



Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report Better Care Fund Plan 2016/17

Meeting Date: 27 July 2016

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

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

- 1. Endorse the Better Care Fund (BCF) plan for 2016/17 which was submitted on 5 May 2016, with approval from the Chair of the Board.**
- 2. Note the core elements of the plan including themes, national conditions, metrics and the assurance process.**
- 3. Note the outcome of the assurance process and for the Board to sign off the S75 Agreement for the 2016/17 Fund.**
- 4. Note Quarter four return on the Better Care Fund Plan to NHS England.**

Purpose of Report	
1.	To update the Board on the development and submission of the Better Care Fund Plan for 2016/17
2.	For the Board to consider and approve the Section 75 Agreement for the 2016/17 pooled fund.
3.	For the Board to note the submission of the BCF Plan Quarter 4 performance return to NHS England and narrative on progress.

Background	
4.	<p>NHS England published the 2016/17 Better Care Fund (BCF) Policy Framework in January 2016. The Policy Framework outlined the requirements that in developing BCF Plans for 2016/17, local partners will be required to develop and agree, through the relevant Health and Wellbeing Board :</p> <ul style="list-style-type: none"> • A short, jointly agreed narrative plan including details of how they are addressing the national conditions • 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 • Quarterly plan figures for the national metrics.
5.	<p>The Better Care Fund is a single pooled budget to promote the integration of health and social care services in local areas. The full value of the Better Care Fund in Central Bedfordshire for 2016/17 is £20.534m.</p>
6.	<p>The Health and Wellbeing Board received the draft plan and agreed the key focus areas at its meeting on 6th April 2016. The Board agreed that the Chair should sign off the final plan prior to submission to NHS England on 5 May.</p>
7.	<p>Quarter Four performance return was submitted to NHS England on 27 May. The return also provides a year end feedback on the BCF Plan for 2015-16. Appendix One.</p>
Better Care Fund Plan 2016/17	
8.	<p>The Better Care Fund Plan 2016/17 is consistent with the priorities and outcomes of the Health and Wellbeing Board. It is focused on the progressive integration of health and social care services.</p>
9.	<p>The 2016/17 BCF Plan builds on the 2015/16 priorities. The narrative plan (appendix two) sets out:</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; • The evidence base supporting the case for change; • A coordinated and integrated plan of action for delivering that change; • A clear articulation of how each national condition will be addressed; • An agreed approach to financial risk sharing and contingency.

10.	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 ring-fenced for NHS out of hospital commissioned services/risk share.
11.	To meet the immediate challenges, within our local health and care system, the BCF Plan for 2016/17 is focusing on three key schemes to help deliver improvements, cost efficiency, more streamlined pathways of care and to meet the national conditions. There is local recognition and agreement that a focus on these areas would deliver more significant benefits to the target population. The three themes are as follows:
	Theme One - Out of hospital care.
12.	This theme is focused on transformation of community health and care services. Our vision for a local model for community based services is likely to result in the need for substantial change in the way services are currently modelled and delivered. In 2016/17, the transformation of community services will reinforce the MDT model for proactive care (Caring Together) which is focused on those patients at risk of admission. It is anticipated that this approach will advance to a rapid response to avoid hospital admission. 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. The theme 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.
	Theme two – Prevention
13.	The overall scope of the theme 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. This will ensure the most progressive, evidence-based prevention and early intervention programmes are available to our population. The 2016/17 BCF Plan continues the focus on mental wellbeing. A key initiative planned for 2016/17 is Maximising Independence through Supportive Technology (MIST). This will introduce systematic support for patients to self manage.

	Theme three – Protecting Social Services
14.	This theme will ensure the Council is able to respond to increasing demands and complexity of care needs, in a timely and appropriate manner. 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.
	Key Delivery Areas
15.	The transformation of community services, based on GP clusters within localities will be a key trigger for our journey towards integration. Our case for change is predicated on the increasing levels of non-elective admissions which are evidenced in our quarterly submissions for BCF 2015/16. New ways of working will be required to deliver changes and ensure the sustainability of our health and care system in the face an ageing population with increasing complexity of needs.
16.	The GP Clusters with Multidisciplinary Teams (MDTs) will offer proactive care to high risk patients, reducing admissions as well facilitating reduced length of stay in hospital. These and a key focus on the following seven projects will underpin our approach in 2016/17: <ol style="list-style-type: none"> 1. Improving the Falls Service 2. Transforming Community Services - Multi-Disciplinary Team Working 3. Transforming Community Services - Maximising Independence through Supportive Technology (MIST) 4. Improving End of Life Care 5. Improving outcomes for stroke survivors 6. Enhanced Care in Care Homes 7. Delayed Transfers of Care (DTOCs)
17.	Details of the projects, objectives, and deliverables and how they align to the national conditions and metrics are set out respectively in Appendix three (a-g).

