

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

REPORT OF: Caroline O'Neill, Strategic Director, Care, Wellbeing & Learning

Purpose of the Report

1. To seek the endorsement of Cabinet to the Better Care Fund submission for Gateshead for 2017-19 in order to support health and social care services to provide integrated care for the benefit of local people in ways that are sustainable for the local health and care economy.

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.
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 provided for consideration by the Gateshead Voluntary Sector Health & Wellbeing Advisory Group (paragraph 20 of Appendix 1 refers).
5. The submission is in two parts:
 - A Narrative Plan that addresses the key requirements of national planning guidance;
 - A supporting Planning Template which sets out further detail on metrics, proposed expenditure and national conditions.

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 and therefore should not be seen isolation.

Proposal

7. The Health & Wellbeing Board approved the BCF submission for Gateshead at its meeting on 8th September 2017, prior to submission to NHS England by the deadline of 11th September, as laid down by government. However, the Board requested that a statement be added to the BCF Narrative Plan setting out concerns about government expectations relating to local performance against the metric for Delayed Transfers of Care (paragraphs 18 to 20 of Appendix 1 refers) and the narrative plan was amended accordingly prior to submission to NHS England.
8. The endorsement of Cabinet is now sought to the BCF submission for Gateshead.

Recommendations

9. Cabinet is asked to endorse the 2017-19 Better Care Fund submission for Gateshead as set out in Appendix 1.

For the following reasons:

- (i) To enable the Council, working with local partners and local communities, to take forward the 2017-19 Better Care Fund plan for Gateshead to support integrated health and care for the benefit of local people.
- (ii) To help ensure that the health and care economy is sustainable for the future and is in a position to respond to demographic and funding pressures across the system.

CONTACT: John Costello Ext 2065

Policy Context

1. The Better Care Fund (BCF) submission for Gateshead supports the aspirations set out in Vision 2030 and the Council Plan - in particular, our goals for Live Well Gateshead where older people are independent and part of community life and those who need help have access to appropriate joined up services that make a difference to the quality of their life.
2. It also supports the key system improvement and thematic priorities of the Health & Wellbeing Strategy 'Active, Healthy and Well' Gateshead.

Background

3. 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.
4. 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

5. 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 provided for consideration by the Gateshead Voluntary Sector Health & Wellbeing Advisory Group (paragraph 20 below refers).
6. The submission is in two parts:
 - A Narrative Plan that addresses the key requirements of national planning guidance;
 - A supporting Planning Template which sets out further detail on metrics, proposed expenditure and national conditions.
7. These documents can be accessed through the following link:
(<http://www.gateshead.gov.uk/Health-and-Social-Care/Gateshead-Better-Care-Fund.aspx>).

8. 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 in 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

9. 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

10. 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

11. 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
12. In addition, there is also specific provision for:
- Disabled Facilities Grant
 - Carers

13. 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

14. 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'
15. 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.
16. 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

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

Delayed transfers of care (DTOC) Metric

18. In relation to delayed transfers of care (DTOC), the government set a target for reducing DTOC nationally to 3.5% of occupied bed days by September 2017. This equates to the NHS and local government working together so that, at a national level, DTOC are no more than 9.4 in every 100,000 adults (i.e. equivalent to a DTOC rate of 3.5%). Government envisages that joint achievement of this national target would release around 2,500 beds. It is acknowledged that this is a system wide obligation and responsibility for delivery is not limited to the BCF; nevertheless, it is expected that activity in BCF plans will contribute to meeting it. Consequently, each local authority is required to agree a target for reducing social

care attributed DTOCs in 2017/18 as part of BCF planning in the same way that the local NHS is required to set a target for NHS attributed DTOC. The expectation is that local health and social care systems work together to achieve the expected reductions in DTOC.

