

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
21 June 2017

Report prepared by:
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| For discussion | | For information only | | Approval required | X |
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Better Care Fund

2017/19

Part 1 (Public Agenda Item)

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;
 - 1.1.1 The Better Care Fund (BCF) for 2017/19;
 - 1.1.2 The improved BCF (iBCF) for 2017/18; 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 iBCF plan in accordance with the grant conditions as defined by the BCF policy framework (published March 2017), see appendix A.

2 Recommendations

HWB are asked to;

- 2.1 note the updates for BCF 2017/19 and the iBCF 2017/18;
- 2.2 agree priorities for setting the BCF 2017/19 plan, including the need to abide by the national BCF conditions;
- 2.3 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 iBCF plan for 2017/18 on behalf of HWB; and
- 2.4 agree to the iBCF plan 2017/18 being consulted amongst HWB partners as outlined in section 5.

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) 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 four quarterly returns for 2016/17 are available at Appendix B

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, has been delayed. The date for publication is unknown.
- 4.2 Attached at Appendix A is the BCF Policy Framework, published March 2017. 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 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 Metrics to measure performance will continue to focus on non-elective admissions; admissions to residential care homes; reablement; and DToC;

Local

- 4.3 At March 2017 HWB members approved a report (Appendix C) that requested HWB grant delegated powers to the Deputy Chief Executive (People) SBC, the Interim Accountable Officer SCCG and the Chair and Vice-Chair HWB to sign off the BCF plan 2017/19.
- 4.4 Since March 2017 SCCG and SBC have agreed the following principles that will be followed whilst setting the BCF 2017/19 plan, these are;
- 4.4.1 BCF fund is largely committed to existing community health and integrated social care activity;
 - 4.4.2 The existing section 75 agreement will be amended to accommodate 2017/19 BCF plan and the iBCF element;
 - 4.4.3 All national conditions will be met, consistent with approach 2016/17; and
 - 4.4.4 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.

5 Southend improved BCF 2017/18

- 5.1 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.
- 5.2 To enable local areas to manage transfers of care a new grant for adult social care (improved BCF 'iBCF') was announced as part of the Government's Spending Review 2015 and the Spring Budget 2017.
- 5.3 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.
- 5.4 The grant conditions are;
- 5.4.1 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.
- 5.5 A recipient local authority must:
- 5.5.1 pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;
 - 5.5.2 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
 - 5.5.3 provide quarterly reports as required by the Secretary of State.
- 5.6 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.

- 5.7 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 (see Appendix D) outlines 8 step changes that should be considered and planned against to ensure local areas are able to manage more efficiently transfers of care. The step changes are listed below in paragraph 5.9.
- 5.8 The details for Southend re iBCF are as follows;
- 5.8.1 iBCF allocation for Southend are; 2017/18 - £3.99M; 2018/19 - £5.429M (indicative); and 2019/20 - £6.744M (indicative);
 - 5.8.2 SBC and SCCG have, following a self-assessment exercise, agreed the priorities for allocating the iBCF as; discharge to assess; integrated discharge team; and trusted assessor
 - 5.8.3 In support of the grant conditions the SBC and SCCG have agreed the introduction of step 9 which recognises the need for Southend to invest the iBCF to provide stability and extra capacity in the Southend care system;
- 5.9 Steps 1 – 9 are as follows;
- 5.9.1 **Step 1** – Early Discharge Planning – investment to support the development of the integrated discharge team
 - 5.9.2 **Step 2** – Systems to monitor patient flow – investment in applications to predict and determine patient flow
 - 5.9.3 **Step 3** – MDT, Voluntary Sector – investment to enhance MDT working, preventative activity and SPoA
 - 5.9.4 **Step 4** – Home first – investment to support D2A model, Hospital 2 Home service and step-up facility
 - 5.9.5 **Step 5** – Seven day – investment to support realignment of social care
 - 5.9.6 **Step 6** – Trusted assessor – investment to support the development of a model
 - 5.9.7 **Step 7** – Focus on Choice – investment to support asset based approach within MDT environment
 - 5.9.8 **Step 8** – Enhancing Care in Care Homes – GSF investment and training for workforce development
 - 5.9.9 **Step 9** – Investment to meet adult social care needs

Consultation and engagement

- 5.10 A grant condition for iBCF is that the iBCF is locally agreed.
- 5.11 To meet this grant condition for iBCF it is proposed that HWB are engaged and consulted with at a senior management level and virtually for Board members of the HWB, specifically;
 - 5.11.1 via the Locality Transformation Group (LTG) the iBCF 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
 - 5.11.2 Via virtual circulation of relevant documents, the HWB are distributed with the iBCF plan for review and comment;

6 Health & Wellbeing Board Priorities / Added Value

- 6.1 The BCF contributes to delivering HWB Strategy Ambitions in the following ways
- 6.2 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff the BCF will actively support individuals living independently.
- 6.3 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
- 6.4 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.

7 Reasons for Recommendations

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

8 Financial / Resource Implications

- 8.1 None at this stage

9 Legal Implications

- 9.1 None at this stage

10 Equality & Diversity

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

11 Appendices

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| Appendix A – 2017 – 19 Integration and Better Care Fund (Policy Framework) | |
| Appendix B – Quarterly Returns | |

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| Appendix C – HWB March 2017 report of BCF 2017 - 19 | |
| Appendix D – High Impact Change Model | |

HWB Strategy Ambitions

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| <p>Ambition 1. A positive start in life 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>Ambition 2. Promoting healthy lifestyles A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse</p> | <p>Ambition 3. Improving mental wellbeing A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal</p> |
| <p>Ambition 4. A safer population A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s</p> | <p>Ambition 5. Living independently 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>Ambition 6. Active and healthy ageing A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions– support E. Personalisation/ Empowerment</p> |
| <p>Ambition 7. Protecting health A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p> | <p>Ambition 8. Housing A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution</p> | <p>Ambition 9. Maximising opportunity 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> |