# **London Borough of Bromley**

**HEALTH AND WELLBEING BOARD** 

Date: Thursday 21<sup>st</sup> April 2015

Report Title: Better Care Fund – Local Plan 2016/17

**Report Author:** Joint paper on behalf of Chief officers from LBB and BCCG

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### 1. SUMMARY

1.1 This will be the second full year of the Better Care Fund. The Department of Health (DoH) has confirmed that funding will continue for 2016/17 and this is supported by a detailed policy framework. The minimum requirement for Bromley as set out by NHS England, is to create a pooled fund of £21,611,000. In the main, the Better Care Fund resource is not new monies, but is mainly created largely from CCG baselines

- 1.2 The fund puts a requirement upon Clinical Commissioning Groups (CCG) and Local Authorities (LA) to pool budgets. Commissioners are then expected to use the pooled fund to integrate and join up services for the benefits of local residents using health and care services. The guidance recommends that Local Authorities and CCGs should be mindful in developing their plans, about the linkages with NHS sustainability and transformation plans which NHS partners are required to produce in 2016, and the Government's Spending Review requirement to produce a whole system integration plan for 2017.
- 1.3 The Government considers the Better Care Fund to be a key tool in driving forward the agenda for integration of health and social care services and sets a number of national conditions against the fund. For this year (16/17) it has been agreed that the BCF planning and assurance process should be integrated as fully as possible with the core NHS operational planning and assurance process. It is a requirement that the annual plan for the fund be approved by the Health and Wellbeing Board.

### 2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1 All plans must be taken through and formally signed off by local Health and Wellbeing Boards before the final plan can be submitted to NHS England on 3<sup>rd</sup> May 2016.

3.	SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT
	PARTNER ORGANISATIONS

Formal agreement and consent to the final plan being submitted to NHS England.

3.1

## Health & Wellbeing Strategy

1. Related priority:

General overarching regard to local health and care priorities. However, special focus within the plan on Dementia and Supporting Carers as two areas where improvements in the local offer can result in a reduction of people going into crisis and requiring an unplanned admission.

## **Financial**

1. Cost of proposal: £21,611,000

2. Ongoing costs: £21,611,000

3. Total savings (if applicable):

4. Budget host organisation: Local Authority

5. Source of funding: Top slicing of existing budgets (primarily BCCG budgets) to create the BCF in 2015/16

6. Beneficiary/beneficiaries of any savings:

## 4. COMMENTARY

4.1 The full plan for submission has been attached for Members, which sets out in detail the plans for 2016/17. The narrative plan also provides an insight into the work of BCCG and the Local Authority to transform local services and address the national conditions placed against the fund.

### 4.2 Timeframe for BCF Plans

4.2 The timescales for completing the plan are as follows:

1.1.	Proposed timeline	Dates (all 2016)
1.2.	Planning guidance and planning template issued	24 February
1.3.	Submission 1	2 <sup>nd</sup> March
1.4.	BCF Planning Return submitted by HWB areas to NHS England regional team, and copied to the national team. This will detail the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.	
1.5.	Submission 2	21 <sup>st</sup> March
	Full BCF plan submitted by HWBs to DCO teams, including BCF Planning Return version 2, which is to be copied to the national team for analysis	
1.6.	Deadline for regional confirmation of draft assurance ratings for all BCF plans to the national team	6 <sup>th</sup> April
1.7.	National calibration exercise carried out across regions to ensure consistency	7th–8 <sup>th</sup> April
1.8.	Deadlines for feedback to local areas to confirm draft assurance status and actions required	11 <sup>th</sup> April
1.9.	Submission 3	3 <sup>rd</sup> May
	Final plans submitted, having been formally signed off by HWBs	
1.10.	Deadline for regional confirmation of final assurance rating to BCST and local area	13 <sup>th</sup> May
1.11.	Deadline for signed Section 75 agreements to be in place in every area	30 <sup>th</sup> June

4.3 These were particularly tight as final guidance was not published until 24<sup>th</sup> February and so there was no opportunity to get this item onto an earlier Health and Wellbeing Board for discussion. However, officers have been meeting through the Joint Integrated Commissioning Executive to produce and finalise this year's plan.

### 4.4 National Conditions

- 4.5 NHS England will require that Better Care Fund plans demonstrate how Bromley will meet the following national conditions:
  - Plans to be jointly agreed;
  - Maintain provision of social care services;
  - Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
  - Better data sharing between health and social care, based on the NHS number;
  - Ensure 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;
  - Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
  - Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
  - Agreement on local action plan to reduce delayed transfers of care.
- 4.6 The onus is on local areas to demonstrate how they will use the pooled fund created under BCF to address these specific requirements. NHS authorisation will be on the basis of the local plan addressing each of these conditions.

