

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health and Wellbeing Board
Date:	23 February 2017
Title:	Update on the Better Care Fund 2017 - 2019
Reference:	8157
Report From:	Director Adults' Health and Care

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1. Summary

1.1. The purpose of this paper is to provide a briefing on the current position relating to the Better Care Fund 2017 – 2019.

2. Contextual information

2.1 In June 2013 the policy to accelerate integration of health and social care in England through the establishment of a £3.8 billion fund was confirmed. Described as a “single pooled budget”, the Better Care Fund (BCF) aimed to incentivise commissioning partners to work differently. Whilst the approach created challenges and opportunities, the BCF reinforced the agreed strategic direction of travel towards stronger “join up” of service delivery to improve the experience and outcomes of local people¹ in Hampshire.

2.2 The local joint work created the conditions to progress the integrated commissioning agenda in a phased programme initially focusing on services operating within the Clinical Commissioning Group (CCG) areas for older people, older people’s mental health and carers. The intention was to extend this to “join up” commissioning for working age adults, people with mental health problems, people with learning disabilities and children with complex needs, to create the conditions for a sustainable health and care system that would also protect social care services.

2.3 During the first year of the programme, although the stated intention for integration of health and social care remained, with an adjustment in national policy, the Five Year Forward View introduced new opportunities to stimulate

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

integration in service delivery through the New Models of Care Programme (NMOC). Hampshire CCGs and Southern Health NHS Foundation Trust were successful in securing two of the twenty-nine national “*Vanguard*”² pilot sites. Although intending to accelerate integration, this also changed the focus of work towards a more NHS provider driven integration delivery model addressing what has been regarded nationally as a gap in the BCF approach.

- 2.4 Nevertheless, the BCF programme has continued to be a requirement alongside the NMOC programme with the current expectation that a two-year plan will be required. It is important therefore that the Health and Wellbeing Board consider and confirm how they wish to use the BCF to influence the agenda for integration to align with elements of the Sustainability and Transformation Plan, New Models of Care and other planning intentions expected to take effect by 2019
- 2.5 The revised policy framework and planning guidance scheduled for publication in November 2016 was delayed and is now expected sometime in March 2017, with submission of the plan anticipated during the first quarter of the 2017/18 financial year. The latest known information drawn from a national webinar held mid December, a local learning event involving the national BCF team and the recently published Frequently Asked Questions³ intending to prepare systems in advance of final publication. Appendix 1 provides a more detailed summary, although may be subject to change.

3. Finance

- 3.1. Financial implications will be confirmed and addressed in the revised plan once the updated policy framework and guidance is published.

4. Performance

- 4.1 Performance throughout the life of the plan will be determined in accordance with nationally determined metrics (see Appendix 1, item 1.4)

5. Future direction

- 5.1 Although the final date of publication of the policy framework and planning guidance is unknown, it is confirmed that Health and Wellbeing Boards are expected to maintain their role in agreeing and overseeing local BCF plans. This will require approval to submit from the Health and Wellbeing Board. Due to potential timing of the submission it is foreseeable that the meeting calendar will not coincide conveniently with nationally determined submission requirements. It would therefore be prudent to agree delegated authority to the Chair on behalf of the Health and Wellbeing Board to approve the submission and to sign the Deed of Variation to the current Section 75 agreement, again a national requirement.

² https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf

³ http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE

6. Recommendations

The Health and Wellbeing Board is asked to:

- a) note the current position with regard to the Better Care Fund policy and guidance.
- b) consider the requirements associated with the Better Care Fund 2017 – 2019 and confirm the intended approach.
- c) agree delegated authority for the Chair of the Health and Wellbeing Board to approve the plan for submission.
- d) to agree delegated authority for the Chair of the Health and Wellbeing Board to sign a Deed of Variation to the current Section 75 agreement, so that Hampshire meets expected National Conditions for a jointly agreed plan.

Appendix 1: Better Care Fund Planning 2017 – 2019 – latest known position

1. Introduction

The following information is drawn from a national webinar held mid December intending to prepare systems in advance of final publication, although may be subject to change.

