



PAPER F

Purpose: For Decision

Committee report

Committee	CABINET
Date	13 JULY 2017
Title	BETTER CARE FUND 2017/19 PLANS AND SECTION 75 AGREEMENT
Report to	CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH

EXECUTIVE SUMMARY

1. This paper sets out an overview of the approach and requirements for developing the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) for 2017/19.
2. The report requires agreement in principle to the way in which the BCF and iBCF are being developed.
3. There is a requirement for the council and the Clinical Commissioning Group (CCG) to have a pooled fund to support integrated commissioning and provision. The minimum requirement for 2017-18 is £9.7m, and for 2018-19 £10.8m, subject to release of technical guidance.
4. The pooled fund is to include the iBCF, which is new funding to support transformation. For the Isle of Wight this funding totals £6.5m, which tapers off over the next 3 years.
5. The council and the CCG are proposing a total fund of £35.878m for 2017-18 and £36.051m for 2018-19 subject to finalisation upon receipt of the national technical guidance. The value was £31.332m in 2016/17
6. There is a requirement to submit a high level BCF plan for 2017/19, the first draft of which is to be submitted within six weeks of the issue of the BCF Technical Guidance. Assurance and review of submitted plans is then undertaken, and local systems are able to redraft plans in advance of final submission. Unfortunately the Technical Guidance has been delayed in issue as a result of the general election.
7. Cabinet is required to sign off the BCF Plans in advance of submission.

8. The Section 75 agreement 'the pooled fund' for 2017/19 is in development and must be in place by the final submission date, however we hope to reach agreement before this date.
9. The Section 75 agreement will be developed based on the draft proposals provided at the Appendix to this report. This document cannot be finalised until the release of the BCF technical Guidance.

BACKGROUND

10. The BCF is a single pooled budget for local health and social care services which has been created as a national requirement to drive greater integration of commissioning and provision. After producing detailed proposals, the Island was fully assured on its BCF by NHS England for 2016/17.
11. In March, the government confirmed additional funding for social care to be paid directly to local authorities as part of an expanded Improved Better Care Fund grant (iBCF). The grant has three purposes:
 - Meeting adult social care needs.
 - Reducing pressures on the NHS, including supporting people to be discharged from hospital when they are ready.
 - Ensuring the local social care market is supported.
12. The iBCF allocation for the Isle of Wight is as follows:
 - 2017/18 £3.254m
 - 2018/19 £2.175m
 - 2019/20 £1.081m
13. The purposes of the money are set out in the grant determination issued by the Government and apply to both the original allocation (announced in the Spending Review in autumn 2016) and the new allocation.
14. There is a condition in the grant to require that the money is pooled into the local BCF and further conditions attached relating to its use.
15. Key changes to the policy framework since 2016-17 include:
 - 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 will need to meet through the planning process in order to access the funding has been reduced from eight to four.

16. The BCF Technical Guidance has not been formally issued at the time of writing, although it is expected imminently. We have been instructed to anticipate a submission deadline of less than six weeks from formal release of the Technical Guidance. A draft of the guidance was released by the Local Government Association in April 2017, and there are not expected to be substantial changes to this document.
17. The draft guidance identifies four national conditions we must meet:
 - That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the Health and Wellbeing Board and by the constituent Councils and CCGs.
 - A demonstration of how the area will meet the national condition to maintain provision of social care services in 2017-19.
 - That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement.
 - Agreement on a local action plan to reduce delayed transfers of care, as detailed above.
18. The BCF will be required to describe in its Narrative plans how partners will continue to build on local arrangements to:
 - Develop delivery of seven day services across health and social care.
 - Improve data sharing between health and social care.
 - Ensure a joint approach to assessments and care planning.
19. The Island has been making progress on the national conditions as reported in the quarterly report Q4 for 2016/17.
20. We can confirm that we are spending on NHS commissioned out of hospital care and that an action plan for delayed transfers of care is in development. The CCG is contributing £3.637m as NHS support for Social Care, as nationally mandated, and an additional £1m as non-recurrent support, as a contribution to maintaining the provision of Social Care services and including the Care Act.
21. The Section 75 will commit the CCG and the council to commissioning the services in an integrated way.
22. There is a formal assurance process which the CCG and council have to go through to have the BCF plans agreed.
23. The BCF plan and pooled budget should be seen as an enabler to the My Life A Full Life Programme (MLAFL) rather than a separate planning process. However the National requirements for the BCF do have to be met

STRATEGIC CONTEXT

24. The development of the BCF is a legal requirement. This can only be drawn together in a Section 75 Agreement.

25. The BCF is a vehicle for the integration of Health and Social Care.
26. This proposal fits with the Corporate plan objectives in so far as it meets the objective of:
 - Protecting the most vulnerable with health and social care, investing in support, prevention and continuing care; and
 - Ensuring that all the resources available to the island are used in the most effective way in achieving the island's priorities.

