

Committee	HEALTH AND WELLBEING BOARD
Date	23 MARCH 2016
Title	BETTER CARE FUND 2016/17 PLANS AND SECTION 75

RECOMMENDATION

1. That the Health and Wellbeing Board approve in principle the draft proposals to pool funds between the Isle Of Wight Clinical Commissioning Group and the Isle Of Wight Council, under the Better Care Fund (BCF).
2. That the Chairs of the Health and Wellbeing Board can approve the BCF (BCF) plan on behalf of the Board before the submission date of 25th April 2016.
3. That the final BCF Section 75 agreement is signed by the Chief Executive Officer of the Council and the Chief Officer of the CCG following formal approval within each organisation.

EXECUTIVE SUMMARY

This paper sets out an overview of the approach and requirements for developing the BCF for 2016/17.

4. The report requires agreement in principle to the way in which the BCF is being developed.
5. There is a requirement for the CCG and the Local Authority to have a pooled fund to support integrated commissioning and provision. The minimum requirement for 2016/17 is £10.607m.
6. The CCG and the LA are proposing a draft fund of £30.621m for 2016/17. The value was £22.016m in 2015/16.
7. There is a requirement to have a new high level BCF plan, the first draft of which is to be submitted on the 21st March 2016. The final document has to be submitted on the 25th April 2016.
8. The Section 75 agreement 'the pooled fund' is in development and must be in place by 30th June 2016, however we hope to reach agreement before this date.

BACKGROUND

9. The Better Care Fund (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 2015/16.
10. The BCF Technical Guidance, which was only issued on the 24th February, requires:-
 - Shorter narrative plans and for it to be integrated with NHS planning processes in 2016.
 - Confirmed funding contributions from each partner and their purpose
 - Scheme level spending plans.
 - Trajectories for the national metrics.
11. The guidance discusses the 'Fund' as though it is new money, however all the funding is in existing allocations to the CCG and the LA and is funding existing services. There are eight 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 HWBB itself, 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 2016-17;
 - Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
 - Better data sharing between health and social care, based on the NHS number;
 - A joint approach to assessments and care planning and to 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;
 - 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; and
 - Agreement on a local action plan to reduce delayed transfers of care.
12. The Island is making progress on the national conditions as reported in the quarterly report. For the last two conditions above, which are new for 2016/17, 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 not however able to contribute the same level of funding to the LA as in 2015/16 due to its own financial position but is contributing £3.513m which was the original NHS support for Social Care, plus £1.992m as a contribution to maintaining the provision of Social Care services and including the Care Act.

13. Although the funds within the pooled fund are not new money, the Section 75 will commit the CCG and the LA to commissioning the services in an integrated way.
14. There is a formal assurance process which the CCG and LA have to go through to have the BCF plans agreed.
15. 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.

REVIEW OF 2015/16 BCF

16. The CCG and the LA put £22.016m into the BCF in 2015/16. Most of the service areas from 2015/16 remain in the pooled fund. The intention was to support developments in the MLAFL Programme such as locality working by pooling commissioning resources.
17. Progress has been mixed and although the pooled fund is an enabler, progress has depended in other factors such as delivery of MLAFL schemes such as locality working.

THE PROPOSAL FOR INTEGRATED FUNDS

18. The officers within the CCG and the LA have reviewed the existing schemes within the pooled budget fund and wish to build on these and include one new area, Learning Disability Services.
19. There are now seven schemes. These incorporate existing pooled fund schemes and their budgets and also include new services to ensure a more comprehensive picture. Some of the scheme titles have changed from 2015/16. Work is ongoing in finalising the funding and the table below is indicative.
20. The proposal for the BCF pooled fund Section 75 is as follows:

Better Care Fund Schemes 16/17 (Funding to be finalised)

	CCG Contribution £000	Council Contribution £000	Total £000
<u>Mental Health Services</u> Most out of hospital Mental Health services to ensure a more integrated approach.	1,827	809	2,636
<u>Learning Disability Services</u> All community based LD services excluding individual placement costs to ensure a more integrated service.	1,442	2,376	3,817

	CCG Contribution	Council Contribution	Total
<u>Rehabilitation & Reablement</u> All rehabilitation and reablement services both in and out of hospital and community / domiciliary settings. The aim is to commission a more integrated service and pathway.	7,227	3,832	11,059
<u>Locality / Community Model</u> Most out of hospital health and social care services including Community Nursing and the Care Managers. This is to support the MLAFL initiatives going forwards with integrated community provision.	9,210	2,648	11,858
<u>Carers Services</u> All carers funding and services similar to existing scheme.	417	0	417
<u>Care Act</u> Required funding to support the LA in implementation.		359	359
<u>Prevention</u> This includes the Local Area Co-ordinators and some work on prevention.	81	394	475
Total	20,202	10,419	30,621

21. The BCF does not include the MLAFL Vanguard funds which also support integration. It is based on existing LA and CCG commissioned / provided services. The pooled fund proposals for 2016/17 do not include funds associated with Continuing Healthcare, Personal Health and Social Care budgets and other specialist placements. This is being reviewed for possible inclusion in year.
22. Further public health funds are also being considered for inclusion.
23. What should be noted is the proposed increase in the fund from £22.016m in 2015/16 to £30.621m in 2016/17, substantially higher than the minimum requirement of £10.607m. This is a reflection of the CCG and LA desire to pool resources and move towards one Island £.
24. The Joint Adult Commissioning Board (JACB) will oversee the BCF, finance, performance and risk. Work within the BCF must continue to be reported to the Health and Wellbeing Board.

NATIONAL METRICS

25. 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 2015-16, 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.

26. Trajectories for these Metrics are in development and will be within the final plan.
27. The BCF plan must also have a local metric. We are proposing this will continue to be Occupational Therapy (OT) Waiting Times as this remains unsatisfactory. The OT service is currently being reviewed by Adult Social Care commissioners.

CONCLUSION

28. Due to the lateness of the guidance and the timing of the Health and Wellbeing Board meetings it is not possible to submit a final plan for approval before the national deadlines. It is hoped the direction of travel is supported and that the chairs of the Health and Wellbeing Board can agree the plan on the Boards behalf as long as it is in line with proposals outlined in this paper.
29. The final plan will be presented to the next Health and Wellbeing Board in June 2016.