

Cabinet – 6th September 2017

Integration and Better Care Fund Plan 2017-2019

Portfolio: Councillor Robertson

Related portfolios: Councillor D. Coughlan

Service: Adult Social Care

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

- 1.1. The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. The Better Care Fund, previously the 'Integration Transformation Fund' is now in its 3rd year having been in place since 2014/15.
- 1.2. With the exception of the Improved Better Care Fund (IBCF) grant investment to Local Authorities for 2017-2020 which was the subject of a report to Cabinet in July 2017 and inflation on existing services, there is no 'new' money within the Better Care Fund. The fund represents c£20m of CCG and £4m of WMBC Adult Social Care existing budgets and the services that those budgets represent.
- 1.3. This report sets out the Integration and Better Care Fund Planning Requirements as issued by the Department of Health on the 4th July 2017 and seeks approval to the Walsall Integration and Better Care Fund Plan in 2017/19.
- 1.4. The planning requirements and Better Care Fund Plan cover the period from 1st April 2017 – 31st March 2019. It is recognised that these plans therefore are in part retrospective, this was regrettably unavoidable as the Planning Requirements were delayed, finally being released in July 2017.
- 1.5. The Health and Wellbeing Board considered the BCF plan on 21 August 2017 and has made recommendations to Cabinet as set out in paragraph 2.

2. Recommendations

- 2.1 That the content of this report regarding the Better Care Fund Planning Requirements are noted.
- 2.2 That the Walsall Integration and Better Care Fund Narrative Plan as attached at **Appendix 1** be approved for submission to the Department of Health.

- 2.3 That the BCF Expenditure Plan as set out in Tab 3 of the attached Better Care Fund Planning Template at **Appendix 2** be approved for submission to the Department of Health.
- 2.4 That the target metrics for the Better Care Fund as set out in Tab 4 of the attached Better Care Fund Planning Template at **Appendix 2** be approved for submission to the Department of Health
- 2.5 That delegated authority is given to the Executive Director of Adult Social Care and Accountable Officer for the CCG in consultation with the Portfolio Holder for Health and the Portfolio Holder for Adult Social Care to make minor amendments to the plan on receipt of the assurance feedback from the Department of Health.

3. Report detail

3.1 BCF Planning Requirements

- 3.1.1. The intention of the Better Care Fund is to provide a pooled budget between local authority and health services in support of integration.
- 3.1.2. This is the third year of Better Care funding. This year's planning moves from 1 year to 2-year planning and also sees a new source of funding Improved Better Care Fund (iBCF) which is devolved directly to Councils.
- 3.1.3. There are stringent guidelines for the use of funding, and there is a requirement for quarterly performance monitoring.
- 3.1.4. Each Better Care Fund Plan should consist of:
 - A jointly agreed narrative plan including details of how they are addressing the national conditions; how their BCF plans will contribute to the local plan for integrating health and social care and an assessment of risks related to the plan and how they will be managed.
 - A BCF planning template that includes:
 - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
 - A scheme-level spending plan demonstrating how the fund will be spent;
 - Quarterly plan figures for the national metrics.

3.2. National Conditions

The National Conditions have been reduced to four conditions for this submission, with a greater focus in this period on managing Delayed Transfers of Care. This is a move away from the previous conditions which focussed more on the enablers for integration. The four National Conditions for 2017-2019 are as follows.

- 3.2.1. Jointly agreed plan
 - Agreed by Health & Wellbeing Board(s) (HWB).
 - Involvement of other stakeholders
 - All minimum funding requirements met.
 - Clinical Commissioning Group (CCG) minimum contribution to increase in line with CCG overall budgets.

