

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
BETTER CARE FUND**

Date of the meeting	19/03/2014
Author	S Sandcraft – Deputy Director of Service Delivery (East)
Sponsoring Board Member	T Goodson, Chief Officer
Purpose of Report	Following the approval by both the Dorset and Bournemouth and Poole Health and Well Being Boards, to seek approval from the Governing Board for the Better Care Fund.
Recommendation	The Governing Body is asked to approve the ‘First Cut’ Better Care Fund plan.
Stakeholder Engagement	<p>The Better Together partnership, which is overseeing the Better Care Fund, is made up of 8 agencies including the Clinical Commissioning Group, the three Local Authorities, Dorset Healthcare University Foundation Trust, Poole Hospital Foundation Trust, Dorset County Hospital Foundation Trust and Royal Bournemouth and Christchurch Hospitals Foundation Trust. The health providers form part of the Programme Board and Sponsor Board.</p> <p>The launch event for the Better Together programme included user and carer representatives to identify the high impact areas of the programme and offer commitments or pledges to contribute as well as identifying potential barriers. Local workshop events will be used based on the outcomes for the programme with a number of projects being assessed or re-designed to maximise their contributions.</p>
Previous GB / Committee/s, Dates	Nil

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality • Engagement • Outcomes • Governance • Partnership-Working • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk Register	✓		
Budgetary Impact	✓	✓	
Legal / Regulatory	✓		
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials : SS

1. Background

- 1.1 At its meetings of 28 August and 18 December 2013, the Bournemouth and Poole and Dorset Health and Wellbeing Boards gave their support to the draft Better Care fund plan, which was a national requirement, and the work of the Better Together programme, for achieving joint working and integration of the three councils' adult social care functions with the health sector in Dorset. The programme seeks to deliver whole system approaches for adult care and health, cost reductions for partners, improved health and social care outcomes for residents and greater personalised support for individuals and their families, in particular frail older people and people with long term conditions.
- 1.2 Nationally the Better Care Fund, is a two year plan, which in year one is of the value of circa £3.8bn, The guidance confirms that £1bn of the £3.8bn will be paid depending on local performance – on six nationally set measures, as well as a seventh measure that can be decided locally (contained in template). The measures will track progress from April 2014, although funding will not be removed from an area which fails to meet its performance targets.

The £3.8bn is made up of:

- £1.1bn already transferred as a pass through grant in 2014/15 from the NHS to local authorities;
 - £1.9bn further transfer from the NHS in 2015/16
 - £0.3bn already in CCG baselines for Reablement
 - £0.13bn already in CCG baselines for Carers Grant
 - £0.354bn capital funding from Department of Health and the Department of Communities and Local Government – including the disabled facilities grant (£220m)
- 1.3 The additional £241m (to make up the £1.1bn total in 2014/15) is only payable to local authorities that have jointly agreed and signed-off two-year plans for the Better Care Fund. The money should then be spent on making early progress against the national conditions and the performance measures as outlined in the plan.
- 1.4 The Dorset, Bournemouth and Poole Better Care Fund, in year one, 2014/15 reflects the local proportion of the £3.3bn. For year two, 2015/16, partners have agreed to align budgets within the Fund, for those budgets which relate to service areas where the Local Authority and the NHS have a common interest, for example community services, placements and domiciliary care for older people, people with a learning disability or a mental health need. This will provide an overview of the total resources available to commission integrated services to inform future joint financial and service planning.

The value of the fund is set out in the table below, which is also reflected in the appendices which are the templates the 'Partnership' were required to submit to NHS England Area Team:-

8.2

	2014/15	2015/16	2015/16
National funding allocation	£1.1bn (Transferred)	£3.8bn (Pooled)	
		Minimum contribution	Actual contribution
Dorset County Council (£000's)	8,869	11,910	90,049
NHS Dorset Clinical Commissioning Group		33,581	187,009
Bournemouth Borough Council	4,052	5,290	35,798
Borough of Poole	2,922	3,784	31,966
Total	15,843	54,565	344,822

2. Local Better Care Fund Plans

2.1 The Better Care Fund planning guidance requires each local area to formulate a joint plan which can be signed off by the health and wellbeing board's in the relevant area. Plans needed to be agreed between all local CCGs and the upper tier local authority. Health and social care providers should also be involved in the development of the plan. The plan for the Better Care Fund must be developed as an integral part of the CCG's wider strategic and operational plan but also be extractable to be seen as a stand-alone plan.

