

	Health and Wellbeing Board 20th July 2017
Title	Better Care Fund plan for 2017/18
Report of	Strategic Director for Adults, Communities and Health LB Barnet Chief Operating Officer Barnet CCG
Wards	All
Date added to Forward Plan	September 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Joint Position Statement on Integrated Care,
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Summary

The Barnet Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan has a total pooled budget of £ £24,899,540, for the financial year 2017-18. The core elements of the BCF plan are services for frail and older people and those with long term conditions (LTCs), such as: Barnet Integrated Locality Team (BILT), Rapid Response Team, deployment of a risk stratification for early identification of those in need, 7 day services including hospital social work, and provision of community equipment. The overarching aim of the plan is to provide integrated care and support that intervenes early, prevents crises, responds quickly and helps people stay independent for longer.

Usually, national BCF guidance is issued each December for the following financial year's BCF plans. The Barnet HWB then approves the Barnet BCF plan in the subsequent spring, for submission to NHS England, and the plan is then enacted for the new financial year. However, for 2017-19, the detailed national BCF guidance and timescales for submission were published on 4th July 2017. HWB. Therefore no HWB has approved BCF plans for 2017-19 at this point.

The published national guidance has set a date of 11th September for submission of the BCF plan to NHS England (NHSE). In addition, each HWB area is required to submit a high level plan for the reduction of delayed transfers of care from hospital on 21st July. This report sets out:

- The requirements for the next round of BCF plans, based on the published policy framework and guidance
- The planned use of the IBCF funding for Barnet
- Work underway to develop the Barnet plan

As the BCF submission date is before the next meeting of the HWB, the report asks the HWB to confirm its agreement to the chairman and vice-chairman approving the plan on behalf of the board, in order that the submission deadline can be met. The full plan will then be presented to the September HWB meeting.

The report also updates the HWB on the progress made since the HWB discussion earlier this year to develop a broader approach to integrated care, drawing together the Better Care Fund plan with the Care Closer to Home programme. The intention is that Care Closer to Home will form the centrepiece of the refreshed BCF plan, in line with the direction of travel set by the HWB. As part of this, the HWB is asked to endorse the summary position statement on integrated care developed jointly by officers from BCCG and LBB.

Recommendations

The Health and Wellbeing Board is asked to

- 1. Note the BCF requirements 2017-19; including amended national conditions and financial requirements.**
- 2. Note the progress made on implementing the integrated approach to BCF and Care closer to home.**
- 3. Endorse the Barnet Council and Barnet Clinical Commissioning Group summary shared position on integrated care.**

4. **Consider and comment on the scope of the BCF plan (care strategy).**
5. **As the submission date for the BCF plan is before the next Health and Wellbeing Board meeting on 14th September, the HWB is asked to delegate its agreement to the BCF plan being approved for submission to NHSE by the chairman and vice-chairman on behalf of the full board.**

1. WHY THIS REPORT IS NEEDED

1.1 Whilst Better Care Fund Plans have been required since 2013, the forthcoming BCF round has revised requirements, which are set out in this report. The Barnet BCF plan also needs to respond to the wider policy context for health and care: for example, by ensuring that it is consistent with the North Central London sustainability and transformation plan (NCL STP), the direction set by the 'Next Steps on the Five Year Forward View' and the Care Act 2014. This report sets out these revised requirements and how the Barnet BCF plan will support local implementation of key STP and organisational initiatives.

1.2 The Better Care Fund 2017-19

1.2.2 The Policy Framework for the 2017-19 Integration and Better Care Fund, published in March 2017, covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically. This is supplemented by the detailed planning guidance published on 4th July 2017. Local areas are asked to set out in their BCF plan how they will achieve further integration by 2020, in line with the policy requirement of the 2015 Comprehensive Spending Review. In effect, the requirement is to set out the local vision for integrated care, which allows local flexibility so each HWB can determine the best approach to integration for their residents and patients.

1.2.3 The Policy Framework encourages alignment with STPs but is not prescriptive in terms of what form this should take; it could refer to commissioning or provision in all or part of the STP footprint. In general terms, the national policy direction of the BCF remains the same: to deliver integrated care to people so it feels like they are receiving a single service. Key changes in the policy framework are the increased emphasis on reducing delayed transfers of care and the introduction of the 'Improved BCF' (IBCF), a direct grant to councils.

1.2.4 For 2017-19, there are four national conditions - a reduction from previous years. Condition number 4 is a new national condition. Condition number 2 has been updated.