- Agreement on use of IBCF money to ensure that the local social care provider market is supported.
 - Agreement on use of DFG funding.
- 3.2.2. Social care maintenance
- Applies to contribution from CCG minimum.
 - Uplift of minimum required contribution from 2016-17 baselines in 2017-18 and 2018-19.
 - Local areas can agree higher contributions from the CCG minimum or additional contributions.
 - Planning template will be pre-populated with figures – including 2016-17 baseline as assured.
 - Opportunity to query baseline if all parties agree it is wrong.
- 3.2.3. NHS commissioned out of hospital services
- Ring-fenced amount for use on NHS commissioned out of hospital services. This will be set out in allocations.
 - This applies to the CCG minimum and covers any NHS commissioned service that is not acute care – can include social care.
 - Areas are expected to consider holding funds in a contingency if they agree additional targets for Non-Elective Admissions (NEA) above those in the CCG operational plan.
- 3.2.4. Managing transfers of care
- All local areas must implement the high impact change model for managing transfer of care.
 - This is also a condition of the iBCF grant. We expect the plans to be jointly agreed and funded.
 - Some local areas may already be implementing this model – this should be reflected in plans.
 - Discussions should involve trusts.
- 3.2.5. In addition to the National Conditions the BCF guide to assurance of plans indicates a further eleven planning requirements that contain twenty four ‘Key lines of enquiry’ that should be evidenced within the document. A copy of these can be found at **Appendix 3**.

3.3. Assurance Process and Timeline

- 3.3.1. As in 2016/17, plans will be assured regionally. Assurance will be co-ordinated by the Better Care Managers (BCMs) but decisions will be jointly made between NHS and local government assurers.
- 3.3.2. Assurance of plans in 2017 will take place in one stage, after which plans deemed to meet the requirements set out in the Policy Framework and Planning Requirements will be put forward for approval.
- 3.3.3. Plans rated ‘approved with conditions’ will be given permission to enter into s75 agreements on condition that any outstanding requirements are met by the date specified in the notification

3.3.4. Final decisions on plan approval will be agreed by NHS England and the Integration Partnership Board (IPB). These decisions will be based on the moderated recommendation of the regional assurance panel.

3.3.5. The assurance timeline is as set out in **Table 1** below.

Table 1

| | |
|------------------|---|
| 4 July | BCF Planning Requirements, BCF Allocations published |
| w/c 10 July | Planning Return Template circulated. |
| 21 July | First Quarterly monitoring returns on use of iBCF funding from local authorities. |
| 21 July | Local areas to confirm draft DToC metrics to BCST |
| 11 September | BCF planning submission from local Health & Wellbeing Board areas. All submissions. All submissions need to be sent to DCO teams and copied to england.bettercaresupport@nhs.net |
| 12-25 September | Scrutiny of BCF plans by regional assurers. |
| w/c 25 September | Regional moderation. |
| 2 October | Cross regional calibration. |
| From 6 October | Approval letter issued giving formal permission to spend (CCG Minimum). |
| w/c 10 October | Escalation panels for plans rated as 'not approved'. |
| 31 October | Deadline for areas with plans rated as 'approved with conditions' to submit updated plans. |
| 30 November | Section 75 agreements to be signed and in place. |
| November | Government will consider a review of 2018-19 allocations of iBCF for areas poorly performing. The funding will remain within local government, to be used for adult social care. |

4. Council priorities

The partnership arrangements with WCCG contributes to the Council priority for *Improving health and wellbeing, including independence for older people and the protection of vulnerable people*. The way it does this is through providing information, advice, assessment, support planning and support packages to adults with eligible mental health and learning disability needs.

5. Risk management

Risks and risk management is identified on page 24 of the Better Care Fund Plan at **Appendix 1**. A more detailed risk management plan will be included within the S75 agreement.

6. Financial implications

The approved funding streams for the Better Care Fund are as follows in Table 2. **Table 2**

| Funding Stream | 2017/18 (£) | 2018/19 (£) |
|--------------------------|------------------------|------------------------|
| CCG Minimum – LA | 8,114,069 | 8,268,236 |
| CCG Minimum – CCG | 11,559,246 | 11,778,872 |
| CCG Top-Up Funding – CCG | 5,000 | 1,831,000 |
| LA Funding (DFG) | 3,163,922 | 3,432,630 |
| iBCF1 Funding | 917,597 | 5,953,156 |
| iBCF2 Funding | 6,501,577 | 4,083,786 |
| OVERALL | 30,261,391 | 35,348,040 |

- 6.2 A summary of forecast expenditure allocated by Walsall Together Work-streams is detailed below in Table 3.

