

Cabinet

Dorset County Council



Date of Meeting	08 March 2017
<p><u>Cabinet Member(s)</u> Jill Haynes – Cabinet Member for Adult Health, Care and Independence</p> <p><u>Lead Director(s)</u> Helen Coombes – Director for Adult and Community Services</p>	
Subject of Report	Better Care Fund – Planning for 2017/18 - 2018/19
Executive Summary	<p>The Better Care Fund (BCF) provides an opportunity to improve health and wellbeing outcomes for local residents by enabling better integration of health and social care support. Improved integration between health and social care services supports the Council in responding to the improvements members of the public tell us they want to see, for example:</p> <p style="text-align: center;"><i>“I have easy access to the information I need”</i> <i>“I only tell my story once”</i> <i>“I am in control and able to live the life I want”</i> <i>“I can plan my care with people who work together to understand me and my carers”</i> <i>“Services are coordinated to help me”</i></p> <p>At the time of drafting this report, national planning guidance had not been published. Despite the severe delay, work is underway to prepare a new BCF plan for 2017/18-2018/19, which helps to deliver ‘Our Dorset’ Sustainability and Transformation Plan (STP).</p> <p>It is anticipated that the new plan will provide an opportunity to build on the work achieved in 2016/17 and a number of previous schemes will form a part of the 2017/18-2018/19 plan. In addition a number of new areas of work are being proposed, including:</p> <ul style="list-style-type: none"> • Care market development; • Enhanced healthcare in care homes; • Developments in locality teams and locality working. <p>Challenges to the sustainability of funding for both Dorset Clinical Commissioning Group (DCCG) and the Council means that the overall</p>

	<p>budget position remains high risk as we move into the new BCF planning cycle.</p> <p>In response to the anticipated financial position for the 2017/18 and 2018/19 financial years, it is proposed that there is a focus on how the total BCF resource can be utilised more effectively. However, there is still a need to understand and acknowledge potential risks associated with a reduction in baseline BCF funding and how these risks can be best mitigated, including ensuring most effective use of any direct grant growth.</p> <p>Dorset Health and Wellbeing Board are accountable for the BCF and receive regular reports on progress. Cabinet need to understand the risks for the Council entering into the new plan and to ensure that the proposed developments fit with the Councils strategic priorities.</p>
<p>Impact Assessment:</p>	<p>Equalities Impact Assessment:</p> <p>An overall EqIA was completed for the 2015/16 BCF plan. This EqIA will be refreshed to include any agreed new elements of the 2017/18-2018/19 Plan.</p> <p>As the individual elements of the plan are implemented, full EqIAs will be carried out for any proposed changes to policy or service delivery.</p> <hr/> <p>Use of Evidence:</p> <p>National guidance and expert advice was used in formulating the 2016/17 BCF plan and will be used to develop the draft BCF submission.</p> <p>Evidence from the Joint Strategic Needs Assessment has been, and will continue to be, used in the implementation of individual projects and the overall plan.</p> <p>The 2017/18-2018/19 plan will build on the community engagement that underpinned the previous plan and the development of the model for integrated community services.</p> <p>Outcomes within the BCF plan reflect those of the Health and Wellbeing Strategy.</p> <hr/> <p>Budget:</p> <p>The budget position of both the Council and DCCG means that challenges to the sustainability of funding remains a high risk for the 17/18-18/19 BCF planning cycle.</p> <p>The Council have received confirmation from DCCG of a decrease in their core discretionary contribution to the BCF in the 2017/18 and 2018/19 financial years. Taking into account one off monies paid by DCCG in 2016/17, this will result in an anticipated net reduction for the Dorset Health and Wellbeing Board area of approximately £938k between 2015/16 and 2017/18.</p> <p>It is important to note that non-recurrent funding solutions announced by Government in December 2016 in the Local Authority settlements are insufficient to fill the growing resource gap for adult social care.</p>