- Plans to be jointly agreed
- NHS contribution to adult social care is maintained in line with inflation
- Agreement to invest a specific proportion of the fund in NHS commissioned out-of-hospital services; (or retain it as part of local risk-sharing)

- Managing Transfers of Care (to ensure people’s care transfers smoothly between services and settings).
- 1.2.5 Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance in the following four performance metrics. The number of key BCF metrics has also been reduced.
- Delayed transfers of care
 - Non-elective admissions (General and Acute)
 - Admissions to residential and care homes; and
 - Effectiveness of reablement
- 1.2.6 The Policy Framework sets out detailed definitions of the conditions and the metrics. The full Framework and planning guidance can be found in the background papers to this report.
- 1.2.7 The Framework states that although some conditions have been removed, local areas still need to continue to implement these and set out how this is being done in their narrative BCF plan. Removed conditions are: 7 day working; IT inter-operability; and joint approach to assessments and care planning.
- 1.2.8 The Policy Framework also sets out that: the most integrated areas will be able to graduate from the Better Care Fund, which is intended to reduce national reporting requirements; new integration performance metrics will be developed; & the Care Quality Commission will carry out reviews in a small number of areas, focussing on the “interface of health and social care”.
- 1.2.9 The capital Disabled Facilities Grant (DFG) remains part of the BCF and local areas are encouraged to ensure that their plans capture how adaptations are being used to support the aims of the BCF.
- 1.2.10 The planning guidance sets out more detail on the requirements for reducing delayed transfers of care. All HWB areas are expected to implement the High Impact Change model for transfers of care. This model includes: early discharge planning; monitoring patient flow; discharge to assess; trusted assessors; multi-disciplinary discharge support; seven day services; choice for patients; and enhancing health in care homes. Plans should be agreed by all partners and at A&E Delivery Boards.
- 1.2.11 Areas are also asked to complete a plan for reductions in DTOCs, to achieve the NHSE mandate to NHS organisations that DTOCs are no more than 3.5% of occupied hospital bed days by September 2017. These plans – called trajectories in the guidance – have to be submitted by 21st July 2017. The

trajectory should include agreed targets for DTOC reduction for both the NHS and local authorities. These are expected to be consistent with the level of ambition required by the Department of Health. Performance against these targets will be reported quarterly to NHSE .

1.3 BCF financial aspects

1.3.1 The BCF is now made up of three elements: the CCG minimum contribution; the Disabled Facilities Grant; and the improved BCF (IBCF). The Barnet Better Care Fund CCG minimum contribution for 2017/8 and 2018/19 is as follows:

Funding	2017/18	2018/19
Total CCG (£000s)	22,736	23,168
Main Ring-Fenced Elements		
RNF (£000s)	6,870	7,000
Out of hospital commissioning (£000s)	6,461	6,584

1.3.2 These figures include an uplift of 1.79% for 2017/18 and 1.9% for 2018/19, as required in national policy. The table above shows the CCG minimum contribution to the BCF, and the two mandated sub-amounts required for out of hospital services and adult social care (referred to as RNF – relative needs formula).

1.3.3 The Disabled Facilities Grant (DFG) is given directly to Councils with housing duties, to be spent on home adaptations for disabled and elderly people. In 2016-17, the Council carried out 241 DFG adaptations, at a cost of £2.09m. In 17/18 the amount to Barnet for the DFG is £2,163,540; figures for 18-19 have not yet been released. The Authority also top this by up to 2m where we have a need for enhanced adaptations to ensure that an individual remains independent.

1.3.4 The planning guidance states that new burdens funding for the Care Act 2014 remains a ring-fenced part of the BCF and that CCG carers support funding also remains part of the BCF, from the core allocation.

1.3.5 Local BCF plans will need to evidence that they have followed the national policy requirements described above on the financial aspects of the BCF in order to be approved by NHSE. More detail on the financial requirements is set out in the policy framework and the planning guidance.

1.4 Improved Better Care Fund (IBCF)

1.4.1 In addition, the Government's Spending Review in 2015 announced additional money for the BCF of £105m for 2017-18, £825m for 2018-19 and £1.5bn for 2019-20. The Spring Budget 2017 subsequently increased this to £1.115bn for 2017-18, £1.499bn for 2018-19 and £1.837bn for 2019-20. This is called the Improved Better Care Fund (IBCF). This is a direct grant to local authorities under section 31 of the Local Government Act 2003. The national guidance states that this additional funding for adult social care in 2017-19 should be pooled into the local BCF. It also states that this funding does not replace, and must not be offset against the CCG minimum BCF contribution to adult social care.