SERVICE/DECISION SPECIFIC PARAGRAPH

27. The officers within the CCG and the council have reviewed the existing schemes within the pooled fund and have adopted a more focussed approach for 2017/19, identifying targeted BCF schemes with key deliverables 'in year', and developing new iBCF Schemes to deliver the purposes of the iBCF grant in meeting adult social care needs generally, reducing pressures on the NHS (including Delayed Transfers Of Care) and stabilising the care provider market.
28. There are now ten schemes. Existing pooled fund schemes and their budgets have been reorganised, with some services no longer included in the BCF; new iBCF schemes have been developed, some of which have been incorporated within existing BCF Schemes (see Appendix). Work is ongoing in finalising the funding.
29. The BCF does not include the MLAFL Vanguard funds which also support integration. It is based on existing council and CCG commissioned / provided services.
30. The Isle of Wight Local Care Board and Operational Delivery Group will oversee the BCF, finance, performance and risk. Work within the BCF must continue to be reported to the Health and Wellbeing Board. BCF Quarterly Reports are to be submitted, signed off by HWB, to NHS England, while iBCF Quarterly Reports are to be submitted to the Department for Communities and Local Government.
31. A Risk Log will be developed as part of the Better Care fund process. This will feed in to the corporate risk plans for both the Council and the CCG. Identified risk will be regularly review by the joint Commissioning Leadership Group attended by senior officer of both the local authority and the CCG.
32. The BCF Policy Framework establishes that the national metrics for measuring progress of integration through the BCF will continue as they were set out for 2016-17, with only minor amendments to reflect changes to the definition of individual metrics. In summary these are:
 - Non-elective admissions (General and Acute);
 - Admissions to residential and care homes;
 - Effectiveness of reablement;
 - Delayed transfers of care.

CONSULTATION

33. The BCF Section 75 agreement is being developed in consultation with the CCG. In addition to inform the development a consultation event with providers took place on 27th June 2017.

FINANCIAL / BUDGET IMPLICATIONS

34. The Better Care Fund is a pooled budget between the Clinical Commissioning Group and the Council and covers the period 2017-18 to 2018-19. It consists of a fund made up of contributions from both organisations to deliver agreed health and social care outcomes.
35. The proposed fund for 2017-18 is £35.878m and for 2018-19 is £36.051m. This is subject to finalisation upon receiving the national technical guidance which will identify the minimum mandatory amounts that both organisations must contribute.
36. The recently announced Improved Better Care Fund grant to the Council amounting to £3.254m in 2017-18 and £2.175m in 2018-19 must also be included in the Better Care Fund pooled budget.
37. A section 75 agreement will set out the arrangements for financial risk sharing between the CCG and the Council should the pooled budget overspend or underspend. The provisions of the S75 agreement will provide that each organisation is responsible for the over/underspend relating to its own functions; therefore the Better Care Fund in itself does not increase the financial risk to either organisation.

CARBON EMISSIONS

18. The Better Care Fund incorporates a number of schemes which in turn deliver a number of different services. Where these services are commissioned due regard will be had to how the carbon emissions of that specific service can be managed and reduced. This will incorporate, where relevant, a contractual obligation requiring contractor to contribute toward reducing the carbon footprint to their service.

LEGAL IMPLICATIONS

38. The development of the BCF is required in accordance with the Care Act 2014.
39. The BCF is the only mandatory policy to facilitate integration and brings together both health and social care funding.

EQUALITY AND DIVERSITY

40. The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment,

marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

41. Where required for each of the services under the Section 75 agreement equality impact assessments will be carried out in accordance with the council's obligations.

OPTIONS

42. The council is limited in the options available to it in relation to the BCF:
- (a) Option 1 – That Cabinet does not approve in principle the draft proposals to pool funds between the council and the CCG, under the Better Care Fund (BCF) and Improved Better Care Fund (iBCF).
 - (b) Option 2 - That Cabinet approves in principle the draft proposals to pool funds between the council and the CCG, under the Better Care Fund (BCF) and Improved Better Care Fund (iBCF). That Cabinet agree that where further amendment to the draft proposals are required that the Chief Executive of the Council be duly authorised to approve them. Furthermore that Cabinet further agree that the final BCF Section 75 agreement is signed by the Chief Executive of the Council and the Chief Officer of the CCG.

RISK MANAGEMENT

43. Option 1 would represent significant risk to both the council and the CCG as in the event the BCF is not agreed the Department of Health can withhold some of the mandatory funding.
44. Option 2 reduces the risk to the council as it enables the council and the CCG to comply with their statutory duty and to ensure that funding for the delivery of services remains available.

EVALUATION

45. It is considered that Option 2 provides the greatest protection for the council, the CCG and the people we serve in terms of continuity of funding and services on the Isle of Wight.

RECOMMENDATION

46. Option 2 - That Cabinet approves in principle the draft proposals to pool funds between the council and the CCG, under the Better Care Fund (BCF) and Improved Better Care Fund (iBCF). That Cabinet agree that where further amendment to the draft proposals are required that the Chief Executive of the Council be duly authorised to approve them. Furthermore that Cabinet agree that the final BCF Section 75 agreement is signed by the Chief Executive of the Council and the Chief Officer of the CCG

APPENDICES ATTACHED

47. [Appendix](#) – BCF Scheme description and outcomes.

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