
Better Care Fund 2016/17

1. Introduction/Background

- 1.1 The Better Care Fund (BCF) is a government initiative established to fast track integration with Health and Social Care. 2015/16 was the first year of implementation, all Councils and CCGs had to agree a plan and then obtain approval from their Health and Wellbeing Boards.
- 1.2 As it was a General Election year it was announced as a one year programme, consequently there was some uncertainty about its existence in future years. The recent Spending Review confirmed that BCF would continue into 2016/17 and that the allocations would be slightly higher as the national pot had been increased by 1.9%.
- 1.3 Going forward the Better Care Fund team has indicated that where systems are able to demonstrate real progress in their plans for integration it will be possible to 'graduate' from the BCF process.

2. BCF National Policy Framework - Assurance

- 2.1 In common with last year all of the work delivered through the BCF has to meet a number of conditions. A BCF Policy framework published in January confirmed the details, importantly for the local authority 'Maintain provision of social care services' was still included as one of a number of national conditions (see appendix C). In addition two new conditions have been introduced:
 - (1) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
 - (2) Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care
- 2.2 We have agreed with the CCG how these new conditions will be met and they are described in the plan narrative.

3. West Berkshire Locality BCF Plan

- 3.1 Despite delays within the Department of Health in confirming both the timeline and the technical guidance the Council and the CCGs were able to commence negotiation of the 2016/17 financial plan; details of the initial proposals were discussed at Operations Board on the 14th January
- 3.2 Subsequent to this meeting, allocations for localities were published. These confirmed the CCG minimum contribution at £8.807m, an increase of £279k and an increase in the capital grants to the Council (routed through the BCF) from £1.005m to £1.4m.
- 3.3 The Department of Health (DofH) has also confirmed that the Social Care Capital Grant will be discontinued from 2016/17 and instead has combined the Disabled

Facilities Grant (DFG) and Social Care Capital Grant into one in order to maximise value for money. DofH research suggests the DFG can support people to remain independent in their own homes – reducing or delaying the need for care and support, and improving the quality of life of residents.

- 3.4 Nationally, there has been an average 11% increase in the capital allocations of the DFG. West Berkshire is an outlier receiving a 39% increase. Alongside this funding increase the BCF plan now includes a requirement to confirm how the Council plan to use the grant in the coming year.
- 3.5 In the local plan we have agreed with the CCG that £4.367m will now be provided in the 2016/17BCF to 'Maintain provision of social care services. This reflects a real terms increase on last year's amount, £4.021m, and fulfils the guidance that 'As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This allocation also recognises the huge financial challenges facing the council as a result of the very poor financial settlement.
- 3.6 The amount includes the £408k invested in the Joint Care Provider scheme. We very much consider this as our local flagship scheme; it has seen much closer working between the council and BFHT resulting in less duplication and good performance levels despite unprecedented challenges for the acute Trusts. The £408k allows us to maintain the existing capacity of our reablement service.
- 3.7 £500k has also been included to help us continue to deliver 7 Day Week Services. The council has made a number of changes to ensure a social work presence in hospitals at the weekend to ensure discharge is not now limited to weekdays. The intention is to build on this good work with other hospitals we work with and to extend our focus into the community to address non elective admissions.
- 3.8 The amount also includes funding for West of Berkshire projects. These include 'Connected Care' ,an ICT project that aims to support more effective information sharing across health and social care, a key requirement of any integration programme and 'Care Homes' which focuses on reducing the disproportionately high number of non elective admissions from care homes.
- 3.9 We have also agreed with the CCG to include investment related to the contract held with BFHT totalling £1,889,000. This covers a range of services including intermediate care, speech and language therapy and the community geriatrician.
- 3.10 The full Expenditure Plan can be found at Appendix D.
- 3.11 Both the Expenditure plan and supporting narrative (Appendix E) has been agreed with the CCG.
- 3.12 NHS England introduced a new Key Lines of Enquiry this year with the aim of reducing the burden and providing greater clarity about what they are looking for as part of the assurance process.

4. BCF Assurance Process

- 4.1 For 2016/17 the assurance is being managed collaboratively between NHS England, the Local Government Association and Association of Directors of Adult

Social Care. We are working to timeline to ensure final ratification by April, key dates shown below:

- (1) First draft of the financial plan submitted to NHS England 2nd March
- (2) Full BCF plan submission 21st March
- (3) BCF draft assurance rating 6th April
- (4) Council and Health and Wellbeing Board sign off 14th April
- (5) Final Plans, following Health and Wellbeing sign off, 25th April

4.2 The first two deadlines have been met, see narrative appendix B.

4.3 Following submission of the planning template initial feedback has not highlighted any real challenges; there have been a couple of questions of clarification around funding of social care, risk fund and approach to non-elective admissions. All have been addressed.

4.4 There has also been one assurance discussion with the ADASS/LGA representative. Feedback was largely positive, only suggested change was to re-word commentary on risk sharing to make it clearer.

