

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 7th September 2017

Decision Type: Non-Urgent Non-Executive Non-Key

Title: Better Care Fund – Local Plan 2017-19

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Chief Officer: Ade Adetosoye, Deputy Chief Executive and Executive Director of Education,
Care and Health Services, London Borough of Bromley

Angela Bhan, Chief Officer, NHS Bromley Clinical Commissioning Group

Ward: All

1. Summary

- 1.1 The Better Care Fund brings together health and social care budgets. 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.
 - 1.2 For the years 2015/16 and 2016/17 individual annual spending plans were developed and approved by the Health & Wellbeing Board prior to being submitted to NHS England for approval. A key change to the policy framework since 2016-17 is the requirement for plans to be developed for the two year period 2017-2019.
 - 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 the BCF plan must set out how local authorities and CCGs are going to achieve further integration by 2020.
 - 1.4 It is a requirement that the plan for the fund be signed off by the Health and Wellbeing Board.
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2. Reason for Report going to Health and Wellbeing Board

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 11th September 2017

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

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

Health & Wellbeing Strategy

1. Related priority: General overarching regard to local health and care priorities.
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Financial

1. Cost of proposal: £22,125k for 2017/18 and £22,670k for 2018/19
 2. Ongoing costs: £22,125k for 2017/18 and £22,670k for 2018/19
 3. Total savings: Not 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: n/a
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Supporting Public Health Outcome Indicator(s)

Yes:

4. COMMENTARY

4.1 The full plan for submission has been attached for Members, which sets out in detail the plans for 2017-19. 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 The submission and assistance process is detailed in the timetable below

Milestone	Date
Publication of Government Policy Framework	31 March 2017
BCF Planning Requirements, BCF Allocations published	4 July 2017
Planning Return template circulated	w/e 7 July 2017
First Quarterly monitoring returns on use of IBCF funding from Local Authorities.	21 July 2017
Areas to confirm draft DToC metrics to BCST	21 July 2017
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities). All submissions will need to be sent to DCO teams and copied to england.bettercaresupport@nhs.net	11 September 2017 Scrutiny
Scrutiny of BCF plans by regional assurers	12–25 September 2017
Regional moderation	w/c 25 September 2017
Cross regional calibration	2 October 2017
Approval letters issued giving formal permission to spend (CCG minimum)	From 6 October 2017
Escalation panels for plans rated as not approved	w/c 10 October 2017
Deadline for areas with plans rated approved with conditions to submit updated plans	31 October 2017
All Section 75 agreements to be signed and in place	30 November 2017
Government will consider a review of 2018-19 allocations of the IBCF grant provided at Spring Budget 2017 for areas that are performing poorly. This funding will all remain with local government, to be used for adult social care	November 2017

4.3 The submission timetable is exceptionally tight as final guidance was not published until 4th July. As such there was no earlier opportunity to present this item to the Health and Wellbeing Board for discussion. However, officers have been meeting through the Joint Integrated Commissioning Executive (JICE) to produce and finalise the plan.

4.4 Policy requirements

4.4.1 The two key changes to the policy framework since 2016-17 are:

- A requirement for plans to be developed for the two year period 2017-2019 rather than a single year
- The number of national conditions which local areas are required to meet has been reduced from eight to four.

4.5 National Conditions

4.5.1 The four national conditions that Bromley are required to meet are:

1. The BCF Plan must be jointly agreed and signed off by the HWB
2. The NHS contribution to Social Care is maintained in line with inflation
3. An agreement to invest in NHS commissioned out-of-hospital services
4. Implementation of the High Impact Change Model for managing Transfer of Care

4.5.2 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.

4.6 Further Integration of health and social care

4.6.1 The 2015 Spending Review set out the Government's intention that, by 2020, health and social care will be more fully integrated across England. BCF plans for 2017-19 must also therefore set out the joint vision and approach for integration and how CCGs and local authorities are working towards better co-ordinated care, both within the BCF and in wider services.