1.4.2 For Barnet, this represents funding as follows:

Grant Description	2017/18 (£m)	2018/19 (£m)	2019/20 (£m)	Total (£m)
Improved Better Care Fund (iBCF) Spending Review 2015		2.7	5.9	8.6
Additional Funding (iBCF) Spring Budget 2017	5.4	4.1	2.0	11.5
Total Funding for Barnet	5.4	6.8	7.9	20.6

1.4.3 In terms of the additional IBCF, the published grant conditions set out the following requirements:

1.4.4 Grant paid to a local authority under this determination may be used only for: the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. A recipient local authority must:

- a) Pool the grant funding into the local Better Care Fund;
- b) Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
- c) Provide quarterly reports as required by the Secretary of State

1.4.5 The government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans for spending the grant have been locally agreed with clinical commissioning groups involved in agreeing the Better Care Fund plan.

1.4.6 Council and CCG officers have been working to develop plans for the use of this funding, which were agreed by the Council's Adults and Safeguarding Committee in June 2017. Development of the plans was led by the CCG and LBB adults Joint Commissioning Unit, and were reviewed a number of times by the Urgent Care Programme Board, chaired by Barnet CCG and Royal Free Foundation Trust colleagues. Full details can be found in the attached Adults and Safeguarding Committee report. The allocation of funding is being used to:

- Increase rates paid to social care providers for residential and nursing care home placements, following an independent price benchmarking review
- Inflationary uplifts to home care providers, again following a review
- Purchase more home care and enablement care
- Increase hospital social work and care brokerage capacity
- Increase capacity at the first point of contact for adult social care
- The funding is being directed at services for older people and will support the NHS to manage pressures in the system by securing more care and speeding up the service user's journey.

1.5 Barnet's Better Care Fund – progress to date and lessons for the future

1.5.1 The Barnet Better Care Fund plan has been based since its inception on a model with the main elements set out below. The model includes services not funded by the BCF core allocation but from other CCG and Council core funding and ring-fenced Public Health Grant. The full BCF plan for 2016-7 is attached at the end of this report.

1.5.2 Prevention services targeting older people and those with long term conditions: self-care; community dementia support; services for falls, stroke and end of life; equipment and adaptations; Ageing Well; carers support; Later Life planning and advice.

1.5.3 Proactive care for older people and those with long term conditions: multi-disciplinary case conferences; Barnet Integrated Locality Team (BILT); single point of access for community health; and use of the risk stratification tool.

1.5.4 Rapid Care and Seven Day working: Rapid Care service; 7 day hospital social work service; additional enablement services.

1.5.5 Enabling funding was also used for programme management, joint commissioning posts, IT development (shared care records) and the Quality in Care Homes Team.

1.5.6 In 2016-17, a review of all BCF services was undertaken by the Joint Commissioning Unit. The learning from this was that the service model followed the evidence base for integrated care and that services were mostly meeting their intended aims. However, there was a need for:

- Significantly increased usage and throughput of the proactive care services, especially BILT and risk stratification.
- Improved linkages and pathways between the prevention services and proactive and rapid care services., so that they support those most at risk of escalating care needs.
- Improved linkages and pathways between mainstream services including acute admission avoidance schemes funded outside the BCF, and BCF funded services.
- The need to improve alignment across BCF commissioned services and other commissioned services targeting the same or similar group of patients/service users, including the potential for de-commissioning or remodelling services that might duplicate in the areas of crisis de-escalation/admission prevention/early discharge.
- These learning points are being incorporated into the development of the BCF plan for 2017-19.

1.6 Care Closer to Home and local delivery of the NCL STP

1.6.1 The HWB has previously agreed that there should be a unified approach to the Better Care Fund and local implementation of the NCL STP. Following the HWB workshop discussion in March, officers have streamlined the programme governance and management for BCF and STP delivery. Separate groups have been merged into a revised joint commissioning executive group, which reports to the HWB and now acts as the programme board for BCF and Care Closer to Home, the principal STP initiative for local implementation. This group includes health and care providers, GP governing body members, and CCG and Council lead officers.

1.6.2 As agreed at the HWB workshop, the Care Closer to Home (CC2H) delivery plan and BCF plan will be a single plan, to be presented to the HWB for approval as the Barnet local care strategy. This will be presented at the September HWB meeting. The full implementation of CC2H will also need to include a focus on children and young people; and prevention and public health.

1.7 Joint position on integrated care

1.7.1 At its first meeting in its new format, the JCEG reviewed and agreed a joint position statement on integrated care, with the intention of reporting it to the HWB for endorsement. The full position statement is attached at appendix 1.

The HWB is asked to endorse this document, which was developed following the March HWB workshop and summarises the key agreements between the CCG and Council as health and care commissioners to develop CC2H and integrated care. These agreements will be used in developing the BCF plan and will shape the actions within it.

