</p> <p>The overall scope of this scheme will also include redesign of intermediate and rehabilitation services, improving access to community beds and delivery of seven day services. This will respond to the requirements of the national conditions for joint assessments, care planning and an accountable professional.</p>
28.	<p>Scheme Two: Prevention</p> <p>There are important opportunities to influence, empower and reshape how people in Central Bedfordshire experience health and care services. The need for a system wide response to wider system issues around prevention and early intervention is recognised. There needs to be an integrated approach to primary, secondary, and tertiary prevention to stop or reduce deterioration in health.</p> <p>The overall scope of the scheme will address: patients being enabled to self manage; the use of assistive technology; disabled facilities grants and adaptations, paediatric admissions, falls prevention, accommodation and support to carers.</p>
29.	<p>Scheme three: Protecting social services</p> <p>There is a real challenge in reducing delayed transfers of care, supporting Care Homes to deliver more complex care for people in their usual place of residence and delivering timely and integrated care packages, including domiciliary care. This scheme will focus on key areas which will help to reduce unplanned admissions, including rapid home care response – enabling people to remain at home longer.</p> <p>Within this scheme, there will be a focus on implementing an integrated model of multi-disciplinary health and social care working that provides care in the patients' usual place of residence. Care that is accessed through a network of support focused on meeting individual needs and supporting people's independence.</p> <p>This scheme aims to transform care both in terms of new developments and for the key enablers that will underpin integration and joint working, for example workforce and data systems and shared records.</p>
30.	<p>These schemes will complement the priorities set out in the Bedfordshire Plan for Patients 2016/17.</p>
31.	<p>The timescales for submitting Better Care Fund local plans are now as follows:</p> <ul style="list-style-type: none"> • Narrative Plan 21 March 2016 • Final submission (signed off by Health and Wellbeing Boards) - 28 April 2016.

	Conclusion
32.	The review that the HWB undertook has proved extremely timely in moving to the BCF Plan 2016/17. This has more focus on fewer schemes that will meet the national conditions. The following report to the April meeting of the HWB will provide the detailed Plan.

Reasons for the Action Proposed	
33.	The BCF Plan is consistent with the priorities of Joint Health and Wellbeing Strategy for Central Bedfordshire for improving health, wellbeing and reducing health inequalities.
34.	The Health and Wellbeing Board (HWB) has a statutory duty to promote integration and is seen as a valuable forum for stakeholders to come together to review performance of the BCF and consider opportunities for transforming health and social care. The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners ¹ .
35.	There is a requirement to produce a BCF Plan for 2016/17 and a wider Systems Plan by 2017.
Next steps	
36.	<ul style="list-style-type: none"> • Produce a final narrative plan for submission by 28 April 2016. • Engage with key providers on the consequential impact of BCF Plan priorities. • Implement a programme framework for delivery of BCF Plan Schemes aligned to the wider integration plan for 2017. • The submitted full BCF Plan 2016/17 will be brought to the next meeting of the Health and Wellbeing Board.

Issues	
Governance & Delivery	
37.	Progress on the Better Care Fund Plan will be reported to the Health and Wellbeing Board and delivery will be through agreed Joint Commissioning Board and governing boards for partners. The Health and Wellbeing board will provide overall assurance and sign off performance monitoring returns.

¹ Section 195 of the Health and Social Care Act 2012

Financial	
38.	The requirement for the payment by result element of the BCF has been removed. The Council and BCCG are discussing whether a risk sharing agreement is required for the BCF Plan 2016/17.
Public Sector Equality Duty (PSED)	
39.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between and in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
40.	Are there any risks issues relating Public Sector Equality Duty Yes/No
41.	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)
BCF Plan	http://www.centralbedfordshire.gov.uk/Images/The-Central-Bedfordshire-Better-Care-Plan-final_tcm6-62825.pdf#False

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Appendices

Appendix 1 - BCF 2016/17 first submission

Appendix 2 – Qtr 3 Submission for BCF 2015/16