

Gloucestershire Health and Wellbeing Board

Report Title	Better Care Fund 19/20 Plan
Item for decision or information?	Gloucestershire Better Care Fund Plan 19/20 (Attachment A).
Sponsor	Kim Forey, Director of Integration
Author	Jenny Cooper, Lead Commissioner for Older People
Organisation	Gloucestershire County Council
Key Issues:	
<ol style="list-style-type: none"> 1. An updated BCF plan is required for 2019-20. A draft (Attachment A) has been created, working with colleagues across GCC and CCG, per the specified template. The report below summarises this 19/20 plan due to be submitted to NHS England by 27th September 2019. 2. The 2019-20 BCF plan is largely similar to the previous iteration and meets all the National Conditions. It continues to support a large number of long running projects which underpin the integrated agenda. 3. The main difference this year is the 5.01% additional contribution to social care which has been aligned with personal health budgets. 4. The overall CCG minimum allocation (£3.84 billion across England) is split for the purposes of local allocations into two components: that which was previously direct social care grant which has been increased by 5.3% and the remainder of CCG allocation which has been uplifted for each CCG based on target allocations used to calculate core 2019-20 CCG allocations. 5. In Gloucestershire our total BCF is £65.365m which is made up of: <ul style="list-style-type: none"> • Better Care Fund £39.899m • Disabled Facilities Grant £6.030m 	

<ul style="list-style-type: none"> • Improved Better Care Funds £16.906m • Winter Pressures grant of £2.530m <p>6. In addition the partnership between the local authority and NHS in Gloucestershire supports other funding streams of over £100m in the current financial year. This includes £19m under S256 arrangements and £12m for S76 arrangements relating to both Public Health and Social care. Other S75 agreements of £71m make up the balance of jointly managed schemes within the partnership.</p>
<p>Recommendations to Board:</p>
<p>Please review and sign-off the BCF 2019-20 Plan.</p>
<p>Financial/Resource Implications:</p>
<p>The additional 5.01% of CCG spend in social care has been identified and is listed in attached plan.</p>

Gloucestershire Better Care Fund Plan 2019/20: A Summary Report

1. Meeting the National Conditions

1.1 As the Better Care Fund (BCF) Plan 2017-19 comes to an end this year, it has been requested that One Gloucestershire submit an updated plan for 19/20, in line with the submission of the NHS Long Term Plan (NHS LTP). We have received good feedback from NHSE on our initial draft, and recommendations have been followed to strengthen the plan prior to submission on 27th September.

1.2 Identical to the BCF 2017-19 Plan, there continue to be four National Conditions that will need to be met as follows:

(i) A jointly agreed plan:

We have worked with colleagues across GCC and the CCG and reviewed strategies and policies from both organisations to evidence the integrated care projects across the ICS and to ensure cohesion with the NHS LTP. This is also why we seek the Health and Wellbeing Board approval for the attached plan.

(ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution:

Additional areas of NHS contribution have been identified for Gloucestershire within spend on personal health budgets as outlined in attached draft. Since the government is committed to the aim of person-centred integrated care and the BCF forms part of their approach to that it is felt that personal health budgets are a logical extension of our BCF commitment.

(iii) Agreement to invest in NHS commissioned out-of-hospital services:

The development of the GCC “Enhanced Independence Offer” (EIO) will unify our out-of-hospital services to support people after a hospital stay with appropriate support to “re-able” them at home or where necessary in a bed-based service.

(iv) Implementation of the High Impact Change Model for Managing Transfers of Care:

Over the last year, there have been several plans put into place to support the eight changes of the HICM, including system alignment within health and social care to support timely discharge from hospital and support people to go home. Where plans have affected maturity levels of schemes, these have been detailed on the plan. At the request of NHSE, we will submit the maturity levels as previously but retain the notation of expected changes to pathways and policies.

1.3 Where an established service has been improved or undergone a potential change, this has been reflected in the plan (see tab 7: HICM). All organisational work streams are aligned to ensure readiness for improving our tier 2 (post-discharge short term intervention) offer (EIO), and is linked very closely to High Impact Changes, as the narrative on the relevant tab explains.

2. Strategic Narrative Overview

2.1 The strategic narrative requirements for this plan reflect a change in the future reporting intentions set out by NHSE, with the focus on initiatives supporting communities, prevention and primary care networks. As such, the evidentiary prose for this plan asks specifically about personalisation; supporting independence; and alignment with the voluntary and community sector (VCS), primary care networks (PCNs) and districts (via Disabled Facilities Grants (DFGs)). These topics have been divided into four sections within the strategic narrative (tab 4):

- (i) Person-centred outcomes: approaches to integrating care around the person, including prevention and self-care and promoting independence.

