

<b>Item No.</b> 8.	<b>Classification:</b> Open	<b>Date:</b> 26 July 2016	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Better Care Fund 2016/17	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Caroline Gilmartin – Director of Integrated Commissioning, Southwark CCG Dick Frak, Interim Director of Commissioning, Children’s and Adult’s Services, Southwark Council	

### **RECOMMENDATION(S)**

1. The board is requested to:
  - Note and approve the latest iteration of the Better Care Fund (BCF) plan
  - Note the work being undertaken to refresh Key Performance Indicators (KPIs) for all schemes and the process for the reallocation of slippage resulting from any individual scheme
  - Note that whilst there are clear governance routes in place, these may be subject to change in line with the broader Clinical Commissioning Group (CCG) and Council governance review

### **BACKGROUND INFORMATION**

2. The Better Care Fund is a national policy initiative that requires local areas to agree plans for the integration and transformation of health and care related services. Under these arrangements Southwark Council and the CCG need to agree plans for the use of a £22m budget, covering a range of health and care related services that effectively support people at risk in the community, reduce hospital and care home admissions and help people to be discharged smoothly and safely from hospital.
3. This year’s plan builds on the plan submitted for 2015/16 which was approved without conditions. The planning guidance for this year has changed considerably, and the plan has thus been updated accordingly. Our draft submission was submitted in May 2016, and we have recently been advised that our plan has been rated as being ‘fully assured’, one of only 4 London boroughs to achieve such a rating at the initial review stage.

### **KEY ISSUES FOR CONSIDERATION**

4. The attached paper gives full details of the proposed plan for 2016/17. The paper describes the intent of the BCF, and how the schemes included within it will help to meet these aims. A number of the schemes protect social services of benefit to health, shielding local services in the face of central funding reductions. Other schemes have a preventative angle, including funding for voluntary sector services for isolated older people, and telecare equipment that helps people live at home safely. Other schemes fund NHS services, in particular those around admissions avoidance, hospital at home services and mental health services. Resources are

provided to develop 7 day working, which is a key national condition. All the services are intended to reduce and delay the need for more intensive health and social care support in older people and people with long term conditions, and for the fund to be sustainable it is essential that they effectively reduce demand on the acute sector to release funds for community investment.

5. The BCF pot in 2016/17 is marginally smaller than in 2015/16 (£21,828,441 vs £21,967,610). This is as a result of changes to central allocations to Local Authorities which need to be channeled through the BCF. Previously there has been an allocation for Social Services capital grants which has now been removed, with an increase to the allocation for Disabled Facilities Grant. As the Capital Funding supported the development of a Dementia Centre, this was always going to be a one off cost, so there is no direct impact on the running of any other BCF schemes. There are also a number of other schemes which were granted monies for one off costs in 2015/16, such as £100k for equipment for Telecare. As these schemes were always going to be non-recurrent, they have now ceased, with that allocation now going to support existing schemes, such as Nightowls.
6. It should further be noted that whilst a spending plan for the BCF is included in the plan, this is for indicative purposes. Learning from last year has indicated that there is likely to be slippage from different schemes throughout the year, and it is advisable for us to have sufficient governance in place to allow for reallocations to take place in year. All schemes financial performance will be monitored on a monthly basis, with the Integrated Working Group agreeing in-year reallocations of funding. In addition, over the course of the next few weeks, 'Star Chambers' will be held with scheme holders for those projects which are deemed to be higher risk, or which need to revise their KPIs for the current year. Once this process is complete, all scheme-holders will be informed of their final allocations.

### **Policy implications**

7. In planning for the BCF for 16/17, we have also been mindful that we are likely to move to formal joint commissioning arrangements in Q3. As such, we would see this as a transitional year, and that significant focus will be given to reviewing and refreshing schemes and aligning them with joint commissioning intentions. Furthermore, it is felt that many schemes would benefit of a further year of 'bedding in' before they can be fully assessed, and therefore major changes are unlikely to take place until 17/18.
8. Alongside this, the firm intention of both the CCG and Local Authority is to set up the 'Partnership Commissioning Team' (PCT) during the course of 16/17. This will see many commissioning functions including children's, older adults and mental health become the responsibility of a joint CCG and Local Authority team. The BCF is an important building block for the development of this team, and we will work to ensure that BCF planning for 17/18 is incorporated into the development of the PCT.

### **Community impact statement**

9. Our approach has been made possible by the relatively strong performance of the BCF since its inception, with significant progress made on a number of areas including:
  - Low levels of Delayed Transfers of Care (DTOCs), with Southwark one of the

top 12 performers nationally, with delays less than a third of the national average

- Improvements to re-ablement services, with a reduction in the number of patients re-admitted to hospital. Over 90% of patients remain at home 90 days after discharge.
- Care home admissions have been kept at low levels. Thanks to services such as Re-ablement, Night Owls, and @home, more people are being able to be cared for at home, helping rebuild confidence and mobility and reducing need for long-term placements.

10. However, we know there is more that we can do. Emergency Admissions, whilst reducing in Q3, are higher for the year as a whole. Although reductions in emergency admissions are no longer a core metric for BCF plans, locally we will maintain our focus on reducing admissions in order to ensure that we continue to develop out of hospital services, and reduce pressure on acute hospitals.

### Resource and financial implications

11. Individual schemes will be monitored by the Adults Commissioning Development Group with the overview taken by the Integrated Working Group (IWG) and subsequently, Health and Social Care Partnership Board and Health and Wellbeing Board. The Head of Integration and System Resilience for the CCG and the Service Development Manager for the Council will also meet with individual schemeholders on a regular basis to track progress on implementation and operation of schemes and provide troubleshooting capability where required.

12. Finance teams from the CCG and Council have agreed a finance schedule for the year and processes for tracking expenditure. Should slippage occur on any individual scheme, the IWG will agree the reallocation of these funds to ensure that the full BCF allocation is spent in year to support reductions in delayed transfers of care, reduce admissions to hospital and support the integration of health and care services.

### Consultation

13. It is noted that extensive consultation with local people was undertaken ahead of the development of the 2015/16 BCF plan. As this years plan has not markedly changed from last years plan we have not run a similar exercise this year. However, as we move on to developing plans for 17/18, we will engage local residents to ensure that the spending plan for the BCF reflects the priorities of local people.

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Better Care Fund Planning Guidance	NHS England website	N/A
		<a href="https://www.england.nhs.uk/wp-content/uploads/2016/02/annex4-bcf-planning-requirements-1617.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/02/annex4-bcf-planning-requirements-1617.pdf</a>
Better Care Fund allocations	NHS England website	N/A
		<a href="https://www.england.nhs.uk/wp-content/uploads/2016/02/bcf-allocations-1617.xlsx">https://www.england.nhs.uk/wp-content/uploads/2016/02/bcf-allocations-1617.xlsx</a>

## APPENDICES

No.	Title
Appendix 1	Better Care Fund Plan 2015/17 (Appendix circulated separately)

## AUDIT TRAIL

<b>Lead Officer</b>	Caroline Gilmartin – Director of Integrated Commissioning, Southwark CCG Dick Frak, Interim Director of Commissioning, Children’s and Adult’s Services, Southwark Council	
<b>Report Author</b>	David Smith – Head of Integration and System Resilience, Southwark CCG	
<b>Version</b>	Final	
<b>Dated</b>	23 June 2016	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
List other officers here		
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	4 July 2016	