4.7 An example of further integration and joint commissioning through BCF

4.7.1 The re-procurement of BCGG's community health services contract has involved developing innovative models of integrated community-based care that meet the needs of a growing population, many of whom have complex health needs.

4.7.2 The tender has included Children's Community Services, Adult Community Based Services and Integrated Rapid Response and Transfer of Care Services and also the joint commissioning of social care services including Reablement and Intermediate Care.

4.7.3 The specification for the new social care services were jointly developed by officers from BCCG and LBB to ensure that they meet the needs of all Bromley residents and by aligning social care services as part of the wider community health contract it has been possible to procure a holistic service that offers residents a seamless approach to care in the community and an integrated approach to working across the various hospital discharge pathways.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 Whilst the Better Care Fund has general overarching regard to local health and care priorities, the BCF plan places special focus on services which support vulnerable people by facilitating hospital discharge, supporting better and speedier recovery following a period of hospitalisation, and preventing vulnerable people going into crisis by providing the necessary ongoing support within the community so that they can remain independent in their own homes.

6. FINANCIAL IMPLICATIONS

6.1 The Better Care Fund Allocation for 2017/18 is £22,125,000 and £22,670,000 for 2018/19 and is made up of both revenue and capital expenditure streams. The funding is ring fenced for the purpose of pooling budgets and integrating services between Bromley Clinical Commissioning Group and the local authority.

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 Health & Wellbeing Board.

6.3 The BCF expenditure assumptions for 2017/18 and 2018/19 are detailed in the table below.

BCF 2017/18 AND 2018/19

Responsibility	BCF Heading	Description	2017/18 budget £'000	2018/19 budget £'000
LBB	Reablement services	Reablement capacity	853	870
CCG	Intermediate care services	Winter Pressures Discharge (CCG)	646	659
LBB	Intermediate care services	Winter Pressures Discharge (LBB)	1,027	1,048
CCG	Assistive Technologies	Integrated care record	433	441
CCG	Intermediate care services	Intermediate care cost pressures	625	638
LBB	Assistive Technologies	Community Equipment cost pressures	422	431
LBB	Personalised support/ care at home	Dementia universal support service	520	531
CCG	Personalised support/ care at home	Dementia diagnosis	620	632
LBB	Improving healthcare services to care homes	Extra Care Housing cost pressures	418	427
CCG	Improving healthcare services to care homes	Health support into care homes/ECH	314	320
CCG	Assistive Technologies	Self management and early intervention (inc Vol sector)	1,047	1,068
CCG	Support for carers	Carers support - new strategy	633	646
CCG	Risk Pool	Risk against acute performance	1,347	1,374
CCG	Risk Pool	Transfer of care bureau	611	623
LBB	Personalised support/ care at home	Protecting Social Care	8,977	9,156
LBB	Personalised support/ care at home	Disabled Facilities Grants - CAPITAL	1,838	1,976
CCG	Support for carers	Carers Funding	527	538
CCG	Reablement services	Reablement Funds	952	971
LBB	Reablement services	Reablement Funds	315	321
		Total Recurrent Budget	22,125	22,670

7. LEGAL IMPLICATIONS

7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund and which requires that in each area the CCG transfer minimum allocations into one or more pooled budgets established under S75 of that Act. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers. NHS England will approve the plans for spend in consultation with Department of Health and Department for Communities and Local Government.

7.2 For 2017-18 and 2018-19, the allocations are 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.

8. COMMENT FROM THE CHIEF OFFICERS OF EACH ORGANISATION

The plan for 2017-19 represents significant progress over the last year and towards our ambition to transform local health and care services supporting our providers to deliver joined up community care that provides better outcomes for our residents. Over the next two years we will continue to build on our joint programmes and further explore opportunities for greater levels

of integration in order to maximise the efficient use of resources and the improved effectiveness of our services.