

To the Chair and Members of the HEALTH & WELLBEING BOARD

IMPROVED BETTER CARE FUND APPROVAL FOR 2017-19

EXECUTIVE SUMMARY

1. The purpose of this report is for members to sign off the Improved Better Care Fund Plan 2017-19.

EXEMPT REPORT

2. There is no exempt information contained within the report.

RECOMMENDATIONS

3. That the Health & Wellbeing board approve the plans for 2017/18 and 2018/19 to spend the Improved Better Care Fund.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Health & Wellbeing Board aims to improve health and wellbeing for the residents of Doncaster and reduce inequalities in health outcomes. This aim is shared by partners to the Better Care Fund and wider Place Plan.

BACKGROUND

Better Care Fund (BCF)

5. Proposals around the Better Care Fund (BCF) were launched in December 2013 through a joint letter sent out from the Department of Health and Department for Communities and Local Government. Partners were required to formulate joint plans for better care, so that the pooled budgets between health and social care announced in June 2013 could start from April 2015.
6. The BCF is the biggest ever financial incentive for the integration of health and social care. It has required Clinical Commissioning Groups and local authorities across the country to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation.
7. The emphasis of the fund is to support greater integration and this is seen as a potential way to use resources more efficiently, in particular by reducing avoidable hospital admissions and supporting early discharge. The BCF and other drivers of integrated care such as new care models are seen to pave the way for greater integration of health and social care services. There was also an emphasis on aligning the BCF plans to other programmes of work as set out in the NHS Five Year Forward View and the delivery of 7 day services.
8. The BCF sets out a number of national conditions that must be met and subsequently delivered by each local plan. For 2017/18 those national conditions are:
 - a. Plans must be jointly agreed
 - b. NHS contribution to adult social care is maintained in line with inflation.
 - c. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
 - d. Managing transfers of care
9. Beyond this, we have flexibility in how the Fund is spent over health, care and housing schemes or services, but we need to agree how this spending will improve performance in the following four metrics: **Delayed transfers of care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and Effectiveness of reablement.**

10. The new guidance for BCF is still awaited from the DoH and our plans are being developed. A report will be brought to the next meeting of the Health and Wellbeing board.

Improved Better Care Fund (iBCF)

11. In 2015 it was announced that there would be an additional element of funding, the Improved Better Care Fund (iBCF) to start in the 2017/18 financial year and running until 2019/20 and payable to the Council. There was no ring fence attached to the funding as part of the announcement. In 2017 there was an announcement of more funding for iBCF which also runs until 2019/10. At this stage guidance was issued on what the expectations were for the whole of the iBCF funding and the outcomes expected as contained the Integration and Better Care Fund Policy Framework 2017-19.
12. Although the Improved Better Care Fund has a similar name and it must be pooled together with the rest of the BCF the criteria for spending it is different. This funding does not replace and must not be offset against NHS minimum contribution and must be used only for:
 - a. Meeting adult social care need
 - b. Reducing pressure on NHS, including supporting more people to be discharged from hospital when ready
 - c. Ensuring local social care provider market is supported.
13. The Council is expected to start spending as soon as possible as part of the funding is intended to enable us to provide stability and extra capacity in local care system. It is also intended to support councils to focus on core services including, help to cover the National Living Wage.
14. The Council must: pool the money; work with the CCG to meet National Condition 4 on Managing Transfers of Care, and; submit quarterly reports. A return has already been submitted to Department of Communities and Local Government (DCLG) and signed by the Section 151 Officer to state that the additional funding is supporting Adult Social Care.

Integration

15. During 2016, work was accelerated around Place Plans and Sustainability, Transformation Plans (STP). In Doncaster a Place Plan has been developed and has already been shared with the H&WB, it features within the South Yorkshire and Bassetlaw STP. Work is currently in hand to develop the Place Plan as a delivery plan and partners from across Doncaster are working with our strategic partner (EY) to work this up and develop further the key elements outlined in the NHS Five Year Forward Plan.
16. The ambition remains to establish integrated health and social care across the country by 2020, this is set out in the spending review and will require everyone to have a plan for this in 2017. In Doncaster we consider the BCF to be both an important vehicle for integration but also a resource that will enable us to transform current services and delivery efficiencies to ensure that we can meet the increasing challenges of rising demand and an ageing population.

