
Meeting	Health and Well-Being Board
Date	23 rd January 2014
Subject	Better Care Fund (formerly the Integration Transformation Fund)
Report of	Barnet CCG Chief Officer / Adults and Communities Director
Summary of item and decision being sought	This report presents a working draft of the Better Care Fund (BCF) plan an ambitious statement for achieving a transformation in integrated health and social care in Barnet. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas, covering the period 2014/15 – 15/16.

Officer Contributors	Rodney D’Costa and Karen Spooner, Heads of Service for the Joint Commissioning Unit
Reason for Report	This report is presented to the Health and Well-Being Board for comment and agreement. The timing for the BCF is aligned with the CCG 2-year operational plan cycle which requires that a draft of the BCF plan needs to be submitted to NHS England by 14 th February 2014 as part of Barnet CCG’s Strategic and Operational Plan; with a revised/final version required by 4 th April 2014.
Partnership flexibility being exercised	None
Wards Affected	All
Status (public or exempt)	Public
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Appendices	Draft BCF plan

1. RECOMMENDATIONS

- 1.1 That the Health & Well-Being Board comments on the draft BCF plan and proposes amendments.**
- 1.2 That the Health and Well-Being Board identifies public health investments that will feed into Tier 2 of the proposed shared model between Barnet Council and CCG for delivering integrated care across Barnet.**
- 1.3 The Health and Well-Being Board agrees that any material changes made following the Health and Well-Being Board meeting are signed off by the Health and Well-Being Board Chair following prior endorsement of the BCF plan by the Chief Officer of Barnet CCG and the Cabinet Member for Adult Services in Barnet Council, before submission of the draft Plan to NHS England by 4th April 2014.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 The meetings of the Health and Well-Being Board on 19th September and 21st November 2013 discussed health and social care integration and the Integration Transformation Fund (which then became the BCF). Additionally the 21st November meeting (Agenda Item 10) discussed NHS England's "Call to Action" Programme, part of a national engagement exercise designed to build public awareness of the challenges facing health and social care in order to create a platform for future transformational change. The BCF represents part of the government's response to this challenge.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The BCF plan is a single pooled budget to support health and social care services to work more closely together in local areas. It is an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. The Plan therefore complements the work of the Health and Social Care Integration Board as well as the 2012-15 Health and Well-Being Strategy's twin overarching aims (*Keeping Well*; and *Keeping Independent*). Barnet Council's / CCG's Joint Commissioning Unit (JCU) will also play a key role in helping to deliver the Plan.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 All identified opportunities for the integration of health and social care services in Barnet will be informed by an analysis of local and national data and evidence of what has been proven to work elsewhere. It will ensure that any subsequent work on integration is informed by the local population needs identified in the Joint Strategic Needs Assessment and the priorities for health improvement and wellbeing set out in the Health and Well-Being Strategy.
- 4.2 The benefits from the proposed programme of integration initiatives should enable partner organisations to identify more effective ways of meeting future demographic challenges that are facing the commissioning and delivery of health and social care services in Barnet, such as the aging population and substantial growth in the numbers of frail older people in the Borough.
- 4.3 Equality and Diversity issues are a mandatory consideration 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. The broad purpose of this duty is to integrate considerations of 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.

- 4.4 The specific duty set out in s149 of the Equality Act is to have due regard to need to:
- (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- 4.5 The relevant protected characteristics are-- age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.
- 4.6 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 CCG's 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.
- 4.7 The final BCF plan will therefore include an Equality Impact Assessment and Public Health will be asked to consider whether a Health Impact Assessment is required.

5. RISK MANAGEMENT

- 5.1 Barnet Council / CCG projects are delivered within a project management and governance framework whereby individual and aggregate project risks are identified, reported and managed by Programme Management Offices and the senior management teams within the CCG and Adults & Communities Delivery Unit (A&CDU). There are no specific risks relating to this report. Projects that form part of the BCF Plan will be subject to the aforementioned governance process.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 In 2015/16 the BCF (the Fund) will be allocated to local areas, where it will be put into pooled budgets under Section 75 joint governance arrangements between CCGs and councils. (*Note: Section 75 of the NHS Act, 2006, provides for CCGs and local authorities to pool budgets*). A condition of accessing the money in the Fund is that CCGs and Councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements. Funding will be routed through NHS England to protect the overall level of health spending and ensure a process that works coherently with wider NHS funding arrangements.

