

	<p align="center">Health and Wellbeing Board</p> <p align="center">14 September 2017</p>
Title	Better Care Fund Plan 2017-2019
Report of	Strategic Director for Adults, Communities and Health CCG Chief Operating Officer
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Better Care Fund Plan 2017-2019
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<p>Summary</p>
<p>This report presents the Better Care Fund (BCF) Plan for 2017-2019, which was submitted to NHS England on 11th September 2017. As agreed by the Health and Wellbeing Board in July, the Plan was signed off by the Chairman and Vice Chairman of the Board prior to submission.</p> <p>The BCF Plan reflects the content agreed by the HWB in July. Council and Barnet CCG officers have updated the BCF Plan for 2017-19 to reflect progress to date, and amendments in light of a review of costs and outcomes to date, local commissioning intentions, the national BCF guidance and local work on Care Closer to Home and Urgent & Emergency Care.</p>

<p>Recommendations</p>
<p>1. That the Health and Wellbeing Board notes that the Barnet Better Care Fund Plan 2017-2019 was agreed under Chairman's and Vice-Chairman's action for submission to NHS England on 11 September 2017.</p>

2. That the Health and Wellbeing Board endorse the attached Barnet Better Care Fund Plan following its agreement by the Chairman and Vice-Chairman.
3. That the Health and Wellbeing Board comment on the plan.
4. That the Health and Wellbeing Board (HWB) note that progress will be monitored by the Joint Commissioning Executive Group and regularly reported to the HWB.

1. WHY THIS REPORT IS NEEDED

- 1.1 This report updates the Health and Wellbeing Board (HWB) on the Better Care Fund (BCF) Plan 2017-2019 and asks the HWB to endorse the plan, following its approval by the Chairman and Vice-Chairman and its submission to NHS England (NHSE) on 11th September.
- 1.2 The detailed planning guidance for the BCF 2017-19 was issued on 4th July 2017 and was considered at the HWB meeting of the 20th July. As the submission date for the BCF plan (11th September 2017) was before the next scheduled meeting of the Health and Wellbeing Board (14th September) the HWB agreed that the BCF plan should be approved for submission to NHSE by the Chairman and Vice-Chairman on behalf of the full Board.
- 1.3 The BCF Plan 2017-2019 continues the work of the vision set out in the Better Care Fund (BCF) Plan 2015/16 and 2016/17. This new plan incorporates amendments based on what has worked well to date, and lessons learned from what has worked less well. It incorporates required elements of the North London Sustainability and Transformation Plan, notably our local work on Care Closer to Home and Urgent and Emergency Care Transformation. It also incorporates a response to new NHS England guidance on the integration of health and social care services and the revised national conditions. An outline of the proposed content of the plan was presented to the HWB at its 20th July meeting.
- 1.4 By 2020, we will have developed a fully integrated health and social care system for the frail, older population and those living with long term conditions (LTCs) through implementation of our model, so that it:
 - Delivers on expected patient and resident 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 effective, preventative and self-management approaches which support their own health and wellbeing, including 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
- 1.5 Health and Wellbeing Boards are responsible, under national policy, for the development, delivery and success of Better Care Fund Plans for their area. The Joint Commissioning Executive Group will oversee the delivery of the Plan and report progress to the HWB at regular intervals.

2. REASONS FOR RECOMMENDATIONS

2.1 NHS England published new 2017-19 BCF planning requirements on 31 March 2017. It remains a requirement that the plan should be agreed by the Health and Wellbeing Board.

2.2 The planning requirements include minimum allocations for the BCF from CCGs for 2017-19, investment in out of hospital services and maintenance of BCF funding for social care. These minimum allocations are met in the Barnet BCF plan.

2.3 Progress to Date

2.3.1 In 2016/17 we delivered a range of schemes, which fell into four broad categories:

- Self-management and health and wellbeing
- Access services including primary and social care assessment
- Community-based proactive care and seven-day support
- Enabling schemes

2.3.2 Outcomes include:

- 4.6% reduction in non-elective admissions
- 1.3% reduction in non-elective emergency admissions of over 65s
- 21% reduction in non-elective stroke-related admissions
- New admissions to residential care over-achieved the target, with the year end position being 382 per 100,000, against a target of 530 per 100,000
- 1.5% reduction in hospital re-admissions following reablement

2.3.3 However, the BCF Plan did not achieve its target for reduction in Delayed Transfers of Care (DTocS) and this remains the main area for improvement and the main programme delivery risk in 2017/8.

2.4 Delayed Transfers of Care (DToCs)

2.4.1 In 2016-17, there was a minor improvement in NHS attributable DToCs. However social care and joint health and social care delayed days both increased. The BCF Plan includes ambitious targets to reduce DToCs, which have been set nationally, and sets out measures to achieve this developed through the Barnet Urgent and Emergency Care Transformation Programme. The table below is for all acute and non-acute DToCs including community and mental health.

	Delayed Transfers of Care				Movements		
Responsible Organisation	2013/14	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
NHS Delay Days	5,226	3,767	4,239	4,615	-27.9%	12.5%	8.9%
Social Care Delay Days	1,975	2,523	3,338	5,010	27.7%	32.3%	50.1%
Joint NHS And Social Care Delay Days	-	313	149	579		-52.4%	288.6%

2.4.2 The Government tabled a Written Ministerial Statement in Parliament on 3rd July 2017¹, setting out the measures that it is putting in place to address delayed discharges from hospital in advance of this winter. These measures include a dashboard that reflects how local areas across England are progressing in their work to improve the interface between health and social care.