Additional Adult Social Care Funding for 2017/18 and 2018/19

17. The grant determination for the iBCF was issued on 24th April to be added to the previously announced allocations for the BCF. The allocations are set out below:

Source	2017/18 £'m	2018/19 £'m
BCF funding provided by Doncaster CCG	15.168	15.456
BCF revenue funding from Doncaster MBC	7.166	7.302
BCF capital funding from Doncaster MBC	2.118	2.118
Original BCF (2 years announced)	24.452	24.876
Improved BCF announced 2015	1.333	7.176
Improved BCF announced 2017	7.046	4.326
Total Improved BCF (3 years announced)	8.379	11.502
Total	32.831	36.378

Summary of iBCF Plans for 2017/18 and 2018/19

18. It is proposed that the additional one-off funding available from iBCF in 2017/18 and 2018/19 will be utilised to meet emerging pressures e.g. sleep in nights, pressures identified in 2016/17, one-off transformation costs and defer some of the 2017/18 savings allowing more time to deliver the transformational change. The table below shows how it is intended to allocate the iBCF for 2017/18 and 2018/19 over the grant conditions identified in the guidance.

Grant Conditions	2017/18 £'m	2018/19 £'m	Total £'m
Meeting Adult Social Care need			
Funding increased demands due to demographics including children transitioning to adults as well as increased direct payment and individual budgets, which support choice and the move away from traditional high cost placements in care.	1.50	2.27	3.77
Residential Short Stay - the demand for this service has increased as more individuals are supported to live at home, reducing the numbers in residential care and hospital. There is also a specific pressure regarding a small number of high cost Learning Disability service users who have to remain in short stay for extended periods of time because of lack of suitable alternative provision.	0.60	0.60	1.20
Reducing saving proposals whilst alternative options and practices are introduced as part of the transformation programme - supporting more people to live at home reducing residential care pressure and increasing availability of residential care for people leaving hospital services.	0.80	0.00	0.80
Funding for additional Extra Care Capacity	0.00	0.50	0.50
DoLS/Safeguarding Adults Hub – funding to support increased demand.	0.09	0.09	0.18
Support for projects specifically targeting vulnerable adults, which will help reduce call on	0.26	0.10	0.36

high cost health and social care services.			
Reducing pressure on NHS			
Funding projects supporting the transformation programme that were previously to be funded by BCF carry forward	1.48	1.39	2.87
Funding the increased provision of community equipment due to transformation programme to enable more people to remain in their own homes.	0.50	0.50	1.00
Funding for investment in technology including more assistive technology	0.30	1.20	1.50
Delayed transfers of Care (DTOCs) – estimated funding to address outcomes due from joint review with the LA and CCG, recognising some further investment may be required.	0.25	0.25	0.50
Ensuring local supplier market is supported			
Funding the impact of the National Living Wage on the cost of sleep in night for supported living providers.	1.50	1.50	3.00
Residential fees - as part of the negotiations for the 2017/18 fee a cost validation exercise took place that supported a significant increase in the rates paid to providers. The figure includes £0.3m for the CCG for 2017/18 to enable the work on the Care Home Strategy to be completed.	1.10	1.10	2.20
Funding further support for the provider market for estimated increases in retendered contracts.	0.00	2.00	2.00
Total	8.38	11.50	19.88

19. This table represents the current plans for iBCF and the figures contained are being verified and may be subject to change. In particular, some of the figures will be affected by ongoing negotiations with providers, and although care has been taken in producing the figures they should not be viewed as confirmed at this stage.
20. Advice has come from the Association of Directors of Adult Social Services (ADASS) that delays in guidance being issued should not delay the spending of iBCF in particular, and stresses, “The funding was to enable councils to *take immediate action* to spend on ASC, to support the sustainability of the care market and to support patient flow (some things will, of course, meet all three of the grant conditions).”
21. These proposals will also be incorporated into the Council’s 2017/18 budget update report that will go to Cabinet on 20th June.
22. An update on these proposals will be brought back to Health & Wellbeing Board when there is more detail available and greater certainty about the figures.