Pool Fund Allocation and Risk sharing																
18.	<p>The total BCF Pooled Fund is £20.533m and has been allocated across the three Themes as follows:</p> <table border="1"> <thead> <tr> <th>Theme</th> <th>2016/17 Allocation £m</th> <th>2015/16 Allocation £m</th> </tr> </thead> <tbody> <tr> <td>Out of Hospital Services</td> <td>12.984</td> <td>11.465</td> </tr> <tr> <td>Prevention</td> <td>4.962</td> <td>4.687</td> </tr> <tr> <td>Protecting Social Care</td> <td>2.588</td> <td>2.555</td> </tr> <tr> <td>Total</td> <td>20.534</td> <td>18.707</td> </tr> </tbody> </table>	Theme	2016/17 Allocation £m	2015/16 Allocation £m	Out of Hospital Services	12.984	11.465	Prevention	4.962	4.687	Protecting Social Care	2.588	2.555	Total	20.534	18.707
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19.	<p>New investment in 2016/17 has been allocated to support new Falls prevention activity £0.180m, Liaison Psychiatry £0.135m and Primary Care Mental Health Liaison of £0.144m. In addition a contingent sum of £0.389m has been set aside to mitigate the impact of failure to reduce non-elective admissions by 1%. Furthermore, an under-spend from the 2015/16 BCF Pool of £0.044m revenue and £0.482m capital has been carried forward into 2016/17 to support the programme.</p>															
20.	<p>Both the Council and the Clinical Commissioning Group have a clear understanding of the challenges of reducing non-elective admissions and are in a better position to manage the trend currently being experienced. Consequently, and as required by the national guidance, the financial risk presented by the failure to reduce non-elective admissions by 1% will be positioned against the whole BCF pool of £20.5m and shared according to the proportion of spend from the BCF pool. A contingent sum of £0.388m has been allocated to mitigate the non achievement of the 1% target in the first instance although local agreement has been reached that the risk share will be shared on a 50/50 basis.</p>															
21.	<p>The legal framework for the Fund derives from the amended NHS Act 2006, which requires that in each area the Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with DH and DCLG. All Section 75 agreements to be signed and in place by 30 June 2016.</p>															

Assurance for 2016/17 Plans	
22.	Unlike the 2015/16 BCF which was passed through a “Nationally Consistent Accreditation Review” process, the intention is for the 2016/17 BCF to be accredited on a regional basis by a panel consisting of NHS England and Local Government representatives.
23.	The assurance process will be undertaken within NHS England’s Directors of Commissioning Operations’ (DCO) teams, in alignment with the process for reviewing CCG operating plans. To support this, local government regional leads for the BCF (LGA lead CEOs and ADASS chairs) will be part of the moderation process at a regional level and will be consulted by DCO teams when making recommendations about plan approval
24.	As part of that regional moderation process an assessment will then be made of the risk to delivery of the plan due to local context and challenges, using information from NHS England, the Trust Development Authority, Monitor and local government.
25.	These judgements on ‘plan development’ and ‘risks to delivery’ will help inform the placing of plans by NHS England into three categories – ‘Approved’, ‘Approved with support’, ‘Not approved’
26.	Early indications are that Central Bedfordshire’s Better Care Fund Plan is likely to be approved with support. This allows the implementation of the BCF Plan with some ongoing support from regional teams to address specific issues relating to ‘plan quality’ and/or ‘risks to delivery’.
27.	Work is now on-going with the Regional Better Care Advisor to identify the additional support required and to address the areas of concern.

Reasons for the Action Proposed	
28.	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.
29.	The Better Care Fund Planning requires that the Plan is signed off by the Health and Wellbeing Board itself and by the constituent Council and Clinical Commissioning Group.

30.	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 .
31.	The BCF Plan for 2016/17 aligns and contributes to the delivery of the national health and care strategy as set out in Delivering the Five Year Forward View, published in December 2016 and the emerging Sustainability and Transformation Plan.
	Next steps
32.	<ul style="list-style-type: none"> • Work with the Regional BCF Advisor to secure full assurance for the BCF Plan • Mobilise the key projects for delivery • Complete sign off of Section 75 agreement

Issues	
Governance & Delivery	
33.	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.
Financial	
34.	The Better Care Fund creates a pooled fund of £20.543m in 2016/17 to support the delivery of integrated care. This is made up of contribution of £5.258m from Central Bedfordshire Council and £15,275 from Bedfordshire Clinical Commissioning Group. An amount of £4.977m has been assigned out of the CCG minimum allocation for the protection of social care services. The BCF pool also includes the Council's Disabled Facilities Grant of £3.417m.
Public Sector Equality Duty (PSED)	
35.	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.

¹ Section 195 of the Health and Social Care Act 2012

36.	Are there any risks issues relating Public Sector Equality Duty	Yes/ No
37.	If yes – outline the risks and how these would be mitigated	

Source Documents	Location (including url where possible)
BCF Plan 2015/16	http://www.centralbedfordshire.gov.uk/Images/The-Central-Bedfordshire-Better-Care-Plan-final_tcm6-62825.pdf#False

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Appendices:

- Appendix One – Quarter 4 Performance Return.
- Appendix two - BCF 2016/17 Narrative Plan.
- Appendix three (a-g) - Details of the projects, objectives, and deliverables.