

TITLE OF REPORT: The Gateshead Better Care Fund Submission 2017-19

Purpose of the Report

1. To seek the approval of the Health & Wellbeing Board to the Better Care Fund submission for Gateshead (2017-19).

Background

2. The Better Care Fund (BCF) was originally announced by the Government in the June 2013 spending round, with the goal to secure a transformation in integrated health and social care. The BCF created a local single pooled budget to incentivise the NHS and local government to work more closely together around the needs of people, placing their wellbeing as the focus of health and care services, and shifting resources into community and social care services for the benefit of local people, communities and the health and care economy. A BCF Plan was initially developed for the period 2014-16 and a second Plan was developed for 2016/17.
3. The 2017-19 Integration and BCF national policy framework was published in March 2017, followed by supporting planning guidance in July 2017. The guidance set out the requirement to develop a two-year BCF plan for the period 2017-19. This incorporates the new improved BCF (IBCF) which is made up of the funding allocated in the 2015 spending review and that allocated in the 2017 spring budget. The IBCF grant determination was issued by DCLG in April 2017 which included conditions on the use of the grant.

Gateshead BCF Plan Submission 2017-19

4. The Gateshead BCF submission for 2017-19 has been developed working closely with colleagues at Newcastle Gateshead CCG. Engagement has also taken place with Gateshead Health NHS FT and Northumberland, Tyne & Wear NHS FT. The submission timeline also provides for consideration by the Gateshead Voluntary Sector Health & Wellbeing Advisory Group (paragraph 18 below refers).
5. The submission is in two parts:
 - A Narrative Plan that addresses the key requirements of national planning guidance (the latest version is attached at Appendix 1);
 - A supporting Planning Template which sets out further detail on metrics, proposed expenditure and national conditions (attached at Appendix 2).
6. The key thread which runs through our submission is that the BCF forms part of a broader picture in working towards the integration of health and social care services for the benefit of local people and therefore should not be seen isolation. Our

submission for 2017-19 references work to develop an out-of-hospital model for Gateshead (People, Communities & Care):

- Building upon our 2016/17 submission, the BCF will transition into the Gateshead People, Communities & Care (PCC) model.
- Work programmes/schemes funded through BCF will naturally 'migrate' to the 'care and support' component of our PCC model (and more specifically the 'intermediate care' component).
- Work is also underway to consider a system 'outcomes framework' for our PCC model.

Resources

7. The total BCF pooled fund can be summarised as follows:

- 2017/18: £22.8 m (£5.9m relates to IBCF)
- 2018/19: £25.3 m (£8m relates to IBCF)

	2016/17 £000	2017/18 £000	2018/19 £000
Disabled Facilities Grant	1,480	1,602	1,724
CCG Minimum Contribution	9,110	9,273	9,449
Care Act Funding from CCG Minimum Contribution	614	614	614
Social Care from CCG Minimum Contribution	5,284	5,390	5,504
Improved Better Care Fund	-	5,922	8,040
Total Better Care Fund	16,488	22,801	25,331

8. As in previous years, there is a requirement that BCF monies are transferred into one or more pooled funds. It is intended to continue with current arrangements which will be governed by a Section 75 agreement.

BCF Schemes 2017-19

9. Previously, the BCF plan has included 11 core schemes but as these go back to 2014/15 it is now intended to group these under five broad areas which better reflect current arrangements and current priorities:

- Service Transformation
- Market Shaping and Stabilisation
- Managing discharges and admission avoidance
- Planned care
- Service pressures

10. In addition, there is also specific provision for:

- Disabled Facilities Grant
- Carers

11. The BCF submission illustrates how the original schemes have migrated across to the new scheme descriptors, which are also consistent with the scheme descriptors for the Improved BCF.

National Conditions

12. The BCF submission sets out how we will continue to meet national conditions set out in the guidance and how health and social care are working together to deliver them. The conditions are:
 1. A jointly agreed plan
 2. Social care maintenance (NHS contribution to Social Care)
 3. Agreement to invest in NHS commissioned out of hospital services
 4. Managing transfers of care - Implementation of the 'High Impact Change Model'
13. In relation to social care maintenance, the amount transferred from the CCG to the Council has been maintained in line with inflation, as per the national planning guidance minimum increases of 1.79% 2017/18 and 1.9% 2018/19. In addition, the majority of the IBCF is being utilised to meet adult social care pressures, including uplifts in the national living wage, and has allowed scope to begin shaping the provider market.
14. The management of transfers of care is a key national focus and it is already clear that performance will be monitored closely by NHS England. All areas are required to implement a 'High Impact Change Model' for managing transfers of care. Eight high impact changes have been identified around early discharge planning, monitoring patient flows, discharge to assess, trusted assessors, multi-disciplinary discharge support, seven day services, a focus on choice and enhancing health in care homes. BCF plans are required to set out how local partners will work together to implement the model.

BCF Metrics

15. Areas are required to continue to set targets for the following four metrics over the period of 2017-19 plan:
 - Delayed transfers of care;
 - Non-elective admissions (General and Acute);
 - Admissions to residential and care homes; and
 - Effectiveness of reablement.

Plan Delivery and Governance

16. The delivery of the plan will be governed by a Section75 agreement which will set out respective responsibilities of the Council and CCG. Delivery will be overseen by the BCF Programme Board, including senior officers from the Council and CCG. Updates will also be reported regularly to the Health & Wellbeing Board.

Sign-off Arrangements

17. Similar to previous years, there is a requirement that the BCF Plan submission is signed off by the Health & Wellbeing Board, the local authority and Clinical Commissioning Group.
18. The submission deadline to NHS England is 11th September and key dates from the Plan timeline include the following:

	Date of Meeting
CCG Executive	15 th & 22 nd August
Council's Care Wellbeing & Learning Group Management Team	24 th August
Council's Strategy Group	30 th August
Joint Portfolio Meeting	4 th September
Voluntary Sector Health & Wellbeing Advisory Group	7 th September
Health & Wellbeing Board	8 th September
Cabinet (retrospectively)	19 th September

Assurance/Moderation & NHS England Approval

19. Similar to previous years, Plan assurance will include moderation at NHS regional level. The three assurance categories set out in the planning guidance are:
 - Approved
 - Approved with Conditions
 - Not approved
20. If a Plan is 'Approved' or 'Approved with Conditions', the area will receive authorisation to enter into a formal Section 75 agreement and the CCG authorised to release money from the BCF ring-fence. The notification will make clear any planning requirements that were not met, the actions required to receive full approval, and the date by which this should be done. If a Plan is 'Not Approved', the Better Care Support Team will commence an escalation process to oversee prompt agreement of a compliant plan.

Recommendations

21. The Health and Wellbeing Board is asked to approve the Gateshead BCF submission for 2017-19.

Contact: John Costello (0191) 4332065