1.8 Direction of travel for the Barnet BCF plan

1.8.1 Officers are now working on developing the BCF plan, based on the BCF Policy Framework and planning guidance; and on the local shared position statement, Care Closer to Home plans and the work of the Urgent Care Recovery programme. The contents of the BCF submission will include:

- Refreshed vision statement. The Barnet BCF vision statement is still relevant but requires some updating to incorporate the NCL STP principles, the model of CC2H and the most recent updates from the HWB strategy and CCG and Council corporate plans.
- The delivery plan for CC2H, which will include the establishment of CHINs (networked GP practices offering enhanced and increased care, with multi-disciplinary elements), QISTs (quality support teams for primary care).
- Information and prevention services. The BCF and other plans have implemented a comprehensive set of information & advice, prevention and early intervention services for older people, carers and those with dementia and long-term conditions. The plan will set these out and how they link to CHINs and admission prevention services. This will include the further development of 'Ageing Well/altogether better' to cover the whole borough and include proactive prevention work for those at risk of escalating care needs. Information and advice services will also be included.
- The role and linkages of adult social care services to CHINs, acute care and prevention services. This will include the strengths based social care model.
- A self- assessment against the high impact change model and local plans to reduce delayed transfers of care. This will draw from the urgent care recovery plan.

1.9 The plans for the use of the IBCF and how they support the wider BCF aims.

1.9.1 The plan will need to describe how current BCF services such as BILT, rapid care and the community point of access need to evolve to align with CHINs and how this will be implemented. The plan will also need to set out how the various admission avoidance and discharge support services currently

commissioned across health and social care become more aligned and streamlined.

1.9.2 The plan will address the policy requirements and national conditions of the BCF, which are measured by key lines of enquiry (KLOE). The plan will give evidence setting out how each KLOE is met.

1.9.3 The submission will include a narrative plan, the detailed financial plan and the agreed performance targets for the national metrics.

2 REASONS FOR RECOMMENDATIONS

2.1 The development of the draft plan will be overseen by the joint commissioning executive group. As it will not be possible to present the final draft plan to a quorate HWB meeting before the submission deadline, the HWB is therefore asked to confirm its agreement to direction of travel for the BCF plan set out above and also its agreement to the chairman and vice-chairman approving the plan on behalf of the board, in order that the submission deadline can be met. The full plan will then be presented to the September HWB meeting.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable, all areas are required to submit a BCF Plan based on greater integration of health and social care within the timescales set out by NHSE.

4 POST DECISION IMPLEMENTATION

4.1 In anticipation of NHS England approval of the BCF Plan, we will continue work to implement the schemes of work described and pooled budget, governance and benefits management arrangements, to evidence the successful delivery of the Plan and achieving the target benefits/outcomes.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The BCF Plan aligns with the twin overarching aims of our Barnet Joint Health and Wellbeing Strategy 2015 to 2020; Keeping Well; and Promoting Independence. There are also clear links with the Barnet Council Corporate Plan, the Priorities and Spending Review, the outline aims of Council 5 year commissioning intentions for adult social care and Barnet CCG Operating Plan.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The BCF Plan details the financial LBB and CCG contributions which will likely comprise the pooled budget used to deliver integrated health and social care services to improved outcomes for patients and service users.

5.2.2 For 2017-2018 the overall Better Care Fund pot has increased by a £400,000 uplift to the core CCG allocation and £192,409 increase in Disabled Facilities Grants (DFG) funding. Therefore, the Better Care Fund Allocation for Barnet in 2017/18 is £24, 899,540. The DFG funding figures for 18/19 are not yet available and so the Better Care Fund Allocation for Barnet in 18/19 currently stands at £23,168,138.

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 Social Value will be considered during procurement and review activity detailed as part of the BCF plans for 2017/18. Our plans clearly recognise the importance of addressing wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing.

5.4 Legal and Constitutional References

5.4.1 The BCF is allocated to Local Areas and placed into pooled budgets under joint governance arrangements detailed in S75 Agreements for Integrated Care between CCGs and councils (Section 75 of the NHS Act 2006, provides for CCGs and local authorities to pool budgets).

5.4.2 A condition of accessing the fund is that CCGs and councils must jointly agree plans for how to invest the money, which must meet certain requirements. The fund will be routed through NHS England to protect the overall level of health spending and works coherently with wider NHS funding arrangements.

5.4.3 Legislation is required to ring-fence NHS contributions to the fund at national and local level, to give NHS England powers to assure local plans and track performance and ensure that local authorities not party to the pooled budget can be paid from it, through additional conditions in Section 31 of the Local Government Act 2003. This ensures that the Disabled Facilities Grant (DFG) can be included in the Fund.