	<p>The 2016/17 Pan-Dorset BCF plan budget was £74.6m, of this £39.4m relates to the Dorset Health and Wellbeing Board area. If proposals for inclusion of the care market development scheme are agreed, this could increase the total value of the 2017/18-2018/19 fund to approximately £110m per annum for the Dorset Health and Wellbeing Board area.</p> <p>Risk Assessment: Current Risk: High Residual Risk: High</p> <p>A risk table for the 2016/17 BCF sets out the main risks and mitigating actions. This is regularly reported to, and reviewed by, the Joint Commissioning Board. A new risk register will be developed for the 2017/18-2018/19 BCF plan.</p> <p>Other Implications:</p> <p>The aim of the BCF is to improve health and wellbeing outcomes for local residents through the delivery of a range of work programmes.</p>
<p>Recommendation</p>	<p>The Cabinet are requested to –</p> <p>Note and comment on the:</p> <ol style="list-style-type: none"> 1. Contents of this report and the work undertaken to develop a new BCF plan for 2017/18-2018/19; 2. Anticipated overall BCF budget position and the challenges and risks to the sustainability of funding. <p>And to Agree:</p> <ol style="list-style-type: none"> 1. In principle the new elements of work for the 2017/18-2018/19 plan, noting that the detailed agreement will still be subject to the Health and Wellbeing Boards governance for the BCF; 2. Delegation to be granted to the Director for Adult and Community Services, after consultation with the Cabinet Member for Adult Health, Care and Independence, the Monitoring Officer and Chief Financial Officer, to enter into pooled budget arrangements under Section 75 of the National Health Service Act 2006 on the best terms achievable with NHS Dorset Clinical Commissioning Group, Bournemouth Borough Council (BBC) and Borough of Poole (BoP).
<p>Reason for Recommendation</p>	<p>To ensure that:</p> <ol style="list-style-type: none"> 1. The Council are best placed to meet national BCF guidance and planning requirements; 2. Risks associated with the challenges to the sustainability of funding are appropriately noted; 3. National requirements for the Council to implement the BCF are met;

	4. There are appropriate governance arrangements in place for the Council to enter into pooled budget arrangements with DCCG, BBC and BoP under Section 75 of the National Health Service Act 2006
Appendices	Appendix 1 – Diagram to illustrate how proposed Dorset BCF plan for 2017/18-2018/19 aligned with the STP.
Background Papers	None
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1. Introduction

1.1 This purpose of this report is to:

- i. Provide Cabinet with an update on the proposals for the development and implementation of the 2017/18-2018/19 BCF plan so that the Council is best placed to support delivery of the STP;
- ii. Highlight potential risks to key performance indicators for the health and care system as a result of the reduction from DCCG to the BCF;
- iii. Highlight the overall BCF budget position resulting from challenges to both the Council and DCCGs sustainability of funding;
- iv. Seek approval in principle for the proposed new elements of work, noting that the detailed agreement will still be subject to the Health and Wellbeing Boards governance for the BCF;
- v. Request delegation to be granted to the Director for Adult and Community Services, after consultation with the Cabinet Member for Adult Social Care, to enter into pooled budget arrangements under Section 75 of the National Health Service Act 2006 on the best terms achievable with NHS Dorset Clinical Commissioning Group, Bournemouth Borough Council and Borough of Poole.

2. Background

- 2.1 The BCF is a national programme, which has been established to improve the lives of some of the most vulnerable people in our society through better integration of health and social care support.
- 2.2 Improved integration supports the Council and DCCG in further improving health and wellbeing outcomes for local residents requiring high levels of health and/or social care support. The BCF helps the Council to deliver the improvements members of the public tell us they want to see, for example:

“I have easy access to the information I need”

“I only tell my story once”

“I am in control and able to live the life I want”

*“I can plan my care with people who work together
to understand me and my carers”
“Services are coordinated to help me”*

- 2.3 Governance of the BCF, including accountability for approving the plan sits with Dorset Health and Wellbeing Board. Due to considerable delays in the publication of the latest national planning guidance it is anticipated that the BCF planning timetable will not be aligned to the schedule of Board meetings. Therefore, a recommendation has been presented to the Board requesting delegations to be given to the Director for Adult and Community Services, after consultation with the Chairman of the Health and Wellbeing Board, to sign-off the draft 2017/18-2018/19 BCF plan for submission in line with the required assurance process.
- 2.4 The above request was to cover any submission required before the date of the next Dorset Health and Wellbeing Board to ensure sign-off of the draft plan in the likely event that the first national submission is required before the next Health & Wellbeing Board meeting.
- 2.5 Dorset Health and Wellbeing Board receives frequent updates on progress against delivery of the BCF. Progress is also reported nationally on a quarterly basis.

