Somerset Health and Wellbeing Board

Report for March 2017

Joint Commissioning Board Update, including Better Care Fund

| | Seen by: | Name | Date |
|--|--|-----------------------------------|----------|
| | Relevant Senior Manager / Lead Office (Director Level) | Stephen Chandler Ann Anderson | 2.3.2017 |
| Report Sign off | Cabinet Member / Portfolio Holder (if applicable) | William Wallace | 2.3.2017 |
| | Monitoring Officer (Somerset County Council) | Julian Gale (pp Jamie Jackson) | 2.3.2017 |
| Summary: | This paper provides a brief update on the work of the Joint Commissioning Board, including an update on progress with the Better Care Fund | | |
| Recommendations: | That the Health and Wellbeing Board • Note the update | | |
| Reasons for Recommendations: | Joint Commissioning of Health and Social Care is a statutory requirement of the Board | | |
| Links to Somerset Health and Wellbeing Strategy: | This is a key element of the strategy | | |
| Financial, Legal and HR Implications: | The Joint Commissioning Board is responsible for oversight of the pooled budget for Health and Social Care. | | |
| Equalities Implications: | n/a | | |
| Risk Assessment: | n/a | | |

1. Background

- **1.1.** The function of the Joint Commissioning Board is to achieve a cohesive partnership approach to the commissioning of Adult Health and Social Care Services in Somerset.
- **1.2.** The Board acts as an advisory group to the Health and Wellbeing Board, making recommendations in respect of the Better Care Fund.
- **1.3.** The Board sets the strategic direction making sure that organisational objectives are aligned and partnership priorities agreed, and oversees the existing key

planning and commissioning work-streams

- 1.4. The Board is responsible for overseeing the commissioning of a range of services for adults that are jointly developed and commissioned by Somerset County Council, NHS Somerset Clinical Commissioning Group and NHS England for specialist commissioned service and primary care. The main exception is Drug and Alcohol services which continues to be the responsibility of the Somerset Drug and Alcohol Partnership, although there have been instances where the impact on drug and alcohol services are considered.
- **1.5.** Key service areas covered by the Board include:
 - BCF
 - Mental health
 - Autism Strategy
 - Learning disability
 - Carers
 - Older People
 - Adults with long-term conditions
 - Integrated Community Equipment Service
 - Assistive Technology and Telecare
- **1.6.** The Board meets on a quarterly basis and is chaired in alternate years between SCC and CCG.
- **1.7.** Regular membership includes:

| Somerset County Council | | |
|---|--|--|
| Lead Cabinet Member for Health | | |
| Lead Commissioner – Health and Social Care (DASS) | | |
| Operations Director – Adults and Health | | |
| Joint Director of Public Health | | |
| Strategic Commissioning Manager (health & social care strategic | | |
| partners lead) | | |
| Finance Manager (Adults) | | |

| Somerset Clinical Commissioning Group | |
|---|--|
| Director of Quality Safety and Governance | |
| Director for Clinical and Collaborative Commissioning | |
| CCG General Practitioner representative | |
| Chief Finance Officer/Deputy Chief Finance Officer | |

District Housing Sedgemoor District Council (on behalf of Somerset Strategic Housing Group)

1.8. In addition other key staff from both organisations that support in the areas of commissioning programmes, performance information and finance may attend as needed.

2. Better Care Fund update

2.1. The Department of Health and the Department for Communities and Local

Government are currently finalising the policy framework for the implementation of the Better Care Fund in 2017-18 and 2018-19. The Planning Guidance, jointly published by the LGA and NHS England, is being finalised and will be published at the same time or shortly after the Policy Framework is published.

The timetable for submission dates and the assurance process will be announced alongside the Planning Guidance.

The number of National Conditions will be reduced from 2016/17 and will consist of:

- A requirement for a jointly agreed plan, approved by the Health and Wellbeing Board
- Real terms maintenance of transfer of funding from health to support adult social care
- Requirement to ring-fence a portion of the CCG minimum to invest in Out of Hospital services

Plans will also need to set out Somerset's vision for integrating health and social care by 2020.

It is intended that this will be a two year BCF plan but there will be an opportunity to amend plans if there are significant changes.

The Planning Guidance will set out at a high level the alignment of the BCF with the Sustainability and Transformation Plans, Urgent and Emergency Care Network Plans and A&E Delivery Board plans. Health and Wellbeing Boards should take into account the priorities across the wider system when agreeing BCF plans.

Graduation:

There is an expectation that all BCF areas will graduate over the next 3 years i.e will move beyond the minimum requirements for BCF towards fuller integration of health and social care. The criteria for graduation will be confirmed in the Policy Framework but is likely to include consideration of the quality of joint planning, maturity of local integrations of health and social care, current trajectory against national metrics and the degree to which budgets are or will be pooled. Timescales over which all areas will graduate are not yet decided and will depend on when areas are ready, the time it takes for earlier waves to graduate and the levels of support needed.

BCF Metrics:

BCF Plans will again need to set a metric for delayed transfers of care which takes account of local targets set at the A&E Delivery Board. A&E plans are reported against total bed days as opposed to population in BCF plans.

There is an expectation that the BCF plan focusses on preventative services and care closer to home and that local partners will align activity in local A&E plans and the BCF plan. The Better Care Team will publish data on the number of

delayed transfers of care by trust for each Health and Wellbeing Board area to assist with this.

The Adult Social Care Outcomes Framework (ASCOF) will continue to be used to measure the effectiveness of reablement, to help ensure continuity by capturing the same metrics over a number of years.

Next Steps:

Following discussions at the last Joint Commissioning Board it was agreed to establish a Task and Finish Group to explore the opportunities to strengthen and broaden the Somerset BCF plan.

This work will need to take account of the development of proposals for moving towards a strategic joint commissioning function across Somerset County Council and Somerset CCG.

This work will also inform the revision of the Somerset BCF plan following the publishing of the new BCF guidance, expected shortly.

3. Consultations undertaken

3.1. Not applicable

4. Financial, Legal, HR and Risk Implications

4.1. Final BCF allocations will be announced alongside the Policy Framework and BCF Planning Guidance.

5. Background papers

5.1. Better Care Fund Planning Guidance: Frequently Asked Questions 01 February 2017