

Doncaster
Health and Wellbeing Board

Agenda Item 12
Date: 04 09 2014

Subject: Doncaster Better Care Fund (BCF)

Presented by: David Hamilton/Chris Stainforth

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	•
Information	

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Alcohol	•
	Mental Health & Dementia	•
	Obesity	
	Family	•
	Personal Responsibility	•
Joint Strategic Needs Assessment		•
Finance		•
Legal		•
Equalities		•
Other Implications (please list) Joint Commissioning Arrangements		

How will this contribute to improving health and wellbeing in Doncaster?

The development of the Doncaster Better Care Fund creates a real opportunity to develop a single view of resources for health and social care services and support in Doncaster. This as a minimum will result in more efficient and intelligent commissioning activity, reduce duplication, streamline health and social care pathways and therefore improve outcomes for patients and users. The proposed principles and values behind the planning and governance process will also ensure innovation and new ways of working that involves stakeholders in a co-production approach, ensuring services and support directly respond to the Making it Real objectives and expressed user need.

Recommendations

3.1 The Board is asked to:-

Agree to devolve the endorsement of the Doncaster Better Care Fund 3rd cut plan to the chair of the HWBB and the Doncaster Clinical Commissioning Group Chief Officer as the submission date of the BCF plan to NHS England does not align with the HWBB meeting arrangements. An Outline of the proposed plan and any key changes are contained with this report.

Endorse and sign off the transfer of Better Care Funding to Doncaster Council via section 256 agreement of the Health care act.

**To the Chair and Members of the
HEALTH AND WELLBEING BOARD**

**TO ENDORSE THE DONCASTER BETTER CARE FUND 2014-15 PLAN AND GIVE
AUTHORITY TO TRANSFER THE DONCASTER BCF FUNDING ALLOCATION TO
DMBC VIA SECTION 256 OF THE HEALTH CARE ACT.**

1. EXECUTIVE SUMMARY

- 1.1 This paper is presented on behalf of the Strategic Health and Social Care Partnership (SHSCP). The SHSCP includes senior representatives from the Doncaster Clinical Commissioning Group (DCCG), DMBC Adult Social Care Commissioning and Public Health Directorates, Doncaster and Bassetlaw NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust. It is responsible for achieving a number of aims and objectives including:

To oversee the development and implementation of a joint programme of work which responds to and addresses key priorities and seeks to deliver shared social care and health outcomes using the pooled budget arrangements of the Better care Fund.

- 1.2 In January 2014 a paper was submitted to the Doncaster Health and Well Being Board outlining our intentions for delivering the Better Care Fund programme in Doncaster. The paper outlined the principles, values and governance of operation, early priority areas for budget allocation and discussion on the impact and risk of the changes for DCCG and Doncaster Borough Council.
- 1.3 Following endorsement of that paper by the Doncaster H&WBB, a first and second cut Better Care Fund plan was submitted to the Local Government Association and NHS England in February and June 2014. The feedback from NHS England and the LGA Peer review process RAG rated 9 of the 12 conditional domains as green with 3 areas requiring additional information as plans progress.
- 1.4 On July 25th 2014 new guidance and changes to the Better Care Fund arrangements were announced by NHS England with a revised submission date for a 3rd version of plans due by the 19th September 2014. The changes and revised guidance are set out below as well as further detail on the impact and risk the recent changes may have on Doncaster plans.

2. EXEMPT REPORT

- 2.1 This is not an exempt report.

3. RECOMMENDATIONS

- 3.1 That the Doncaster Health and Wellbeing Board agree with the outline and principles of the 3rd Doncaster Better Care Fund submission set out below and support sign-off of the Doncaster BCF plan by the Chair of the HWBB and Chief Officer of the CCG.
- 3.2 That the Board also support the section 256 agreement attached to allow transfer of funding to Doncaster Council and for implementation of the BCF plan to commence.