- 6.2 The Department of Health (DH) will use the Mandate for 2015/16 to instruct NHS England to ring-fence its contribution to the Fund and to ensure this is deployed in specified amounts at local level for use in pooled budgets by CCGs and local authorities.
- 6.3 Legislation is needed to ring-fence NHS contributions to the Fund at national and local levels, to give NHS England powers to assure local plans and performance, and to 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 will ensure that the Disabled Facilities Grant (DFG) can be included in the Fund
- 6.4 The DFG has been included in the Fund so that the 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 on local housing authorities to provide DFG to those who qualify for it will remain. Therefore each area will have to allocate this funding to their respective housing authorities (district councils in two-tier areas) from the pooled budget to enable them to continue to meet their statutory duty to provide adaptations to the homes of disabled people, including in relation to young people aged 17 and under.
- 6.5 Special conditions will be added to the DFG Conditions of Grant Usage (under Section 31 of the Local Government Act 2003) which 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 such that it can be spent within year. Further indicative minimum allocations for DFG have been provided for all upper-tier authorities, with further breakdowns for allocations at district council level as the holders of the Fund may decide that additional funding is appropriate to top up the minimum DFG funding levels.
- 6.6 DH and the Department for Communities and Local Government (DCLG) will also use Section 31 of the Local Government Act 2003 to ensure that DH Adult Social Care capital grants (£134m) will reach local areas as part of the Fund. Relevant conditions will be attached to these grants so that they are used in pooled budgets for the purposes of the Fund. DH, DCLG and the Treasury will work together in early 2014 to develop the terms and conditions of these grants.

7. USE OF RESOURCES IMPLICATIONS – FINANCE, STAFFING, IT ETC

- 7.1 The BCF Plan details the financial contributions from Barnet CCG / Council which comprise the single pooled budget that will be used to support health and social care working more closely together to deliver integrated outcomes for patients and service users. The Table in paragraph 10.6 sets out the allocations as advised by NHS England.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 The BCF Plan details the extensive engagement undertaken with service providers as well as public engagement with patients and service users.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 See paragraph 8.1.

10. DETAILS

- 10.1 It should be noted that the BCF plan attached to this report represents a working draft. The final version needs to be submitted to NHS England by 4th April 2014. Any material

changes to the draft following this Health and Well-Being Board meeting will therefore need to be signed off by the Health and Well-Being Board Chair following prior endorsement of the BCF plan by the Chief Officer of Barnet CCG and the Cabinet Member for Adult Services at the London Borough of Barnet, before submission of the final plan to NHS England. Governance procedures for monitoring implementation of the final BCF plan will need to be considered and proposals will be brought to a future meeting of the Health and Well-Being Board by officers.

- 10.2 As part of compiling the BCF plan Barnet CCG and Council commissioned Ernst & Young LLP (EY LLP) to recommend a shared model for integrated care across Barnet. The key recommendations from EY LLP for the proposed integrated service model, which was developed jointly between Barnet Council / CCG through a design group which included representation from providers, Partnership Boards and other stakeholders, include a five-tier model for frail elderly and people living with long term conditions, with self-management applicable for all tiers and for all types of care and support. The five tiers can be summarised as: (i) self-management; (ii) health and wellbeing services; (iii) access services including primary care and social care assessment; (iv) community based intensive services; and (v) residential, nursing and acute services.
- 10.3 The Health and Well-Being Board will want to note the model's proposals in the context of future public health commissioning intentions. In particular that tier (ii) of the integration model should include public health grant funding and that commissioning intentions of public health need to be informed by this model.
- 10.4 This section outlines the BCF, the draft plan for which is contained as an Appendix to this report. NHS England provided a template which all CCGs / Councils are required to use in completing the BCF plan. The template includes setting out the six national conditions which the Spending Round established for access to the Fund. The assurance process for the BCF plan includes sign-off by local Health and Well-Being Boards plus on-going overseeing of the plan. Where Health and Well-Being Boards are not satisfied on the plan then a process of local government and NHS peer challenge – facilitated by NHS England and the Local Government Association – will kick in. Government Ministers will give the final sign-off to plans and the release of performance related funds (paragraph 10.3 refers).
- 10.5 The £3.8bn Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. However there is widespread recognition that most of the BCF is not new or additional resources, but the reallocation of existing service provision budgets to a new pooled budget format. The BCF is intended to provide an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life. The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work already underway in Barnet.