2.4.3 As well as being included in the BCF Plan, each health and care system was separately required to submit a return setting out their target reduction for DToCs to NHS England in July. The target reduction for each area was pre-populated by NHS England.

2.5 The BCF Plan 2017-2019

2.5.1 To refresh the BCF Plan, we undertook a systematic review of services funded by the BCF. It indicated that services are largely being delivered according to the service model and are achieving their aims. However, there is scope for improved performance in some areas, specifically to improve alignment of services supporting the same patient groups around prevention of admissions and delayed discharges.

¹ <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2017-07-03/HCWS24/>

- 2.5.2 The vision for the next two years is to make health and care available closer to home for all, incorporating the BCF previous national condition requirements for 7-day services, better data sharing, joint approach to assessments, and strengthening relationships and collaboration between providers.
- 2.5.3 A key action of the 2017-2019 BCF Plan is to realign BILT and other pre-existing BCF-funded community health initiatives with the delivery of Care Closer to Home Integrated Networks (CHINs) and Quality Improvement Support Teams (QISTs), as well as the Discharge to Assess Pathways.
- 2.5.4 The Care Quality Team was established with BCF funding. Based in the Council, the team advises and supports residential, nursing and home care providers. It proactively intervenes where there are problems with quality in specific provision, working with the Care Quality Commission (CQC). Alongside this, the CCG developed a pilot team of health care professionals, the CHEAD team, to provide additional health input to care and nursing homes. Building on the learning from these two services, we will develop a new joint care home strategy to improve quality and healthcare support to residential and nursing homes as part of the 2017-19 plan.
- 2.5.5 The 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 likelihood of success in meeting these aims.
- 2.5.6 The BCF Plan includes a commitment to meet NHS England's minimum allocations for the BCF and the required inflationary increases from the 2016/17 baseline of 1.79% in 2017/18 and 1.9% in 2018/19.
- 2.5.7 The contents of the BCF Plan have been developed with Barnet health and social care providers, including GPs, the Barnet GP Federation and the Council's Adults and Communities Delivery Unit.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable. All areas are required to submit a BCF Plan.

4. POST DECISION IMPLEMENTATION

- 4.1 In anticipation of NHS England approval of the BCF Plan, following an assurance process, we will continue work to implement the schemes of work described and update the S75 governing the pooled budget.. We will implement benefits management arrangements, to evidence the successful delivery of the Plan and achievement of 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 Council's 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 that will comprise the pooled budget used to deliver integrated health and social care services to improve outcomes for patients and service users.
- 5.2.2 A breakdown of proposed spend over the two years is in section 3.3.3 of the BCF Narrative Plan.

5.3 Social Value

The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure a 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 in which they are going to buy them, could secure those benefits for their area or stakeholders.

- 5.4 Social Value will be considered during any procurement and review activity detailed as part of the BCF plan for 2017-2019. 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.

5.5 Legal and Constitutional References

- 5.5.1 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/Care

Closer to Home Programme Board (JCEG) which reports its minutes to the HWBB.

- 5.5.2 A condition of accessing the minimum element of the BCF 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 work coherently with wider NHS funding arrangements. The IBCF is a specific grant paid directly to local authorities under the Local Government Act 2003, with this element of the BCF having three conditions. The Grant must be used to stabilise the social care market, meet social care needs and reduce pressures on the NHS.
- 5.5.3 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 cannot 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.
- 5.5.4 The DFG is included to incorporate the provision of adaptations into strategic considerations and planning of investment to improve outcomes for service users. DFG is paid to upper-tier local authorities. However, the statutory duty on local housing authorities to provide DFG to those who qualify for it remains. Therefore each area will have to allocate DFG funding to their respective housing authorities 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.
- 5.5.5 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.
- 5.5.6 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*

5.6 Risk Management

5.6.1 Development of the BCF has involved a comprehensive refresh of the spending plan for 2017-2019. JCEG have led the detailed work to review the performance of the BCF plan in 2016/17. For the CCG, this has involved assessing the financial performance, risks and the outputs of the associated Managing Crisis Better QIPP. For the council, the senior team have also reviewed the deliverables in line with the Medium Term Financial Strategy (MTFS).

5.6.2 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.

5.6.4 The Joint Commissioning Executive Group (JCEG) is the executive for the BCF 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.

5.7 Equalities and Diversity

5.7.1 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.

5.7.2 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.

5.7.3 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.

5.7.4 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.

5.8 Consultation and Engagement

- 5.8.1 The content of our BCF has been discussed with providers 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).

5.9 Insight

- 5.9.1 Our Better Care Fund (BCF) Plan for 2017-19 is informed by the:
- Refreshed Barnet Joint Strategic Needs Assessment (JSNA)
 - Contract management performance data and any service reviews/evaluations as appropriate

6. BACKGROUND PAPERS

- 6.1. 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
- 6.2 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
- 6.3 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>
- 6.4 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>
- 6.5 Better Care Fund Plan for 2017-18 – Health and Wellbeing Board, 20 July 2017
<https://barnet.moderngov.co.uk/documents/s41164/BCF%2017%20-%2018%20HWBB%20July%202017.pdf>