

# Southend Health & Wellbeing Board

Joint Report of  
Simon Leftley, Deputy Chief Executive (People), Southend Borough  
Council;  
Ian Stidston, Interim Accountable Officer, Southend CCG

to  
**Health & Wellbeing Board**  
on  
**20 Sep 2017**

Report prepared by:  
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For discussion	<b>X</b>	For information only		Approval required	
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## Better Care Fund

**2017/19**

Part 1 (Public Agenda Item)

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### 1 Purpose of Report

The purpose of this report is as follows;

- 1.1 To update members of the Health and Wellbeing Board (HWB) regarding the Better Care Fund (BCF) for 2017/19;
- 1.2 To note the BCF plan 2017/19 submission made to NHS England on 11<sup>th</sup> Sep 2017 following sign off from the Deputy Chief Executive (People) (Southend-on-Sea Borough Council 'SBC') and the Interim Accountable Officer (Southend Clinical Commissioning Group 'SCCG') in conjunction with the Chair and Vice Chair of HWB.

### 2 Recommendations

HWB are asked to;

- 2.1 note the update for BCF 2017/19;
- 2.2 note the Southend BCF plan for 2017/19 that was submitted to NHS England on 11<sup>th</sup> Sep 2017;

### 3 Background & Context

- 3.1 The BCF for 2016/17 was established between SCCG and SBC from 1 April 2016. It is underpinned by a legal Section 75 Agreement between the two organisations that sets out the proposed schemes to be funded, the required

flows of income into the pooled budget and the distribution back to the scheme / organisational leads.

- 3.2 Throughout the course of 2016/17 HWB has reported quarterly BCF activity to NHS England. The most recent return made to NHS England (31 May 2017) continued the theme of reporting that the Southend system continues to operate in challenging financial and operational circumstances but that integrated mitigations and projects are beginning to have an impact, key issues being reported were;
- 3.2.1 Non-elective admissions are higher than the previous year but the trend is starting to decrease;
  - 3.2.2 Admissions to residential care is stable and is being robustly managed within the context of transforming adult social care;
  - 3.2.3 Delayed Transfers of Care (DToC) performance is good but still presents a significant challenge to both health and social care; and
  - 3.2.4 Reablement (those still at home 91 days after discharge) is on track and stable.

## **4 Southend BCF 2017/19**

National

- 4.1 The Policy Framework was published in March 2017 (see Appendix A). Due to the General Election 2017 the publication of the technical planning guidance, which enables a BCF submission, was delayed until 4<sup>th</sup> July 2017, see Appendix B.
- 4.2 The summary points for the BCF Policy Framework are;
- 4.2.1 The planning cycle will move from annual to biennial (once every two years) to align with NHS planning requirements;
  - 4.2.2 Local areas will be invited to graduate from BCF which will provide areas with greater autonomy;
  - 4.2.3 National conditions will reduce from eight to four; (1) plans to be jointly agreed; (2) NHS contribution to adult social care is maintained in line with inflation ; (3) commissioning of out of hospital services; and (4) Managing Transfers of Care;
  - 4.2.4 As a result of the 2015 Spending review and 2017 spring budget additional funding has been allocated to local authorities via the BCF to enable a focus on managing transfers of care and sustaining the social care market place, this is known as improved Better Care Fund (iBCF); and
  - 4.2.5 Metrics to measure performance will continue to focus on non-elective admissions; admissions to residential care homes; reablement; and DToC;

Local

- 4.3 Since March 2017 SCCG and SBC have agreed the following principles that will be followed whilst setting the BCF 2017/19 plan, these are;
- 4.3.1 BCF fund is largely committed to existing community health and integrated social care activity;
  - 4.3.2 The existing section 75 agreement will be amended to accommodate 2017/19 BCF plan and the iBCF element;
  - 4.3.3 All national conditions will be met, consistent with approach 2016/17; and
  - 4.3.4 Both SCCG and SBC will contribute the mandated funds to the BCF pool. This will be the same as 2016/17 with an anticipated uplift set and agreed by both DCLG and DoH.
- 4.4 At June 2017 HWB members delegated powers for the Deputy Chief Executive (People) SBC, the Interim Accountable Officer SCCG and the Chair and Vice-Chair HWB to sign off the BCF 2017/19 plan.

## **5 Southend BCF 2017/19**

- 5.1 On 11<sup>th</sup> Sep 2017 the Southend BCF plan for 2017/19 was submitted to NHS England according to the planning policy and technical planning guidance (Appendix A and B respectively).
- 5.2 The plan (at Appendix C) summarises the vision that Southend has in terms of delivering an integrated health and social care model via the Locality approach, reviews the 2016/17 activity and presents a plan with supporting evidence that demonstrates how the locality approach will be implemented.
- 5.3 The plan confirms agreement to the 4 national conditions.
- 5.4 Further, the plan outlines the associated financial elements for Southend BCF 2017/19.