3. Proposed Better Care Fund Plan for 2017/18-2018/19

- 3.1 Publication of national BCF planning guidance has been very delayed. Despite this work is underway to develop proposals for the next BCF plan. The local plan will cover a two year period from 2017 to 2019, which will ensure alignment with the NHS Operational Plan. The intention is for the BCF to support the implementation of relevant STP programmes of work in order to support the integration of health and social care. To aid this ambition, two locally tailored BCF plans will be developed for each Health and Wellbeing Board in DCCG's area.
- 3.2 Appendix 1 illustrates the proposed alignment with the STP for the Dorset Health and Wellbeing Board BCF plan. In particular, the BCF will support progression of the 'Prevention at Scale' and 'Integrated Community and Primary Care Services' programmes.
- 3.3 It is important to note that resources for the BCF are allocated from existing activity and do not represent new/additional funding within the health and social care system. In response, the focus of the BCF is to change that activity in order to enhance the effectiveness of existing resources and improve outcomes.
- 3.4 In order to build the 2016/17 BCF plan, it is proposed to carry forward a number of existing elements into the new plan and use the two year timeframe to further align this activity with the delivery of the STP. For example, there is an opportunity to review the effectiveness of some social care prevention activity to make sure it is evidence based and aligned with the Prevention at Scale Programme.
- 3.5 As a result of DCCG receiving a reduction in funding, they have notified the Council that they will be reducing the core funding element provided to the Council by £548K in 17/18. When taking into account one off monies paid by DCCG in 2016/17, this equates to a total net reduction from 15/16 to 17/18 of £938k. The Council has developed a preferred set of options to cut services as a result of this reduction, and is currently discussing with NHS partners the impact of this on the system, particularly on delayed discharges of care and how these risks can be mitigated.

- 3.6 Health and social care are facing a number of challenges and pressures. In order for the Council to respond to these challenges, a number of new schemes are being proposed for inclusion in the 2017/18-2018/19 BCF plan. These include:
- Care market development;
 - Enhanced healthcare in care homes;
 - Further developments in locality teams and locality working.
- 3.7 The aim is to support the Council and DCCG in mitigating some of the key risks facing social care by enhancing the robustness of Dorset's existing care markets and workforce. In addition, it is anticipated that these schemes will help achievement against key performance indicators relating to reducing the number of non-elective admissions and delayed transfers of care.
- 3.8 It is proposed that the **care market development** scheme brings together the commissioning of home care, residential and nursing home provision for older people and adults with a physical disability between the Council and DCCG's Continuing Health Care function. This will support a consistent approach to planning capacity, quality improvement and includes working towards the introduction of a new pooled budget.
- 3.9 The objective of the **enhanced healthcare in care homes** proposal is to further build on some excellent local practice and national learning and evidence, with a view to working towards a position of consistent best practice approach across the area.
- 3.10 Building on existing best practice, the aim of **developments in locality teams and locality working** is to work in 2-3 localities for the first 12 months to support local clinical and professional staff as they implement new care models. This proposal covers a number of existing schemes in the BCF and will give a stronger impetus to changing how resources are used at a local level to improve impact and will support delivery of the STP Integrated Community and Primary Care Programme.
- 3.11 Significant work has already been progressed in order to prepare the additional proposals noted at 3.5, in particular, the proposal to develop the care market. However, it is acknowledged that a large amount of additional work is required and Officers are working closely with DCCG, NHS provider colleagues and primary care partners to finalise these plans.