5.4.4 The DFG is included to incorporate the provision of adaptations into strategic considerations and planning of investment to improve outcomes for service users. DFG will be paid to upper-tier local authorities in 2017/18. However, the statutory duty on local housing authorities to provide DFG to those who qualify for it will remain. Therefore each area will have to allocate DFG funding to their respective housing authorities (district councils in two-tier

areas) from the pooled budget so they can continue to meet their statutory duty to adapt the homes of disabled people, including for young people aged up to 17.

5.4.5 Special conditions will be added to the DFG Conditions of Grant Usage (under Section 31 of the Local Government Act 2003). They will stipulate that, where relevant, upper-tier local authorities or CCGs must ensure they cascade the DFG allocation to district council level in a timely manner so it can be spent in year. Further indicative minimum allocations for DFG will be provided for all upper-tier authorities, with further breakdowns for allocations at district council level as the holders of the fund may decide additional funding is appropriate to top up the minimum DFG funding levels.

5.4.6 Under the Council's Constitution, Responsibility for Functions (Annex A) the Health and Wellbeing Board has the following responsibility within its Terms of Reference

(3); 'To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.'

(9); Specific responsibility for:

5.4.6.1 Overseeing public health

5.4.6.2 Developing further health and social care integration

5.5 Risk Management

5.5.1 JCEG have led the detailed work to review the performance of the BCF plan in 2016/17. At a CCG level this has involved assessing the financial performance, risks and the outputs of the associated Managing Crisis Better QIPP. At a council level the senior team have also reviewed the deliverables in line with the medium term financial savings plan.

5.5.2 As part of managing the resilience across the system, partners have considered the overall pressures within the BCF spending plan, the level of investment needed to meet the BCF metrics and national conditions.

5.5.3 These discussions have taken place in the context of wider financial pressures affecting all partners in the health and care system, plus the need to balance priorities within a complex planning environment and a health and care economy which continues to face significant sustainability risks linked the over use of acute care. Evidenced by the engagement exercises around establishing the local commissioning intentions 1 within the CCG and the Council.

5.6 Equalities and Diversity

- 5.6.1 It is mandatory to consider Equality and Diversity issues in decision-making in the Council, pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function.
- 5.6.2 The broad purpose of this duty is to integrate considerations regarding equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.
- 5.6.3 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. Both the Local Authority and the CCG are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.
- 5.6.4 Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports. Proposals are therefore assessed for their impact on equality and diversity in line with the Barnet CCG Equality Delivery System. A requirement of the BCF is to guarantee that no community is left behind or disadvantaged – the commissioning system therefore needs to be focused on reducing health inequalities and advancing equality in its drive to improve outcomes for patients and service users.

5.7 Consultation and Engagement

- 5.7.1 The BCF Plan details the public engagement with patients and service users as well as with providers. The content of our Better Care Fund (BCF) has been discussed with providers, users, clinicians and carers as an integral part of our strategic planning processes. The starting point for all discussions has been our jointly-agreed JSNA and the priorities and plans agreed by the Health and Wellbeing Board (HWBB). Through co-producing these documents, and basing our planning on evidence and feedback, we have worked hard to establish our engagement on the basis of partnership working over many months. In this context we have had many engagement events, including with GP leads and service providers.

5.8 Insight

- 5.8.1 Our plans for 2017-2018 are informed by the:

5.8.1.1 Refreshed Barnet Joint Strategic Needs Assessment (JSNA)

5.8.1.2 The review of BCF interventions against the evidence base, as detailed in the report

6. BACKGROUND PAPERS

- 6.1.1.1 2017-19 Integration and Better Care Fund Policy Framework Department of Health and Department for Communities and Local Government
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf
- 6.1.1.2 Integration and Better Care Fund planning requirements for 2017-19 Department of Health and Department for Communities and Local Government
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625229/Integration_BCF_planning_requirements.pdf
- 6.1.1.3 LB Barnet Adults and Safeguarding committee June 2017 Market stability and the use of social care funding announced in Spring Budget 2017
<http://barnet.moderngov.co.uk/documents/s40056/Market%20stability%20and%20the%20use%20of%20social%20care%20funding%20announced%20in%20Spring%20Budget%202017.pdf>
- 6.1.1.4 LB Health and Wellbeing Board May 2016 Better Care Fund Plan 2016-2017
<http://committeepapers.barnet.gov.uk/documents/s31770/BCF%2016%20-%2017%20HWBB%20May%202016.pdf>