	Health and Wellbeing Board **12 May 2016**
Title	**Better Care Fund plan for 2016/17**
Report of	Commissioning Director – Adults and Health CCG Accountable Officer
Wards	All
Date added to Forward Plan	September 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: BCF plan for 2016/17
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Summary

This report presents the Final Better Care Fund (BCF) Plan for 2016/17, submitted to NHS England on 3 May 2016, for ratification by the Health and Wellbeing Board (HWBB). The plan was agreed by the Chairman and Vice Chairman of the Board along with the Chief Executive of the Council prior to submission.

The Council and Barnet CCG have updated the BCF Plan following a request from NHS England to include more details of the schemes of work and their individual impact. This report also updates the Board on delivery progress on integrated health and social care services for older people (as detailed in the Business Case for integration presented on 18 September 2014) and the work plan to set up the pooled budget required to determine and

manage investment and spend to deliver the schemes of work in the Plan.

Recommendations

1. **That the Health and Wellbeing Board ratifies the Better Care Fund plan for 2016/17, submitted with agreement from the Chairman, Vice Chairman and the Council's Chief Executive, to NHS England on 3 May 2016.**
2. **That the Health and Wellbeing Board notes the next steps described under section 4 of this paper and section 3 of the plan following approval of the Plan.**
3. **That the Board notes and comments on progress on delivering and embedding the 5 Tier Integrated Care Model.**

1. WHY IS THE REPORT NEEDED

1.1 Background

1.1.1 This report presents the Final Better Care Fund (BCF) Plan 2016/17 (appendix 1) submitted to NHS England (NHSE) on 3 May 2016, following the previous Plan presented to HWBB on 29 January 2015 and submitted to NHSE on 9 January 2015.

1.1.2 In 2015-2016 we submitted a plan for our use of Better Care Fund resources. In 2016-2017 we intend to continue to work to the vision set out in this plan.

1.1.3 As an example of the BCF work to date, please view this video about the Barnet Integrated Locality Team (BILT) – https://www.barnet.gov.uk/citizen-home/adult-social-care/Barnet-Integrated-Locality-Team.html

1.1.4 In 3 to 5 years' time, we will have developed a fully integrated health and social care system for the frail and elderly population through implementation of our model so that it:

- Delivers on expected patient outcomes; meeting the changing needs of the people of Barnet
- Enables people to have greater choice and autonomy on where and how care is provided
- Empowers the population to access and maximise effective preventative and self-management approaches which support their own health and wellbeing as well as their carers
- Listens and acts upon the view of residents and providers to make continued improvement to services
- Creates a sustainable health and social care environment, which enables organisations to work productively within resource limits
- Reduces overall pressures in hospital and health budgets as we shift from high cost (reactive) to lower cost (prevention) and self-management services.

1.1.5 The development of the local Sustainability and Transformation Plan for

North Central London (NCL) will result in us revisiting our integrated care plans in 2016-2017 but for the purposes of this submission we have referenced new and emerging NCL work-strands where these will have an impact on the achievement of the BCF national conditions.

2. REASONS FOR RECOMMENDATIONS

2.1.1 Following comments from NHS England, the Final BCF Plan now includes significant additional detail to demonstrate the scale, quality and impact of the schemes of work planned to meet locally agreed targets related to reducing non-elective emergency admissions for the cohorts identified within the plan alongside supporting the required improvements in relation to delayed transfers of care as well as a reduction in residential placements.

2.1.2 It illustrates how each scheme contributes towards achieving the benefits and outcomes identified and the expected change in activity and financial benefit derived. This is given for how the schemes will support frail elderly people for the level of risk of admission to hospital or residential/nursing care (analysed via risk segmentation tools) and the level of investment or cost involved.

2.1.3 The Final Plan therefore underlines our ambitious plans for transforming and integrating health and social care in Barnet. The clear, analytically driven case for transforming care has been quality assured again and is now more robust.

2.1.4 BCF remains a key delivery vehicle for realising CCG QIPP plans and savings and Council Commissioning Plan priorities and savings. The Plan explains the work done and planned to maximise the chances of success in meeting these aims.