# 5 An example of joint commissioning through BCF – The New Dementia Hub

- 5.1 The fund is in its infancy and this is only the second year where LAs and CCGs have been asked to pool budgets in this way. The narrative attached sets out the high level strategic ambitions for Bromley's transformation programme. However, Bromley is also starting to see the effects of the fund at a practical level with the first significant jointly commissioned service through the BCF being the Borough's new Dementia Hub which launches in July.
- The new hub is a direct response from both organisations to the pressures in the borough created by the increasing numbers of residents diagnosed with dementia. The Health and Wellbeing Board's working group on dementia, along with the HWB Strategy and JSNA have highlighted the need for a more co-ordinated approach to post diagnosis support services for people with dementia as well as restating our ambitions to be a dementia friendly community. The dementia hub is designed to meet these challenges.
- 5.3 The joint evaluation panel were very impressed with a collegiate bid made from the 3<sup>rd</sup> Sector to deliver a dementia service which will offer a single point of access for self-referrals, General Practice and the Memory Clinic to all be able to refer residents directly for support. Residents with a diagnosis will be offered 1:1 support planning. The service will be able to signpost and co-ordinate a number of community based services as well as developing existing and support new community services where required.
- 5.4 The way by which this service has been jointly commissioned and procured sets an interesting precedent for further joint commissioning with the 3<sup>rd</sup> sector. The implementation of the new service will be overseen by commissioners and clinical leads from both organisations to help

make sure that the service is a success and works to maximum capacity which will mean the service holding 160 active cases at any one time.

## **6 FINANCIAL IMPLICATIONS**

- 6.1 The Better Care Fund grant allocation for 2016/17 is £21,611k, made up of both revenue and capital expenditure streams. The funding is ring-fenced for the purposes of pooling budgets and integrating services between the CCG and the LA.
- 6.2 Monitoring of the expenditure takes place on a quarterly basis and has to be reported back to NHS England. Regular updates of the progress on expenditure will also be reported to the Board.
- 6.3 The BCF expenditure assumptions for 2016/17 are detailed in the table below:-

BCF HEADING	DESCRIPTION	£'000
Reablement services	Reablement capacity	838
Intermediate care services	Winter Pressures Discharge (Oxleas)	207
Intermediate care services	Winter Pressures Discharge (LBB)	1,009
Intermediate care services	Winter Pressures Discharge (BHC)	427
Assistive Technologies	Integrated care record	425
Intermediate care services	Intermediate care cost pressures	465
Assistive Technologies	Community Equipment cost pressures	415
Personalised support/ care at home	Dementia universal support service	511
Personalised support/ care at home	Dementia diagnosis	609
Improving healthcare services to care homes	Extra Care Housing cost pressures	411
Improving healthcare services to care homes	Health support into care homes	254
Improving healthcare services to care homes	Health support into extra care housing	54
Assistive Technologies	Self management and early intervention	1,029
Support for carers	Carers support - new strategy	622
Discharge Team	New integrated discharge team (Hospital)	600
Therapists	Therapists in intermediate care team	150
Integrated care teams	Risk against acute performance	1,323
Personalised support/ care at home	Protecting Social Care	4,404
Personalised support/ care at home	Disabled Facilities Grants	1,681
Support for carers	Carers Funding	518
Reablement services	Reablement Funds	935
Reablement services	Reablement Funds	309
Personalised support/ care at home	DoH Social Care grant	4,415
		21,611

### 7 LEGAL IMPLICATIONS

7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers. For 2016-17, the allocation is based on a mixture of the existing Clinical Commissioning Group allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

- 7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. In 2016-17, NHS England will set the following conditions, which local areas will need to meet to access the funding:
  - A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
  - A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
  - A requirement that plans are approved by NHS England in consultation with DH and DCLG (as set out in section 3 below)
  - A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

### 8 COMMENT FROM THE CHIEF OFFICERS FROM EACH ORGANISATION

The plan highlights the ambition for Bromley and our plans to transform local health and care services supporting our providers to deliver joined up community care that provides better outcomes for our residents. It continues to be a challenge to align both organisations priorities across this large agenda, but this plan represents significant progress and places us in good stead for the future requirements to have an integration plan in place for 2017.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	Previous Papers on the Better Care Fund since its inception in 2013/14 can be accessed through contacting Richard Hills, Strategy manager – Commissioning richard.hills@bromley.gov.uk 02083134198