4.5 The BCF team have confirmed that they will be confirming the draft rating on 6th April, this will take account the combined view of NHS England and ADASS/LGA. We will then work to incorporate any changes/provide clarification to ensure we can make a successful submission on the 25th April.

5. Conclusion

5.1 The 2015/16 BCF has provided significant learning that should allow us to build on and plans for the coming year. We are clear on the projects for the coming year and the financial plan that underpins them and recommend that they are agreed.

6. Consultation and Engagement

Steve Duffin

Roz Haines

Patrick Leavey

Shairoz Claridge – Director of Operations, NDCCG

Perry Lewis - Finance Lead – Berkshire West 10 Integration Programme

Background Papers:

Subject to Call-In:

Yes: ☐ No: ☒

The item is due to be referred to Council for final approval

☐

Delays in implementation could have serious financial implications for the Council

☒

Delays in implementation could compromise the Council's position

☐

Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months

☐

Item is Urgent Key Decision

☐

Report is to note only

☐

Wards affected:

This is a national initiative therefore all wards

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aim:

- ☐ **BEC – Better educated communities**
- ☐ **SLE – A stronger local economy**
- ☒ **P&S – Protect and support those who need it**
- ☐ **HQL – Maintain a high quality of life within our communities**
- ☐ **MEC – Become an even more effective Council**

The proposals contained in this report will help to achieve the following Council Strategy priority(ies):

- ☐ **BEC1 – Improve educational attainment**
- ☐ **BEC2 – Close the educational attainment gap**
- ☐ **SLE1 – Enable the completion of more affordable housing**
- ☐ **SLE2 – Deliver or enable key infrastructure improvements in relation to roads, rail, flood prevention, regeneration and the digital economy**
- ☐ **P&S1 – Good at safeguarding children and vulnerable adults**
- ☐ **HQL1 – Support communities to do more to help themselves**
- ☐ **MEC1 – Become an even more effective Council**

The proposals contained in this report will help to achieve the above Council Strategy aims and priorities by

Officer details:

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Appendix B

Equality Impact Assessment - Stage One

We need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Stage Two, Equality Impact Assessment is required.

Name of policy, strategy or function:	Better Care Fund Programme 2016/17
Version and release date of item (if applicable):	V.01
Owner of item being assessed:	Tandra Forster
Name of assessor:	Tandra Forster
Date of assessment:	10 th March 2016

Is this a:		Is this:	
Policy	No	New or proposed	No
Strategy	Yes	Already exists and is being reviewed	Yes
Function	No	Is changing	No
Service	No		

1. What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?	
Aims:	The Better Care Fund Programme is a initiative established to promote greater integration between health and social care.
Objectives:	To outline the project initiatives and associated investment for the West Berkshire Locality Better Care Fund.
Outcomes:	The range of projects will help promote better integration between health and social care services, meet the national conditions as set out in the Better Care Fund Policy Framework.
Benefits:	Improved the experience of health and social care services for local residents by reducing duplication of services, increase access to health and social care by implementing 7 day work, better information sharing, protecting existing provision of social care.

2. Note which groups may be affected by the policy, strategy, function or service. Consider how they may be affected, whether it is positively or negatively and what sources of information have been used to determine this.

(Please demonstrate consideration of all strands – Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation.)

Group Affected	What might be the effect?	Information to support this
Age	Improved access to services both in terms of pathways and availability	National conditions - see attached BCF Policy Framework Range of projects within the locality support this and robust assurance process is in place to ensure compliance.
Disability (frail elderly)	Improved access to services both in terms of pathways and availability	National conditions - see attached BCF Policy Framework Range of projects within the locality support this and robust assurance process is in place to ensure compliance.
Gender	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Marriage and civil partnership	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Pregnancy and maternity	No impact	This programme of work is currently focused on frail elderly
Race	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Sex	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Sexual Orientation	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Further Comments relating to the item:		

3. Result

Are there any aspects of the policy, strategy, function or service, including how it is delivered or accessed, that could contribute to

No

inequality?	
Please provide an explanation for your answer: The proposals are intended to enhance service provision and outcomes for service users/patients	
Will the policy, strategy, function or service have an adverse impact upon the lives of people, including employees and service users?	No
Please provide an explanation for your answer: The proposals are intended to enhance service provision and outcomes for service users/patients. Appropriate arrangements are in place which mean employees are not disadvantaged by any new arrangements.	

If your answers to question 2 have identified potential adverse impacts and you have answered 'yes' to either of the sections at question 3, or you are unsure about the impact, then you should carry out a Stage 2 Equality Impact Assessment.

If a Stage Two Equality Impact Assessment is required, before proceeding you should discuss the scope of the Assessment with service managers in your area. You will also need to refer to the Equality Impact Assessment guidance and Stage Two template.

4. Identify next steps as appropriate:	
Stage Two required	
Owner of Stage Two assessment:	
Timescale for Stage Two assessment:	
Stage Two not required:	X

Name: Tandra Forster

Date: 10.03.16

Please now forward this completed form to Rachel Craggs, the Principal Policy Officer (Equality and Diversity) for publication on the WBC website.