2.1.5 The BCF Plan has been subject to consultation and agreement with all key stakeholders in the Barnet health and social care economy. It demonstrates how we will use s256, CCG and LBB adult social care funding to invest to put in place new models of care.

2.1.6 The need to update the plan has diverted resources from the on-going delivery of the schemes of work detailed. Endorsing the Plan and agreeing on progress to date and work to set up the required Pooled Budget for BCF will enable us to continue at pace to deliver the schemes of work and realise all the benefits and outcomes identified for 2016/17 and beyond.

2.1.7 Due to the timescales for submission, set out by NHS England, the Chief Executive of the Council with the Chairman and Vice Chairman of the Health and Wellbeing Board, signed off the plan which is being reported back to the Health and Wellbeing Board in this paper.

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.

4. POST DECISION IMPLEMENTATION

4.1.1 In anticipation of NHS England approval of the BCF Plan in May 2016, 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.

4.1.2 In 2016-2017 we will undertake a systematic review of BCF commissioned activities to assess (1) Effectiveness of activity on reducing current (and future) demand (2) cost effectiveness of interventions and (3) adherence to NICE guidelines. Where it is appropriate we will use the outcome of these reviews to redesign our BCF services for 2017-2018 and to inform our conversations with providers.

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 2016-2017 the overall Better Care Fund pot has increased by a £797,000 uplift to core the CCG allocation, £17,059 additional CCG funding and £100,000 increase in Disabled Facilities Grants (DFG) funding. Therefore, the Better Care Fund Allocation for Barnet in 2016/17 is £24,324,521, which includes the Barnet CCG minimum contribution of £22,336,331, additional CCG contribution of £17,059 and Barnet Council's Contribution of £1,971,131. Further details on spend on specific programmes can be found in the BCF Plan (attached at appendix 1).

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 2016/17. 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). In Barnet, S75 agreements and spend are monitored by the Joint Commissioning Executive Group (JCEG) which reports its minutes to the HWBB.

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 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 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. Nationally, the increase in the DFG of £174m outstrips the removal of the Social Care (Capital) Grant, which came to £134m in 2015/16.

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:

- *Overseeing public health*
- *Developing further health and social care integration*

5.5 **Risk Management**

5.5.1 The BCF refresh has involved a comprehensive review of the proposed spending plan for 2016/17. JCEG have led the detailed work to review the performance of the BCF plan in 2015/16. 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.

5.5.4 The Joint Commissioning Executive Group (JCEG) meetings bi-monthly and is the executive for the Better Care Fund pooled budget and delivery of the BCF plan, therefore the JCEG will receive progress updates, finance and risk reports and monitor the delivery of the Section 75. The JCEG reports, with its minutes, to the HWBB.

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

[1] http://www.barnetccg.nhs.uk/Downloads/Publications/Strategies/NHS-Barnet-CCG-Commissioning-intentions-plan-2016-17.pdf

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. For further information see section 7 of Appendix 1.

5.8 **Insight**

5.8.1 Our plans for 2016-2017 are informed by the:

- Refreshed Barnet Joint Strategic Needs Assessment (JSNA)
- The evaluation of the Barnet Integrated Locality Team (BILT) pilot programme, completed in September 2015 from this we found the need to engage with GPs in a more systematic way and clearly identified opportunities to extend the cohort we were working with
- Findings of the CSU deep dives completed in 2015-2016 for the following areas: admissions to residential care from hospital, non-elective admissions to hospital, and falls related injuries. Our learning from these enquiries included the need to embed local voluntary sector provision within pathways, the need to refresh our commissioning specifications in light of updated NICE guidance and the identification of the importance of carers in preventing A+E admissions and admission to residential care

- A review of the 'trigger points' for entry to the adult social care system and the factors associated with individuals moving to higher levels of dependency once they are within the system. We identified an opportunity to redesign our accommodation offer to reduce the number of people who are delayed in hospital because their accommodation is unsuitable and the importance of helping individuals manage their conditions including work with those receiving an early dementia diagnosis.

6. BACKGROUND PAPERS

6.1 Better Care Fund Update, 29 January 2015, item 6: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7784&Ver=4