19. The 'expected' reduction in social care attributed DTOC for Gateshead is challenging - from approximately 7 people on average delayed per day (February 2017 baseline) to 4 people on average delayed per day by September 2017 and to be maintained through the year. The guidance also states that government will consider a review, in November 2017, of 2018-19 allocations of the social care funding provided at Spring budget 2017 for areas that are poorly performing (see paragraph 27a below of the Financial Implications section).
20. In the light of this, the Health & Wellbeing Board at its meeting on 8th September asked that a statement be inserted within the BCF Narrative Plan. The Board felt the statement should emphasise the following:
 - whilst local partners will work closely together to reduce DTOCs which is important to the sustainability of the local health and care system, the Council has concerns about national expectations for this metric given the significant pressures on social care services and the potential review of 2018-19 allocations of Improved BCF Funding for areas that are poorly performing;
 - Gateshead DTOC trajectories have nevertheless been set in line with national requirements even though the national performance framework for how timely and effectively people are discharged from hospital incorporates no real assessment of the capacity and pressures faced locally.

Plan Delivery and Governance

21. The delivery of the plan will be governed by a Section 75 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

22. 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.
23. The submission deadline to NHS England was the 11th September and key dates from the Plan timeline include the following:

	Date of Meeting
CCG Executive	15 th & 22 nd August 2017
Council's Care Wellbeing & Learning Group Management Team	24 th August 2017
Council's Strategy Group	30 th August 2017
Joint ASC and H&W Portfolio Meeting	4 th September 2017
Voluntary Sector Health & Wellbeing Advisory Group	7 th September 2017
Health & Wellbeing Board	8 th September 2017

Assurance/Moderation & NHS England Approval

24. 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
25. 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.

Consultation

26. The submission was considered by the Health & Wellbeing Board at its meeting on 8th September 2017 and by the Joint Adult Social Care and Health & Wellbeing Joint Portfolio meeting on 4th September 2017.

Alternative Options

27. An alternative option would have been not to have submitted a Better Care Plan for 2017-19 for Gateshead. However, this would not be consistent with government guidance to secure approval to access resources linked to the BCF and it would have represented a missed opportunity in taking forward our health and care integration plans for the benefit of local people.

Implications of Recommended Option

28. **Resources:**

- a) Financial Implications** – the Strategic Director, Corporate Resources confirms that provision has been made within the Council's budget for the Better Care Fund in 2017-18. In July, Cabinet approved the Q1 Revenue Monitoring report which also increased the Adult Social Care budget 2017/18 in line with the additional Improved Better Care Fund announced as part of the spring budget. The Medium Term Financial Strategy includes assumptions regarding the 2018/19 Better Care Fund, including the Improved Better Care Fund, as announced in the Spring Budget, to ensure the funding can be utilised in line with the plan. The Better Care Fund planning requirements do, however, refer to the Government considering a review, in November 2017, of the 2018/19 allocations of funding provided in the Spring Budget for areas that are performing poorly against their delayed transfers of care targets.
- b) Human Resources Implications** – there are no human resources implications arising directly from this report, although implementation of the BCF plan as part

of longer term plans will have workforce implications across the local health and care economy.

c) Property Implications – there are no property implications arising directly from this report.

29. **Risk Management Implications** – details of the risks linked to the Better Care Fund and mitigating actions are outlined in the BCF Narrative Plan.
30. **Equality and Diversity Implications** – there are no equality and diversity implications arising directly from this report.
31. **Crime and Disorder Implications** – there are no crime and disorder implications arising directly from this report.
32. **Health Implications** – the Better Care Fund plan for Gateshead is aimed at supporting health and social care services to provide more care in out-of-hospital settings, closer to peoples' homes for the health and wellbeing benefit of local people and in ways that are sustainable for the local health and care economy.
33. **Sustainability Implications** – there are no sustainability implications arising directly from this report.
34. **Human Rights Implications** – there are no human rights implications arising directly from this report.
35. **Area and Ward Implications** – all wards will be affected. The models of care set out in the BCF submission provides for health and social care to be wrapped around local populations.

Background Information

36. The following documents were used in the preparation of this report:
 - (i) The 2016/17 Better Care Fund submission for Gateshead.
 - (ii) Better Care Fund quarterly planning returns to NHS England for 2016/17.
 - (iii) Provisional Better Care Fund Delayed Transfers of Care metrics return to NHS England (July 2017).
 - (iv) The Improved Better Care Fund 1st quarterly return to DCLG (July 2017).