

By: Roger Gough, Chairman - Health and Wellbeing Board

To: Health and Wellbeing Board – 16 March 2016

Subject: **Better Care Fund 2016/17**

Classification: Unrestricted

Summary: This paper presents an update on the Better Care Fund 2016/17 in relation to the Policy and Planning Requirements; Financial Allocations; Assurance and Approval process.

FOR INFORMATION

1. Introduction

1.1 The purpose of this report is to update Board members on the way in which the Better Care Fund (BCF) will be implemented in the financial year 2016/17. This is based on the national policy framework and financial allocations which have recently been issued.

1.2 The published information confirms that the Department of Health (DH) and the Department for Communities and Local Government (DCLG) worked in partnership with the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and NHS England (NHSE) to develop the guidance. Even so, in line with the legal framework, NHS England has reserved power to make final decisions.

2. Key Policy and Planning Requirements

2.1 As with the previous guidance, the latest document reiterates that BCF funding covers the minimum level of pooled fund and therefore it is open to local areas to decide if they wish to put in more than the specified minimum level.

2.2 The guidance makes it clear that the Health and Wellbeing Board, as well as the constituent Councils and CCGs, should sign off the plan. There are seven national conditions which local area plans must address. These relate to:

- (1) a condition to maintain (protect) the provision of social care;
- (2) a condition of making progress towards seven-day services;
- (3) a condition of better data sharing between health and social care using the NHS number;
- (4) a condition that there should be a joint approach to assessment and care planning;
- (5) a condition that the impact of the changes on NHS providers are factored into plans;
- (6) a condition that some of the money is invested in NHS-commissioned out-of-hospital services and;
- (7) a condition that local action plans should tackle delayed transfer of care.

2.3 There is confirmation that the Pay for Performance element of the BCF allocation, relating to the target to reduce non-elective admissions, has gone. It has been replaced with a requirement that the NHS is required to invest in out-of-hospital services. It appears that this is seeking to address the fact that, with more and more people being supported in the community, it comes with additional cost for which the NHS should have some ongoing responsibility. Recently, two of the four Acute Trusts are attempting to implement charging KCC fines for delayed transfer of care, which is unhelpful in terms of diverting resources away from the expenditure which actually addresses the problems.

2.4 It is worth stating that the Care Act contains a discretionary provision that acute trusts can choose to exercise in terms of whether to charge the local authority a penalty fine for delayed discharge days. The long-held agreement in Kent is that the fines system should not be used; instead we would re-invest resources in services.

2.5 The Social Care Capital Grant (SCCG) has transferred to the Disabled Facilities Grant (DFG), however, the funding process remains largely unchanged with funding routed through KCC to District and Borough Councils. The guidance confirms that “In order to maximise value for money of central funding, the Department of Health has concentrated its social care capital grant funding into the Disabled Facilities Grant, as research suggests it 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.” KCC is working with the District and Borough Councils to develop integrated working. It is very important that KCC reaches agreement with the District and Borough Councils otherwise there is likely to be a negative impact for all organisations.

2.6 There is an opportunity here to fully exploit technologies to support people in their own homes. The recent contract for the integrated community equipment services, for which KCC is the administering body, means that Kent should be in a better position to do more in this area.

2.7 The guidance recognises that local authorities have increased responsibility for prevention and carers’ support. The guidance further reminds CCGs that they have ongoing responsibility for reasonable investment in carer-specific support.

2.8 Also, the BCF plan needs to be seen in context of the Sustainability and Transformation Plans (STP). They are related and inter-dependent, and NHSE expects the impact of the BCF to be identified separately.

2.9 The decision that additional BCF funding will be made available to local authorities was confirmed in the Spending Review and Autumn Statement 2015. The Government’s blue book states that “From 2017-18, the government will make funding available to local authorities, worth £1.5bn by 2019-20, to be included in the Better Care Fund”. This could be interpreted as an expectation that local authority BCF and health authority BCF funds are to be pooled, which implies there may be strings attached to the local authority element, despite DCLG assurances to the contrary.

3. Overview of the Better Care Fund Allocations

3.1 In 2015/16, the national allocation for the Kent Better Care Fund was £101m. For 2016/17 this has been increased to £105m. The Social Care Capital Grant has ceased and the Disabled Facilities Grant has been increased from £7.2m to £14m. The detailed allocations are as follows:

Contributions from Partners to Better Care Fund	£m Contribution	Summary of what is included
Social Care Contribution (via CCG's)	£32.380m	Includes £28.742m Protection of Social Care and £3.545m for Care Act Implementation.
CCG Contribution	£59.792m	Includes Carer's Break Funding £3.443m; Out of Hospital Commissioned Services (ring fenced) £26.192m.
District/Borough Councils Contribution	£13.128m	Disabled Facilities Grant.
Total BCF Funding in the S75 Agreement 2016/17	£105.300m	

4. Assurance and Approvals Process

4.1 It is expected that local Better Care Fund plans will be agreed in line with the guidance. The key elements of the assurance and approval process, and the timescales, are being revised due to a delay in issuing the detailed planning guidance. The indicative final submission date is 25 April and the final plan is not likely to be ready for sign-off until after the March Health and Wellbeing Board and so would need to be signed off before the next meeting in May.

First BCF submission (following CCG Operating Plan submission on 8 Feb), agreed by CCGs and local authorities, to consist of: BCF planning return only All submissions will need to be sent to DCO teams and copied to england.bettercaresupport@nhs.net .	2 March 2016
Assurance of CCG Operating Plans and BCF plans	March 2016

Second submission following assurance and feedback, to consist of: Revised BCF planning return High level narrative plan All submissions will need to be sent to DCO teams and copied to england.bettercaresupport@nhs.net	21 March 2016
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25 April 2016
All Section 75 agreements to be signed and in place	30 June 2016

5. Recommendations

5.1 It is recommended that:

The Health and Wellbeing Board note the progress made to date on developing the Kent Better Care Fund 2016/17.

In order to submit the final plan on 25 April 2016, the Better Fund Plan will be signed off before the next Health and Wellbeing Board in May. The sign off process will include Roger Gough, Health and Wellbeing Board Chair and the Directorate Management Team and CCG Accountable Officers Group. This is dependent on Partners ensuring that their elements of plan go through the respective internal sign off process.

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