## **6 Southend improved BCF 2017/18**

- 6.1 The Planning Policy at Appendix A outlines the national conditions associated with BCF. One of these conditions is that local areas are responsible for managing transfers of care.
- 6.2 To enable local areas to manage transfers of care a new grant for adult social care (iBCF) was announced as part of the Government's Spending Review 2015 and the Spring Budget 2017.
- 6.3 The iBCF will be paid direct to Local Authorities via a Section 31 grant from the Department for Communities and Local Government. Conditions attached to the grant are outlined below.
- 6.4 The grant conditions are;
- 6.4.1 Grant is to be spent on adult social care and used 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 stabilising the social care provider market.

6.5 A recipient local authority must:

6.5.1 pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;

6.5.2 work with the relevant Clinical Commissioning Group(s) 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

6.5.3 provide quarterly reports as required by the Secretary of State.

6.6 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 have been locally agreed.

6.7 To support the planning for the allocation of iBCF the Government published a High Impact Change model which supports the requirements for meeting the national condition re 'Managing Transfers of Care'. The High Impact Change model outlines 8 step changes that should be considered and planned against to ensure local areas are able to manage more efficiently transfers of care.

6.8 iBCF allocation for Southend are; 2017/18 - £3.99M; 2018/19 - £5.429M (indicative); and 2019/20 - £6.744M (indicative);

6.9 via the Locality Transformation Group (LTG) the iBCF plan was developed. LTG meets monthly and is attended by SBC, SCCG, SEPT and SUHFT. The group is chaired by the Director of Strategy, Commissioning & Procurement; and

## **7 National Assurance of the BCF plan**

7.1 NHS England have delegated responsibility for assuring plans to regional level whilst maintaining responsibility for moderation.

7.2 During the period 11<sup>th</sup> Sep – 22<sup>nd</sup> Sep plans will be assured by regional representatives from both local government and NHS England.

7.3 From 22<sup>nd</sup> Sep plans will be moderated at both regional and national level with letters confirming either an 'approved', 'approved with conditions' or 'not approved' status on 3<sup>rd</sup> Oct 2017. Assurance guidance and timetable can be found at Appendix D.

## **8 Health & Wellbeing Board Priorities / Added Value**

8.1 The BCF contributes to delivering HWB Strategy Ambitions in the following ways

8.2 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff the BCF will actively support individuals living independently.

- 8.3 Ambition 6 – Active and healthy ageing; through engaging and integrating health and social services within the community the services will be aligned to assisting individuals to age healthily and actively; and
- 8.4 Ambition 9 – Maximising opportunity; Overarching BCF; Southend is the drive to improve and integrate health and social services. Through initiatives within the BCF we will empower staff to personalize the integrated care individuals receive and residents to have a say in the care they receive.

## **9 Reasons for Recommendations**

- 9.1 As part of its governance role, HWB has oversight of the Southend BCF 2017/19.

## **10 Financial / Resource Implications**

- 10.1 None at this stage

## **11 Legal Implications**

- 11.1 None at this stage

## **12 Equality & Diversity**

- 12.1 The BCF plan should result in more efficient and effective provision for vulnerable people of all ages.

## **13 Appendices**

Appendix A – 2017 – 19 Integration and Better Care Fund (Policy Framework)	
Appendix B – BCF technical planning guidance	
Appendix C – Southend BCF 2017/19 plan (narrative and financial)	
Appendix D – National Assurance	

## HWB Strategy Ambitions

<p><b>Ambition 1. A positive start in life</b>  A. Children in care   B. Education- Narrow the gap   C. Young carers   D. Children’s mental wellbeing   E. Teen pregnancy   F. Troubled families</p>	<p><b>Ambition 2. Promoting healthy lifestyles</b>  A. Tobacco – reducing use   B. Healthy weight   C. Substance &amp; Alcohol misuse</p>	<p><b>Ambition 3. Improving mental wellbeing</b>  A. Holistic: Mental/physical   B. Early intervention   C. Suicide prevention/self-harm   D. Support parents/postnatal</p>
<p><b>Ambition 4. A safer population</b>  A. Safeguarding children and vulnerable adults   B. Domestic abuse   C. Tackling Unintentional injuries among under 15s</p>	<p><b>Ambition 5. Living independently</b>  A. Personalised budgets   B. Enabling community living   C. Appropriate accommodation   D. Personal involvement in care   E. Reablement   F. Supported to live independently for longer</p>	<p><b>Ambition 6. Active and healthy ageing</b>  A. Integrated health &amp; social care services   B. Reducing isolation   C. Physical &amp; mental wellbeing   D. Long Term conditions– support   E. Personalisation/ Empowerment</p>
<p><b>Ambition 7. Protecting health</b>  A. Increased screening   B. Increased immunisations   C. Infection control   D. Severe weather plans in place   E. Improving food hygiene</p>	<p><b>Ambition 8. Housing</b>  A. Partnership approach to; Tackle homelessness   B. Deliver health, care &amp; housing in a more joined up way   C. Adequate affordable housing   D. Adequate specialist housing   E. Strategic understanding of stock and distribution</p>	<p><b>Ambition 9. Maximising opportunity</b>  A. Population vs. Organisational based provision   B. Joint commissioning and Integration   C. Tackling health inequality (improved access to services)   D. Opportunities to thrive; Education, Employment</p>