4 Financial Implications - 2017/18-2018/19 Budget Risks

- 4.1 In 2016/17, the Pan-Dorset BCF budget was £74.6m, of this, £39.4m was allocated to the Dorset Health and Wellbeing Board Area.
- 4.2 The budget position for both the Council and DCCG means that challenges to the sustainability of funding remains a high risk for the 17/18-18/19 BCF planning cycle.
- 4.3 The Council have received notification from DCCG that there will be a decrease in their core discretionary BCF contribution in 2017/18 and 2018/19. When taking into account one off moneys paid by DCCG in 2016/17, this will result in a net reduction of £938k for the Dorset Health and Wellbeing Board areas in 2017/18 against 2015/16 levels.
- 4.4 Guidance on CCG's minimum contribution levels to the BCF and baselines for the maintenance of social care are anticipated to be included in the national planning

guidance when issued. DCCG have already included planned uplifts for grant growth, resulting in a partial offset of in the reduction of core funding.

- 4.5 It is important to acknowledge that non-recurrent funding solutions announced in the Local Authority settlements by the Government in December 2016, such as one-off adult care support grant and flexibility to pull forward increases in the Council tax precept, are insufficient to meet the growing demand for adult social care.
- 4.6 At a local level, the aim is to focus on the total BCF resource to establish how this can be used to mitigate some of the wider pressures facing social care and the risks arising from the reduction in BCF funding levels. This will include consideration of the most effective use of any direct grant growth and further discussions with partners will continue over the coming weeks.
- 4.7 If proposals for the inclusion of the care market development scheme are agreed, this could potentially increase the overall value of 2017/18-2018/19 BCF for the Dorset Health and Wellbeing Board area to approximately £110m per annum.

5 Legal Implications – Section 75 Agreements

- 5.1 National conditions set out in the 2016/17 BCF Policy Framework to access the BCF included a requirement for local authorities and CCGs to establish one or more pooled funds for delivery of the schemes activity.
- 5.2 Provision for local authorities and CCGs to establish and maintain pooled funding arrangements in order to comply with the above requirement is set out in Section 75 of the National Health Service Act 2006.
- 5.3 The current section 75 agreements for BCF activity sets out the terms on which the Council have agreed to collaborate with DCCG, BBC and BoP. This includes governance arrangements for the management of the pooled funds, level of financial and non-financial risk to each partner and how these risks will be managed.
- 5.4 In order to establish pooled funding arrangements for the delivery of 2017/18-2018/19 BCF activity, there is need for the Council to enter into new legal arrangements with DCCG, BBC and BoP.
- 5.5 As such, Cabinet are requested to grant delegation to Director for Adult and Community Services, after consultation with the Cabinet Member for Adult Social Care, to enter into pooled budget arrangements under Section 75 of the National Health Service Act 2006. This will be in line with the best terms achievable with NHS Dorset Clinical Commissioning Group, Bournemouth Borough Council and Borough of Poole.

6 Recommendations

- 6.1 The Cabinet are requested to note and comment on the:
 - i. Contents of this report and the work undertaken by Officers to develop a new BCF plan for 2017/18-2018/19;
 - ii. Anticipated overall BCF budget position and the challenges and risks to the sustainability of funding.
- 6.2 and to agree:
 - iii. In principle the new elements of work for the 2017/18-2018/19 plan, noting that the detailed agreement will still be subject to the Health and Wellbeing Boards governance for the BCF;

- iv. Delegation to be granted to the Director for Adult and Community Services, after consultation with the Cabinet Member for Adult Health Care and Independence, Monitoring Officer and Chief Financial Officer, to enter into pooled budget arrangements under Section 75 of the National Health Service Act 2006 on the best terms achievable with NHS Dorset Clinical Commissioning Group, Bournemouth Borough Council and Borough of Poole.

Director's name: Helen Coombes
Director for: Adult & Community Services, Dorset County Council
Date March 2017

Appendix 1

The Better Care Fund



How could the BCF 2017-19 link to the STP?

Prevention at Scale

- Strengthen VCS infrastructure in primary care to help support people with LTCs as part of secondary and tertiary prevention approaches
- Continue work on accessible homes to support independent living
- Support for carers

Integrated Community Services

- Further developments in locality teams and locality working
- Work to secure improved capacity, quality and efficiency in care markets (home care, residential and nursing home care) to include a single approach to market facilitation and a pooled purchasing budget

Digitally Enhanced Dorset

- Implement Dorset Care Record
- Assistive technology and telehealth

Leading & Working Differently

- Support delivery of new care models