Table 3

| | 2017/18 Expenditure (£) | 2018/19 Expenditure (£) |
|--|--------------------------------|--------------------------------|
| <u>CCG Minimum Contribution</u> | <u>19,657,315</u> | <u>21,837,065</u> |
| Access to Services | 229,420 | 233,420 |
| Intermediate Care | 12,337,233 | 14,434,983 |
| Locality Working | 4,081,019 | 4,143,019 |
| Other | 1,086,550 | 1,107,550 |
| Resilient Communities | 1,923,093 | 1,918,093 |
| <u>Improved Better Care Fund</u> | <u>7,419,154</u> | <u>10,040,345</u> |
| Intermediate Care | 2,810,915 | 200,000 |
| Locality Working | 1,626,917 | 6,838,516 |
| Resilient Communities | 2,286,132 | 2,418,132 |
| Other (tbc) | 695,190 | 583,697 |
| <u>Local Authority Contribution</u> | <u>3,184,922</u> | <u>3,470,630</u> |
| Resilient Communities | 3,184,922 | 3,470,630 |
| Grand Total | 30,261,391 | 35,348,040 |

- 6.3 Significant work has been undertaken since the last submission to review the financial profile within the Better Care Fund to ensure that whilst the fund is pooled and utilised to commission health and care services in a joined up way and that budgets and commissioning responsibilities, including ownership of risks for each scheme, are clearly set out and agreed.
- 6.4 BCF funding is subject to being used in accordance with the final approved plan, which has demonstrated compliance with the conditions set out in the BCF policy framework for 2017-18 and the BCF planning guidance for 2017-18, and which

include the funding being transferred into pooled funds under a section 75 agreement.

- 6.5 These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG in your Health and Wellbeing Board area as to the use of the funding.

7. Legal implications

As with previous years, the Better care Fund will be governed by a S75 agreement between Walsall MBC and Walsall CCG. There is an expectation that agreements will be put in place by November 2017.

8. Procurement Implications

Related procurement activity has been identified within the Adult Social Care Commissioning Intentions and has been entered onto the Procurement Plan.

9. Property implications

- 9.1. The development of individual services within the Better Care Fund may have property implications, the exact impact of these developments is not yet known. As and when services are developed property implications will be considered through the relevant committees.

10. Health and wellbeing implications

- 10.1 Sustaining a range of high services will contribute to maintaining the health and wellbeing of people who need health and social care services. The Care Act 2014 places a duty upon local authorities to promote health and wellbeing in the population and to provide a sufficient level and range of services to meet need.
- 10.2 The Better Care Fund is a key part of the delivery of the Health and Wellbeing Board Strategy.

11. Staffing implications

- 11.1 The development of individual services will have implications for staffing within the directorate, the exact impact of these developments is not yet known, although, in the main it is likely to be positive. As and when services are developed staffing implications will be considered through JNCC and other relevant committees.

12. Equality implications

- 12.1. The plan does not favour any particular client group or individual with protected characteristics and therefore there are no equality implications to consider.
- 12.2 The development of individual services within the Better Care Fund may well have implications for Equality. The exact impact of these developments is not yet known, although, in the main it is likely to be positive. As and when services are

developed Equality Impact Assessments will be undertaken to determine any Equality impact.

13. Consultation

- 13.1 Formal public consultation in relation to the development of these proposals is not a requirement. Where required, there will be public consultation in the development of services that these proposals will fund.
- 13.2 The Health and Wellbeing Board considered the BCF plan on 21 August 2017 and has made recommendations to Cabinet as set out in paragraph 2.

Background papers

Cabinet Report 26 July 2017 - Improved Better Fund (iBCF) Funding Allocations and Spending Plan

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Paula Furnival
Executive Director

18 August 2017



Councillor Robertson
Portfolio holder

18th August 2017