1.1 Process

- Two year plans – 2017-2019
- Reduce overall planning burden as far as possible
- A process of assurance will be followed, though the aim is to reduce bureaucracy further

1.2 Plans

- Plans are expected to be evolution of previous versions
- Better Care Plans are part of the wider integration approach and should align, where appropriate to other plans locally, for example STPs or devolution deals.
- A template will be available for presentation of narrative plans although its use is optional. The financial plan will be submitted within the prescribed template.
- Currently identified design changes subject to finalisation:
 - 2 years of data on a single planning template
 - National conditions
 - Addition of the new local authority social care grant
 - Risk share and contingency fields updated:
 - Non Elective Admissions related contingency or risk share field updated to the summary page
 - Free field on contingency fund excluded
 - Social care minimum and uplift from the CCG minimum to be prepopulated on the summary sheet
 - Scheme duration field to capture span of a planned scheme across the two years
 - Scheme type added: “Supporting discharge”
 - Ability to plan Joint source of funding on the ‘Expenditure’ tab
 - Ability to print more easily particularly for the ‘Summary’ and ‘Expenditure’ tabs
 - ‘Metrics tool’ tab excluded
 - Sundry validation and layout improvements based on feedback

1.3 National Conditions

- A jointly agreed plan (agreed by Health and Wellbeing Boards) meeting all minimum funding requirements
- Maintaining Social Care with a real-terms financial uplift over the planning period and local areas can agree higher contributions from the CCG minimum
- Ring-fenced amount for use on NHS commissioned out of hospital services with areas expected to consider holding funds in a contingency if they agree additional targets for Non Elective Admissions above those in the CCG operational plan

- Although there is no longer a national condition on Delayed Transfers of Care (DToC), this will continue to be measured as in previous years and plans should set ambitions for reduction and link these to wider activity plans to reduce DToC.

1.4 National Metrics

- National metrics will continue to cover:
 - Non elective admissions
 - Admissions to residential care homes
 - Effectiveness of reablement
 - Delayed transfers of care

1.5 Assurance

- Two rounds of assurance with a shared process across NHS and Local Government and simpler ratings are expected.
- Stage one first submissions are likely to be assured by regional panels, moderation at NHS regional level with cross-regional calibration to rate either 'compliant' or 'not compliant'.
- All second submissions are to be approved by Health and Wellbeing Boards, assured by regional panels, moderated at NHS regional level with cross-regional calibration to be 'approved' or 'not approved'. If no agreed plan then escalation will commence immediately to address issues quickly.

1.6 Support Offer

- The Better Care Fund support team is making available two elements of support:
 - Regional Support Offer – The BCST has devolved funding directly to regions so that bespoke support can be developed.
 - Better Care Advisors//Multi-Disciplinary Consultancy - Support is being arranged to put in place Better Care Advisor (BCA) and Multi-Disciplinary Consultancy support, to provide hands-on practical support, including project and programme management, analytical expertise, technical support and case study development.
- In addition, Hampshire has a local learning event planned for 30 January 2017 that involved the Better Care Fund support team and representatives of all partners.

1.7 Graduation

- A new element of the policy will allow places to 'graduate' from the BCF if they have moved beyond its planning requirements. There will be a 'first wave' to trial the process.
- Likely requirements include:
 - Shared commitment and vision for integration by 2020
 - A sufficiently mature system for health and social care
 - A positive trajectory and/or approach to improving performance on BCF national performance metrics and how graduation will enable the area to accelerate this improvement.
 - Pooling above minimum and commitment to greater alignment
- Indications of Expressions of Interest were invited during December 2016. Following consultation locally it was generally agreed that Hampshire could not meet the likely requirements

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	no
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	no
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u> Better Care Plan Update	<u>Reference</u> 7486	<u>Date</u> 17.05.16
Direct links to specific legislation or Government Directives		
<u>Title</u>	<u>Date</u>	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

This is an update, impact assessments will be undertaken when particular decisions are due to be taken.

2. Impact on Crime and Disorder:

2.1. This is an update, impact assessments will be undertaken when particular decisions are due to be taken.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is an update, impact assessments will be undertaken when particular decisions are due to be taken.