BCF Plan 2017-19

23. Although we are yet to see the final arrangements for BCF for 2017-19 the plan is currently being compiled and the governance and performance management arrangements around the BCF will be further strengthened during 2017.
24. This will ensure that all projects funded through BCF are regularly reviewed so that remedial action can be taken early to ensure ineffective projects are decommissioned and others

commissioned to support the delivery of key metrics. The proposals will be circulated to H&WB members for comment when they are completed, however, there will be no changes to the role of the H&WB as senior body within the sign off process.

25. The 2017-19 BCF submission will be strongly linked to the ambitions set out in the Doncaster Place Plan and proposals outlined in transformations across the system. This should enable us to accelerate our performance and deliver services that provide excellent outcomes for the citizens of Doncaster, H&WB will be updated regularly on progress.

Monitoring

26. There is a well-established quarterly monitoring process for BCF and it is proposed that the additional funding will also be reported on the same basis. In addition, it will also be subjected to the normal Council budget monitoring processes.

OPTIONS CONSIDERED

27. That the Health and Wellbeing board sign off the plans for the Better Care Fund and Improved Better Care Fund for 2017-19 as laid out in report and appendices.

REASONS FOR RECOMMENDED OPTION

28. N/A

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 29.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • Mayoral Priority: Creating Jobs and Housing • Mayoral Priority: Be a strong voice for our veterans • Mayoral Priority: Protecting Doncaster's vital services 	<p>The work of the health and wellbeing board has the potential to have an impact on all the Councils key objectives.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • Mayoral Priority: Safeguarding our Communities • Mayoral Priority: Bringing down the cost of living 	
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • Mayoral Priority: Creating Jobs and Housing • Mayoral Priority: Safeguarding our Communities • Mayoral Priority: Bringing down the cost of living 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • Mayoral Priority: Protecting Doncaster's vital services 	

	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

LEGAL IMPLICATIONS

30. Section 1 of the Localism Act 2011 gives the local authority the power to do anything that individuals may generally do.
31. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.
32. Section 75 of the National Health Service Act 2006 gives authority for the Council to pool funds with the local Clinical Commissioning Group. The intention is to add the improved better care fund to the better care fund and therefore the Section 75 agreement which documents the arrangement will need to be varied.
33. The Health and Social Care Act 2012 introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.
34. The Health & Wellbeing board will approve the plans for use of the improved better care fund for 2017/18 and 2018/19. This is one off funding and therefore the Council must be aware of the risks associated with such monies and that appropriate exit strategies are put in place when the funding ceases.
35. The approval of the 2017/18 and 2018/19 plans will impact on service users and other individuals, particularly those with protected characteristics within the meaning of the Equality Act 2010. As specific projects and activities develop, a due regard statement must be completed and presented to the decision makers.
36. The acceptance of improved better care fund must be in compliance with the Council Financial Procedure Rules and when accepting the improved better care fund the Council must comply with its guidance and outcomes expected as contained the Integration and Better Care Fund Policy Framework 2017-19.
37. On the 20th June 2017, cabinet approved the budget report detailing the improved better care fund, this will now be sent to full council for a decision in July.

FINANCIAL IMPLICATIONS

38. These are contained within the body of the report

HUMAN RESOURCES IMPLICATIONS

39. There are no specific human resources implications.

TECHNOLOGY IMPLICATIONS

40. There are no specific technology implications.

EQUALITY IMPLICATIONS

41. Decision makers must consider the Public Sector Equality Duty at s149 of the Equality Act 2010. The duty requires organisations, when exercising their functions, to have 'due regard'

to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic. There are no specific equality implications arising from this report, however, specific projects and activities arising from the Improved Better Care Fund will be the subject of separate 'due regard' assessments and statements.

CONSULTATION

42. Any specific issues arising from future de-commissioning/commissioning activity will be subject to appropriate communication.

BACKGROUND PAPERS

43. None

REPORT AUTHOR & CONTRIBUTORS

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