What is included in the BCF and what does it cover?

10.6 At a national level, the Fund provides for £3.8 billion worth of funding in 2015/16 to be spent on health and care to drive closer integration and improve outcomes for patients and service users and carers. In 2014/15, the Government has announced that in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer to enable localities to prepare for the BCF in 2015/16. The following Table summarises the position for Barnet. It should be noted that allocation of funding (£1bn of the £3.8bn) is also partly dependent upon a performance element i.e. achieving specified targets in 2015/16. Note: footnote 2 to the Table below clarifies that the DFG and ASC Capital grant amounts in 2015/16 represents additional CCG funding. The total amount for DFG and ASC capital in 2015/16 therefore is £1.066m and £0.806m respectively.

Table

Department of Health Better Care Fund 2015/16
NHS Barnet CCG

	14/15			All	15/16					All	15/16 NHSE / CCG
	LA	LA	NHSE		LA	LA	CCG	CCG	CCG		
<i>£000s</i>	Disabled Facilities Grant (1)	Adult Social Care Capital Grant (1)	S256 / SR10 Transfer	Sub Total	Disabled Facilities Grant (2)	Adult Social Care Capital Grant (2)	Reablement	Carers Breaks	Additional funding	Total	Transfer to BCF
	<i>Notified</i>	<i>Estimated</i>	<i>Notified</i>		<i>Notified</i>	<i>Notified</i>	<i>Estimated</i>	<i>Estimated</i>	<i>Notified</i>		
England	180,000	129,059	1,100,000	1,409,059	40,000	4,582	300,000	130,000	1,930,000	3,813,641	3,460,000
Barnet	875	778	6,634	8,287	191	28	1,860	806	12,240	23,412	21,540
Barnet as %	0.49%	0.60%	0.60%	0.59%	0.48%	0.60%	0.62%	0.62%	0.63%	0.61%	0.62%

Notes:

1. Reablement / Carers Breaks estimated from PCT 11/12 target allocations.
2. CCG additional funding per NHS England Total Allocations 15/16.

10.7 LBB and Barnet CCG have been working on the BCF proposals for the last six months and have engaged widely with members, boards and providers as well as patients and service users. We have jointly engaged external support to develop a new model of care which will underpin the delivery of this transformation. This is based on much of the work which is already underway, however is a fundamental root and branch review of the approach to integrated care in Barnet. The report supporting this will be issued in mid-January and is summarised in some detail in the draft BCF plan.

10.8 There is a requirement that CCGs and Councils must engage from the outset with all providers, both NHS and social care (and also providers of housing and other related services), likely to be affected by the use of the fund in order to achieve the best outcomes for local people. The plans must clearly set out how this engagement has taken place. Providers, CCGs and councils must develop a shared view of the future shape of services, the impact of the Fund on existing models of service delivery, and how the transition from these models to the future shape of services will be made. This should include an assessment of future capacity and workforce requirements across the system. CCGs and councils should also work with providers to help manage the transition to new patterns of provision including. It is also essential that the implications for all local providers are set out clearly for Health and Well-Being Boards and that their agreement for the deployment of the Fund includes agreement to all the service change consequences.

10.9 A principal challenge for Barnet is managing the aspirations of the BCF against a backdrop of a financially challenged CCG and a local authority under the financial constraints applying to local government and with the emerging additional costs of the

Care Bill. The BCF proposals are built on transforming services through integrated care and releasing savings through efficiency and effectiveness rather than cuts. Recognising that much of the BCF funding will come with services already provided this is going to be particularly challenging in the local setting.

11.0 BACKGROUND PAPERS

11.1 Better Care Fund – Letter and Guidance, published 20th December 2013, GOV.UK

Legal – LC

CFO – JH