

DECISION-MAKER:	Health and Wellbeing Board		
SUBJECT:	2017 - 19 Better Care Plan		
DATE OF DECISION:	26 July 2017		
REPORT OF:	Director of Quality and Integrated Commissioning		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
Not applicable			
BRIEF SUMMARY			
The Health and Wellbeing Board is asked to consider the draft Better Care Southampton Plan for 2017/19 and agree arrangements for approving the final version by the deadline of 11 September 2017.			
National guidance stipulates that the Better Care Plan should be approved by the relevant Health and Wellbeing Board (HWBB) and by the constituent Local Authorities (LAs) and Clinical Commissioning Groups (CCGs) prior to submission.			
RECOMMENDATIONS:			
	(i)	To receive and consider the draft Better Care Southampton Plan for 2017-19, particularly noting the priorities and performance targets.	
	(ii)	To agree arrangements for approving the final version of the plan by the national submission deadline of 11 September 2017.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	Further to the Integration and Better Care National Policy Framework published on 31 March 2017, the Integration and Better Care Fund planning guidance 2017-19 was published on 4 July 2017 by DH and DCLG. The guidance reinforces that the Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from CCG allocations, the Disabled Facilities Grant (DFG) and funding paid directly to the Local Government for adult social care services - the improved Better Care Fund (iBCF).		
2.	BCF plans must set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, including how the work in the BCF plan complements the direction set in the Next Steps on the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan.		
3.	The guidance sets out the requirement for Local Authorities working with their CCG partners to develop a local Better Care Plan for the two-year period 2017-2019. This must be signed off by the local HWBB.		

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
4.	Not applicable. Submission of a Better Care Plan and establishment of a pooled fund is a national requirement.
DETAIL (Including consultation carried out)	
5.	<p>The key changes in the 2017-19 guidance are that Better Care Plans will now be for a two year period and that the number of national conditions has been reduced from eight to four:</p> <ul style="list-style-type: none"> • That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWBB, and by the constituent LAs and CCGs; • A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation; • That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and • All areas to implement the High Impact Change Model for Managing Transfers of Care to support system-wide improvements in delayed transfers of care (DToC).
6.	<p>The 2017-19 guidance places a much greater emphasis on reducing delayed transfers of care (DToC) than in previous years. The Government has announced a package of measures to address DToC across the health and social care system. This package includes:</p> <ul style="list-style-type: none"> • A dashboard showing how areas are performing against a range of metrics across the NHS-social care interface; • Targeted CQC reviews to examine performance in the areas with the worst outcomes across these metrics, with a view to supporting them to improve (Southampton is not part of the first tranche of twelve; but a further tranche of eight will be announced later in the year); • Considering a review, in November, of 2018-19 allocations of the social care funding provided at Spring Budget 2017 for areas that are poorly performing. <p>Guidance on implementing a Trusted Assessor model.</p>
7.	<p>The NHS England Mandate for 2017-18 sets a target for reducing DToC nationally (both health and social care attributable delays) 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, delayed transfers of care are no more than 9.4 in every 100,000 adults (i.e. equivalent to a DToC rate of 3.5%). Currently Southampton is at 21.3 per 100,000 adults (based on Feb 2017 - April 2017 data – both NHS and Adult Social Care attributable delays). Its expected level is 11.1 per 100,000 adults.</p>
8.	<p>The BCF submission will consist of:</p> <ul style="list-style-type: none"> • a narrative plan, including a description of how the national conditions will be met.

	the BCF Planning Return, which will include funding contributions, a scheme-level spending plan, national metric plans.
9.	Plans will be regionally assured and then graded as either approved, not approved, or approved with conditions. Approval will be dependent on: <ul style="list-style-type: none"> • Meeting all national conditions; • Having an agreed spending plan for the IBCF grant; • Having a vision and progress towards fuller integration of health and social care by 2020; and Having in place a robust approach to managing risk.
10.	Southampton's draft Better Care Plan 2017-19 has been developed prior to receiving the planning guidance in line with the Integration and Better Care Fund Policy Framework and draft versions of the guidance published earlier in the year. It also builds on the progress made against previous Better Care plans and performance to date and it incorporates the priorities identified (as shared with Members) for the iBCF Social Care allocation. Further revisions will be made over the Summer in response to the publication of the final guidance, in particular strengthening references to the wider national and local policy context (e.g. NHS Five Year Forward View, STPs, Care Act) and tightening up the approach to performance and risk management.
11.	The six key priorities remain the same as for 2016/17 but with a reassessment of the focus for each of the two years 17/18 and 18/19: <ul style="list-style-type: none"> • Rolling out the integration agenda across the full life-course. • A strong focus on prevention and early intervention • A radical shift in the balance of care away from bed based provisions and into the community • Significant growth in the community and voluntary sector • Development of new models of care which better support the delivery of integrated care and support, joined up patient/client record systems, joint use of estates and greater use of technology solutions to drive efficiencies • New contractual and commissioning models which enable and incentivise the new ways of working
12.	Performance targets have been proposed for each of the key metrics for 2017/18 and 2018/19 based on current performance, historical trends and benchmarking. HWBB are asked to consider the level of ambition to ensure that it is both stretching but realistic.

RESOURCE IMPLICATIONS

Capital/Revenue

13.	The following table sets out the total estimated value of the BCF pooled fund for 2017 - 19. <i>It should be noted that these figures are draft and still being worked on.</i>			
	Scheme	CCG £000	SCC £000	Total £000
	Carers	1,240	134	1,374

Clusters	47,026	2,212	49,238
Rehab & Reablement	10,543	4,551	15,094
DFG (Capital)		1,882	1,882
Joint Equipment Store	798	803	1,601
Telecare		250	250
Direct Payments		500	500
Long Term Care		2,750	2,750
Integrated Care Teams – LD	9,894	16,414	26,308
Prevention & Early Intervention		6,199	6,199
Total	69,501	35,695	105,196

Property/Other

14. Not applicable

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. The legal framework for the BCF pooled fund derives from the amended NHS Act 2006 (s. 223GA), which requires that in each area the CCG(s) transfer minimum allocations (as set out in the Mandate) into one or more pooled budgets, established under Section 75 of that Act, and that approval of plans for the use of that funding may be subject to conditions set by NHS England. NHS England will approve plans for spend from the CCG minimum in consultation with DH and DCLG as part of overall plan approval.

Other Legal Implications:

16. Not applicable

RISK MANAGEMENT IMPLICATIONS

17. Not applicable

POLICY FRAMEWORK IMPLICATIONS

18. Not applicable

KEY DECISION? Yes/No

WARDS/COMMUNITIES AFFECTED: All

SUPPORTING DOCUMENTATION

Appendices

1. Draft Better Care Plan 2017-19

Documents In Members' Rooms

1. None

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Yes/No

Safety Impact Assessment (ESIA) to be carried out.		
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		Yes/No
Other Background Documents Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	