

<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board	29 January 2016
<b>Subject:</b> Better Care Fund 2016-17	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Decision</b>

### Summary

The Better Care Fund (BCF) was first introduced to the Health and Wellbeing Board in January 2014. The City of London has had its own BCF plan for 2015/16 which was approved by the Board in September 2014. It is a requirement that BCF plans are signed off by local Health and Wellbeing Boards.

The Comprehensive Spending Review in November 2015 announced funding for the 2016/17 BCF and an outline timetable for submission of the plans has been set out.

This report provides the Board with information about the framework for the 2016/17 BCF and the proposed timetable for its development.

Given the cycle of Health and Wellbeing Board meetings and the proposed BCF timetable, it may be necessary to delegate authority to approve the plan in order to meet the deadlines for submission.

### Recommendation(s)

Members of the Health and Wellbeing Board are asked to:

- Note the report.
- Delegate authority to the Director of Community and Children's Services in consultation with the Chairman to approve priorities and content of the Better Care Fund Plan where the timescales do not fit with the cycle of full Health and Wellbeing Board meetings.

### Main Report

#### Background

1. The Better Care Fund (BCF) aims to facilitate the integration of health and social care services at a local level. It requires Clinical Commissioning Groups (CCGs) and local authorities in every area to pool budgets and agree an integrated spending plan for how they will use their BCF allocation. In 2015-16, the Government committed £3.8bn to the BCF with many local areas contributing an additional £1.5bn taking the total BCF fund to £5.3bn. The City of London pooled

budget for 2015/16 was £776,000 and the plans were agreed, as required, by the Health and Wellbeing Board.

2. For 2016/17, the national BCF will be increased to a mandated minimum of £3.9bn, subject to the conditions set out in paragraph 3 below. The local flexibility to pool more than the mandatory amount will remain. Further details are awaited on the allocations for the BCF and are expected shortly. Officers will update the Board on developments at the 29 January meeting.
3. NHS England have set the following conditions which local areas will need to meet to access the funding:
  - A requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
  - A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed off by the relevant local authority and CCG
  - A requirement that plans are approved by NHS England in consultation with the Department of Health and the Department of Communities and Local Government
  - A requirement that a proportion of each area allocation will be subject to a new condition around NHS commissioned out-of-hospital services, which may include a wide range of services including social care.
4. There are also a number of national conditions which plans have to demonstrate how they will meet:
  - Plans to be jointly agreed between local CCGs and local authorities
  - Maintain provision of social services;
  - Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings and to facilitate transfer to alternative care settings where clinically appropriate;
  - Better data sharing between health and social care, based on the NHS number;
  - Ensure a joint approach to assessments and care planning and 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 providers that are predicted to be substantially affected by the plans

These national conditions were applied to the 2015/16 plans and will remain for 2016/17. There will be an additional two national conditions for 2016/17 which will replace a £1bn performance fund (included in the £3.8bn noted in paragraph 1) which had existed in the BCF for 2015/16. These are:

- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on a local action plan to reduce delayed transfers of care.

5. In the 2015-16 BCF framework, local areas were asked to set targets against the following five metrics:
  - Admissions to residential care homes
  - Effectiveness of reablement
  - Delayed transfers of care
  - Patient / service user metric
  - A locally proposed metric
6. The Health and Wellbeing Board are the accountable body for the BCF and will be required to approve the priorities and the final submission for the BCF.

### **Current Position**

7. The proposed timetable for the submission of the plans for BCF 2016/17 is as follows:
  - Initial submission (headline finance and proposals) 8 February 2016
  - Revised submission mid-March (exact date to be confirmed)
  - Final submission mid – late April 2016 (exact date to be confirmed)
8. The timing of Health and Wellbeing Board meetings and the revision of any timetables for BCF submissions mean that it may not be possible to align the sign off process with full Health and Wellbeing Board meetings. Where this is the case, it is proposed that authority is delegated to the Director of Community and Children's Services, in conjunction with the Chairman of the Health and Wellbeing Board, to agree the priorities for the BCF and the submissions.
9. Officers will give an update at the 29 January meeting on the funding position and proposals that will be submitted on 8 February.
10. The Health and Wellbeing Board will continue to be the accountable body for the BCF and its performance.

### **Corporate & Strategic Implications**

11. The BCF fits with the Corporate Plan under the following priorities:
  - KPP2** Improving the value for money of our services within the constraints of reduced resources
  - KPP3** Engaging with London and national government on key issues of concern to our communities such as transport, housing and public health
12. The Department of Community and Children's Services Business Plan includes the strategic priorities of health and wellbeing and efficiency and effectiveness.

13. The Government's agenda of promoting integrated care is designed to put the person at the heart of the services they receive, to maximise the opportunity for innovative services, to create a new culture within health and social care and to deliver cost efficiencies.

### **Implications**

14. Given the City of London residential population is small compared with other local authorities, having separate pooled budgets of each integration project would not be viable. For the 2015/16 fund, the whole fund was combined into one City-specific pooled budget and it is proposed that this approach is taken again.

15. Once further details of the allocation and proposed priorities are developed, specific financial and legal advice will be required. If any joint-funded posts were developed as a result of the fund then HR advice on management arrangements would also be required.

### **Conclusion**

16. The BCF provides an opportunity to further integrate health and social care services at a local level. The Health and Wellbeing Board will be required to agree the priorities and submissions for the City of London BCF plan for 2016/17. Further details for the 2016/17 programme will be published by NHS England shortly.

### **Appendices**

- None

### **Background Papers**

- Health and Wellbeing Board Paper 31 January 2014
- Health and Wellbeing Board Paper 1 April 2014
- Health and Wellbeing Board Paper 27 November 2015

### **Ellie Ward**

Programme Manager

T: 020 7332 1535

E: [ellie.ward@cityoflondon.gov.uk](mailto:ellie.ward@cityoflondon.gov.uk)