4 BACKGROUND

- 4.1 The **Better Care Fund** provides a critical opportunity to build on existing joint and integrated working in Doncaster. Although significant progress has been made towards joint planning and commissioning and integrated service delivery, the aim of the Doncaster Better Care Fund plan is to accelerate further fundamental changes to the way we plan and deliver service in Doncaster, using existing and additional collective resources.
- 4.2 In the June 2013 spending review the government announced the introduction of the Better Care Fund. This fund totalling £3.8bn is described as a pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities. Details of the Better Care Fund arrangements are as follows;

The June 2013 Spending Review set out the following – The national picture	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements
Therefore In 2015/16 the Better Care Fund will be created from the following	
£1.9 bn NHS funding	
£1.9 bn based on existing funding in 2014/15 that is allocated across the health and wider care system composed of;	
<ul style="list-style-type: none">○ £130m carer break funding○ £300m CCG reablement funding○ £354 capital funding(including £220m of Disabled Facilities Grant○ £1.1bn existing transfer from health to Social care	

The June 2013 Spending Review set out the following – The Doncaster picture	
2014/15	2015/16
An additional £1,258k transfer from the NHS to social care, in addition to the £5,662k transfer already planned	£24,163k pooled budget to be deployed locally on health and social care through pooled budget arrangements
Therefore In 2015/16 the Better Care Fund will be created from the following	
£11,953k NHS funding	
£11,953k based on existing funding in 2014/15 that is allocated across the health and wider care system composed of;	
<ul style="list-style-type: none"> ○ £818k carer break funding ○ £1,887k CCG re-ablement funding ○ £2,085k capital funding(including £1,224k of Disabled Facilities Grant ○ £6,920k existing transfer from health to Social care 	

- 4.3 The Better Care Fund pooled budget comes into effect on April 2015. However BCF plans were expected to outline how local teams would use 2014/15 to prepare for the April 2015.
- 4.4 Since the submission of the second cut plan in April 2014, further guidance has been released which requires additional detail on delivery on how local HWBB's will deliver on the 5 key metrics, in particular plans to reduce non elective admission to hospital.
- 4.5 The target relating the reduction of non-elective admissions is currently set at 3.5% which is significantly higher than current Doncaster trajectories and may therefore have implications for priorities within the plan. The SHSCP is currently reviewing and analysing existing BCF plans to determine whether a refocus of schemes to deliver the reductions is required.
- 4.6 Alongside this additional detail, there is also a key change to the way that the pay for performance will be managed in 2015/16. £1bn of the 'additional £1.9 bn nationally is now split between Payment for Performance and investment in NHS commissioned out of hospital services. The guidance states that an element of the Doncaster BCF allocation will only be released into the pooled budget arrangement dependent upon the achievement of the emergency admissions target. The maximum potential financial impact could equate to approximately £6 million.
- 4.7 In response to these changes the SCHPB has agreed the following actions to ensure the BCF programme can continue in a stable and sustainable way:
- Review existing schemes against the revised metrics
 - Maintain focus on the 3 transformational themes but review admission data to assess whether some schemes need to be refocused.

- Agree a financial model to support the current BCF programme until transformational programmes impact
- Assess contribution of the Resilience plans, Delivery Plans, Primary Care Investment on reducing admissions.

Although the outcome of this analysis process is not yet complete and may result in additional or revision of some schemes it is unlikely that the overall pooled budget amount will change. The planned spend for 15/16 currently breaks down as follows;

Analysis of Planned Spend		2014/15	2015/16
Service Areas		£'000s	£'000s
1	Doncaster Equipment Services	530	2,435
2	Admission Avoidance Schemes	1,294	2,271
3	Reablement Services	1,437	4,059
4	Respite Services	0	1,345
5	Discharge Schemes	417	1,141
6	Intermediate Care	50	3,227
7	Mental Health including Crisis	50	1,906
8	Dementia Services	25	1,760
9	Supporting Carers including Respite Services	0	818
10	Disabilities Facilities Grant	0	985
11	Social Care to benefit health	4,880	5,677
12	Falls	166	166
13	End of Life	600	600
14	Non Recurrent Transformation Funds	-2,529	-2,227
	Total Spend	6,920	24,163