2.2 Plans needed to meet the following criteria:

- Meet the 6 National Conditions of the Better Care Fund
- Include details of the expected outcomes and benefits
- Confirm how the associated risks to existing NHS services will be managed

- 2.3 The “First cut” of the Better Care Fund plan was submitted on 14 February 2014 to the Area Team with revised versions being submitted to NHS England as an integral part of the constituent CCGs’ plans by 4 April 2014.
- 2.4 The NHS England Area Teams will be taking the lead on the assurance process and going through the plans and commenting on any further work or support required. The Area Team assurance returns need to be submitted to the NHSCB by 28th February 2014.
- 2.5 Ministers are taking a close interest in the Better Care Fund, and want to be assured that plans will deliver on the national conditions. Nationally Local Government Association and NHS England will compile the local assurance reports from Area Teams and regional local government peers into a national overview report. Ministers will agree local plans and next steps, based on the national summary reports but will not communicate directly with HWB areas unless it is upon the advice of the national team. Support from NHS England and local government will be available for areas where Area Teams and local government peer assurance raises significant concerns about local plans.
- 2.6 The Area Team should receive feedback from the national team based on the nationally collated information by 7th March 2014.

3. Better Care Fund Conditions

- 3.1 The £1.1bn which local authorities will already have received in 2014/15 will continue to be distributed using the same formula. So each area will continue to get the same amount of the £1.1bn but from 2015/16 it will be distributed through the CCG allocations.

The conditions for spending the Better Care Fund in 2014/15 are:

- The funding must be used to support adult social care services in each local authority, which also has a health benefit;
- The local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment;
- Councils and CCGs have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care.
- Local authorities and CCGs demonstrate how the funding transfer will make a positive difference to social care services and outcomes for service users, compared to service plans in the absence of the funding transfer.

Although the Better Care Fund is being routed through the NHS, the Department of Health will be obtaining the necessary legislation to ensure NHS England ring-fences its contribution to the fund.

- 3.2 The Disabled Facilities Grant (DFG) is a capital grant worth £220m. The guidance states that it has been included in the £3.8bn fund so that “provision of adaptations can be incorporated in the strategic consideration and planning of investment to improve outcomes for service users”. DFG will be paid to upper-tier authorities in 2015/16; however the statutory duty rests with the lower tier service-providers. So the money will need to be paid to the districts (in two tier areas) from the pooled budget to enable them to continue to meet their statutory duty.

Indicative minimum allocations of the DFG have been published – the upper tier service authorities and the CCGs may choose to pass-port these allocations into the fund.

- 3.3 The DH Adult Social Care Capital Grant (£134m) will also have conditions placed on it to ensure it reaches the local areas.
- 3.4 Contained within the £3.8bn there is £50m capital for the transition to the capped cost system (April 2016 implementation). There is also £135m of revenue funding earmarked, but not ring-fenced, for the costs to local authorities of a range of new duties as a result of the Care Bill.
- 3.5 £1bn of the £3.8bn will be linked to achieving outcomes. Half of the £1bn will be released in April 2015; £250m of this will depend on progress against four of the six national conditions and the other £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015 and will relate to further progress against the nationally and locally determined metrics.

The national metrics underpinning the fund will be:

- Admission to residential and care homes;
- Effectiveness of reablement;
- Delayed transfers of care;
- Avoidable emergency admissions; and
- Patient/service user experience (although no measure is currently available – a national one is being developed but will not be ready for 2015/16)

The guidance says they are the best available but admit that they have limitations and suggest that local bodies apply them “sensitively”.

- 3.6 The recommended local metric is:
Estimated diagnosis rate for people with dementia (NHS 2.6I).
- 3.7 Data is only available annually (in April) for “admission to residential and care homes” and “effectiveness of reablement” hence its exclusion from the April 2015 payment.

4. What happens if targets are missed?

- 4.1 In 2015/16 local areas will not lose their funding but Ministers are considering what the consequences should be in later years. The local area team of NHS England will hold the performance element of the allocation and allocate on a non-recurring basis back to the local area if it is satisfied with improved performance.
- 4.2 If an area fails to meet 70% of its levels of ambition then it will be required to produce a recovery plan with support from the NHS and local authority colleagues. If this plan is then agreed the area may have its pay-for-performance funding. But if it is not agreed then NHS England will direct how it should be spent by the local organisations.

5. Summary

- 5.1 At its meetings of 28 August and 18 December 2013, the Bournemouth and Poole and Dorset Health and Wellbeing Boards gave their support to the 'first cut' Better Care fund plan. Plan for and future major service changes will be brought to the attention of the Health and Wellbeing Board and, where necessary, the Health Scrutiny Committee in their own right, and will require agreement through the CCG and partner organisations existing governance arrangements.

Please note, only Part 1 is replicated here, other parts of the template are available from the Member Portal for information.

6. Recommendation

- 6.1 The Governing Body is asked to approve the 'first cut' Better Care Fund plan.

Author's name and Title : S Sandcraft

Date : 01/03/2014

Telephone Number : 01202 541468

APPENDICES				
		Appendix 1	Better Care Fund planning template	