We have included the Joint Health and Wellbeing Strategy 2019-30 within the narrative, and emphasised its links to Gloucestershire's Prevention and Self Care Plan (GPSCP) and NHS LTP, as outlined in the strategy. Within the narrative, a number of schemes have been outlined that demonstrate the work Gloucestershire are doing to support prevention, self-care and promoting independence. These include (but are not limited to): Tier 2 child weight management; postpartum contraception; social prescribing, and Personalised Care.

- (ii) Approach to integrated services, including joint commissioning arrangements, alignment with primary care services, and alignment of services and approach to partnership with the voluntary and community sector (VCS)

In this section, we have discussed the following:

- Our arrangements for joint commissioning, including our Joint Commissioning Partnership (Executive and Board), its aims and governance.
 - One Gloucestershire's approach to alignment with primary care services in line with the new PCN policy, and the role of Integrated Locality Partnerships.
 - The Gloucestershire Voluntary, Community and Social Enterprise Sector and VCS Alliance (2018-2021) Strategy to address our alignment with the voluntary and community sector.
- (iii) Approach to integration with wider services, including using the DFG to support the housing needs of people with disabilities or care needs

We have discussed the Joint Housing Action Plan within this narrative section, and the outcomes that have been achieved or are in progress since the BCF 17-19 plan. This includes, but is not limited to: Warm Homes Fund; Citizen's Advice Bureau; DFG review; non-injurious falls service; and Homeshare. We have emphasised the importance of DFG funds within this section, and the HWB's agreement that Housing and Health is a key priority for the county.

- (iv) System level alignment including alignment with the ICS and governance arrangements

Within this section, we have specifically addressed where the BCF links in to our county's ICS plan. We have also addressed the governance processes

including the HWB, JCP, Enabling Active Communities Commissioning Group and the Prevention and Self-Care Board. Prior to our final submission to NHSE, we will make broader links to the ICS and LTP strategic narrative within this section.

3. Income and Expenditure

3.1 Income (tab 5) has been auto-populated with local authority and CCG contributions to the BCF; iBCF; Winter Pressures and DFG. The most significant change is the inclusion of personalised health budget as the CCG's additional contribution to health and social care. Guidance from NHSE states that:

- Social care minimum spend to be maintained in line with NHS revenue in 2019-20
- May include any CCG commissioned social care in expenditure plans

3.2 Expenditure (tab 6) details the schemes that are funded by the BCF. Further clarification of impact on metrics within this tab is underway and will be complete before the final submission to NHSE.

4. High Impact Change Model (HICM)

4.1 As identified above Gloucestershire has several programmes in place that align with the high impact change model under the BCF. For early discharge planning we have the single point of clinical access, integrated care planning and increased social work and care navigator capacity. We have integrated discharge teams in the acute and community trusts. We have a hospital to home scheme and discharge to assess functions including an element with a dementia focus. Our offer for 7 day services includes increased capacity in brokerage and reablement through integrated community teams. Our focus on choice is emphasised by our move to include the growing spend on personalised health budgets in our BCF plan. Enhancing health in care homes work includes Rapid Response training in and response to care homes, the red bag scheme and the care home advice line.

The unifying of our out-of-hospital services under the GCC “Enhanced Independence Offer” (EIO) aims to ensure that the pathways for hospital discharge are clear and consistent across the county. If effective this should ensure that people return home swiftly and safely and are supported to return to independence avoiding further admissions where possible.

5. Metrics

5.1 The four metrics requiring narrative remain consistent for 19/20 (Please see tab 8: Metrics):

1. non-elective admissions
2. delayed transfers of care
3. residential admissions
4. reablement

5.2 Plans to achieve the metrics have been provided where possible for each metric, and other areas of the plan (e.g. tab 7: HICM) have been referenced to avoid duplication. All four metrics have the potential to be positively impacted by the whole system alignment outlined in Section 4 above, and this has been specified where appropriate.

6. Conclusions

6.1 As this year's BCF plan will be submitted in-year, we have attempted to demonstrate a balance between what we are currently achieving with the BCF, and what we expect to achieve (planned spend and potential impact on metrics). Some refinement is still required, although we do not expect the plan to change substantially before the final submission to NHSE on 27th September 2019.