The timeline for the 3rd cut submission is as follows;

BCF 3rd Plan Development and Sign off	By date
Guidance and templates issued	July 25th
Support to local areas to strengthen plans	July 28th-Sep19th
Checkpoints for regional support	Aug 8 th , 29 th , Sep 12th
Revised plans submitted	September 19th
Desktop review of plans	Sep 22 nd - Oct 3rd
Moderation exercise complete	October 10th
Final presentation and sign off by ministers	Oct 17th

SECTION 256 TRANSFER PROCESS

For the 2014/15 financial year, and following a similar process to 2013/14, NHS England Area Teams will transfer BCF monies to local pooled budget arrangements. The amount available to the Doncaster pooled budget totals £6,920k. This is made up of a continuation of funds from 2013/14 equating to £5,662k and a new allocation of £1,258k for 2014/15.

The legal basis for the transfer of funds will be made under Section 256 of the 2006 NHS Act. NHS England will enter into an agreement with each local authority and this will be administered by NHS England Area Teams. Funding from NHS England will pass over to local authorities once a Section 256 agreement has been signed by both parties.

To ensure the resources are made available for Doncaster services, it is a requirement that the DCCG and Doncaster Council take a joint report to the Health and Wellbeing Board for approval for 14/15 and future years to agree what the funding will be used for, any measurable outcomes and the agreed monitoring arrangements in each local authority area.

The Health and Wellbeing Board is then required to approve the report which is appended to the agreed Section 256 agreement between the local authority and NHS England. The agreement will then be signed by the Health and Wellbeing Board and the NHS England South Yorkshire and Bassetlaw Area Team Director.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

5. The report impacts on the following Council priorities.

	Priority	Implications
	<p>We will support a strong economy where businesses can locate, grow and employ local people.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The Better Care Fund will invest in the development of the local health and social care provider market ensuring that local services, skills and the range and type of provision is fit for purpose.</p>
	<p>We will help people to live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The programme will support and fund a major shift in the type and nature of social care ensuring services are modernised, efficient, connected and integrated where possible. More transparency more choice</p>

	<p>We will make Doncaster a better place to live, with cleaner, more sustainable communities.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The Better Care Fund will invest in community and universal services which support grassroots development of services and support which maintain independence. In particular support for carers and families will be central to the programme approach. A real co-production approach.</p>
	<p>We will support all families to thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Quality and safety will be at the heart of provided services. People are kept safe and protected from all avoidable harm.</p>
	<p>We will deliver modern value for money services.</p>	<p>The programme will support and fund a major shift in the type and nature of social care ensuring services are modernised, efficient, connected and integrated where possible. More transparency more choice</p>
	<p>We will provide strong leadership and governance, working in partnership.</p>	<p>The programme will focus on developing the systems, processes and workforce required to deliver a modernised adult social care and health service organisations.</p>

6. LEGAL IMPLICATIONS

The Council may pursue this initiative in accordance with its powers under S1 of the Localism Act 2011. As the project progresses further specific legal advice will be required.

7. FINANCIAL IMPLICATIONS

The details of the funding allocations are shown in paragraph 4.7 the SHSCP is putting the minimum funding into the pooled budgets although there is local discretion to increase this.

The indicative funds are £24.163m for 2015/16 plus the Council's existing funds of £7.629m which relates to previous years revenue (Supporting and Maintaining Independence Programme (SMIP) former Reablement and Community Capacity Grant) and £2.085m capital (Community Capacity and Disabled Facilities Grants (D.F.G's)) identified for pooling purposes.

For 2014/15 the current DMBC capital funding, this is not wholly ring fenced to the Adult Social care service.

DFG's are currently (2014/15) ring-fenced to carry out DFG work, however the

Community Capacity Grant is ring-fenced by Council policy to support the Council's corporate priorities. This will change from 2015/16.

The individual project approvals will be subject to the appropriate Council / CCG governance arrangements and the specific financial implications considered and reported upon at the time.

8. BACKGROUND PAPERS

None.

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