

# 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  
**22 March 2017**

Report prepared by:  
Nick Faint BCF Programme Lead

For discussion		For information only		Approval required	<b>X</b>
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## Better Care Fund

### 2017/19 Plan

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) planning process for 2017/19; and
- 1.2 To agree delegated authority to 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 to agree the BCF plan and to enable a submission to be made to NHS England in accordance with the planning guidance (not yet published).

## 2 Recommendations

HWB are asked to;

- 2.1 note the update for BCF 201/19;
- 2.2 agree delegated authority to the Deputy Chief Executive (People), SBC and the Interim Accountable Officer SCCG in conjunction with the Chair and Vice Chair of HWB to sign off the final BCF plan for 2017/19 on behalf of HWB; and
- 2.3 agree to the BCF plan 2017/19 being consulted amongst HWB partners as outlined in section 4.5 – 4.8.

### **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 (3 March 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 years quarter 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) presents a significant challenge to both health and social care but is being robustly managed through a programme of DToC transformation; and
  - 3.2.4 Reablement (those still at home 91 days after discharge) is on track and stable.
- 3.3 The three quarterly returns for 2016/17 are available at Appendix A

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

National

- 4.1 The policy and technical planning guidance and detailed direction to enable local areas to draft the BCF plans for 2017/19 is not yet published, the date for publication is currently unknown.
- 4.2 Attached at Appendix B is the most recent published guidance (Dec 2016). Summary points 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 three; (1) plans jointly agree; (2) protection of social care; and (3) commissioning of out of hospital services;
  - 4.2.4 Metrics to measure performance will continue to focus on non-elective admissions; admissions to residential care homes; reablement; and DToC;

#### Local

- 4.3 Whilst it is difficult to currently plan for BCF 2017/19 without national policy guidance an assurance process has already commenced between SBC and SCCG to review the impact and effectiveness of spend on current integrated services. The outcome of this process will help inform the BCF plan for 2017/19 once guidance has been published.

#### Timeline

- 4.4 The timeline is currently unknown.

#### Consultation and engagement

- 4.5 A national requirement for the BCF is that HWBs sign off, agree and are engaged in the planning process.
- 4.6 It is anticipated that following March 2017 HWB planning guidance will be published by NHS England and final / signed of plans will be required to be submitted prior to June 2017 HWB.
- 4.7 To meet the national requirement outlined in para 4.5 it is proposed that HWB are engaged and consulted with at a senior management level and virtually for Board members of the HWB, specifically;
  - 4.7.1 Via the Locality Transformation Group (LTG) the BCF plan will be developed and the detail reviewed. LTG meets monthly and is attended by SBC, SCCG, SEPT and SUHFT. The group is chaired by the Director of Strategy, Commissioning & Procurement; and
  - 4.7.2 Via virtual circulation of relevant documents, the HWB are distributed with the various planned submissions for review and comment;
- 4.8 The agreed plan and Section 75 agreement will be brought to the next appropriate HWB following March 2017.

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

- 5.1 The BCF contributes to delivering HWB Strategy Ambitions in the following ways
- 5.2 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff the BCF will actively support individuals living independently.
- 5.3 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
- 5.4 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.

## **6 Reasons for Recommendations**

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

## **7 Financial / Resource Implications**

- 7.1 None at this stage

## **8 Legal Implications**

- 8.1 None at this stage

## **9 Equality & Diversity**

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

## 10 Appendices

Appendix A – Quarterly Returns	
Appendix B – Current planning guidance	

## 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>