

Southend Health & Wellbeing Board

Joint Report of

Simon Leftley, Corporate Director for People, SBC
Melanie Craig, Chief Officer, Southend CCG

to

Health & Wellbeing Board

on

15 June 2016

Agenda

Item No.

Report prepared by:

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For discussion	For information only	Approval required	X
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Better Care Fund – Update and Section 75 Agreement (Deed of Variation)

Part 1 (Public Agenda Item)

1 Purpose of Report

- 1.1 The purpose of this report is to inform Health & Wellbeing Board (HWB) regarding the current status of the Southend Better Care Fund (BCF) 16/17 plan; and to request that HWB note the Section 75 agreement deed of variation.

2 Recommendations

- 2.1 HWB are asked to **NOTE** the Section 75 agreement deed of variation;

3 Background

- 3.1 The BCF for 2015/16 was established between Southend Clinical Commissioning Group (SCCG) and Southend on Sea Borough Council (SBC) from 1st April 2015. It is underpinned by a legal Section 75 (s75) 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 leads.
- 3.2 Throughout the course of 2015/16 HWB has reported quarterly BCF activity to NHS England. A return was submitted for Q4 2014/15, Q1, Q2, Q3 & Q4 2015/16.
- 3.3 In January 2016 a Policy Framework (at Appendix 1) was published by the Department of Health (DoH) and the Department for Communities and Local Government (DCLG) which provides direction for HWBs in formulating BCF

plans for 2016/17. Sections 3.6 – 3.8 provide a summary of the Policy Framework.

- 3.4 The technical planning guidance and detailed direction to enable local areas to draft the BCF plans for 2016/17 was published on 23rd February. The technical planning guidance is at Appendix 2.

BCF performance for 2015/16

- 3.5 On 27th May 2016 a Q4 2015/16 report was submitted to NHS England. The report contained the accumulative performance for period from beginning of Q4 2014/15 to end Q4 2015/16; an activity period spanning five quarters. Key points from this report are;

- 3.5.1 Non-Elective admissions reduced by 5.0%. The agreed target was 3.5%.

- 3.5.2 Admissions to residential care reduced by 18%. The agreed target was 11.5%.

- 3.5.3 The current performance of the Southend BCF allows for the recovery of a proportional amount of Pay 4 Performance money that was placed at risk through the BCF. The full amount has now been recovered from a pot totalling £1,047m.

BCF National Policy Framework for 2016/17

- 3.6 The BCF National Policy Framework was published in January 2016 and is attached at Appendix 1 to this paper. A summary of the key points noted in the Policy Framework are;

- 3.7 For 2016/17 HWBs are required to meet the following conditions to access the BCF ring fenced funding;

- 3.7.1 that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006;

- 3.7.2 HWBs jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s);

- 3.7.3 that plans are approved by NHS England in consultation with DoH and DCLG; and

- 3.7.4 that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including health and social care.

- 3.8 Further, NHS England will also require that BCF plans demonstrate how the following conditions will be met;

- 3.8.1 plans to be jointly agreed; the BCF plan is to be signed off by the HWB, the Local Authority and the CCG.

- 3.8.2 maintain provision of social care services; social care services are to be supported consistent with 2015/16. As a minimum, it should maintain the level of protection provided through BCF 2015/16.
- 3.8.3 agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.
- 3.8.4 better data sharing between health and social care, based on the NHS number; confirm that the NHS number is being used, confirm Application Programming Interfaces (APIs) – systems that speak to each other – are being used, confirm appropriate Information Governance is in place, ensure local residents are informed that data is being shared.
- 3.8.5 ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- 3.8.6 agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- 3.8.7 agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care; local areas are to agree how their share of the £1bn (for Southend circa £1m) that had previously been used to create the pay for performance will be allocated. This is to fund NHS commissioned out of hospital services, which may include a range of services including social care.
- 3.8.8 agreement on a local action plan to reduce delayed transfers of care (DToC). Each area is to agree a local action plan to address DToC with a locally agreed target.

Finances

- 3.9 The full technical planning guidance of the BCF fund for 2016/17 is at Appendix 2. NHS England recently published SCCGs minimum contribution to the BCF as £11.938m which represents an increase of £0.338m from 2015/16. The LA contribution is £1.153m which is the Disabled Facilities Grant (DFG).
- 3.10 Within the £11.938m contribution from SCCG a minimum of £3,842m is to be transferred through to SBC to maintain the provision of social care services, which represents an inflationary increase from £3,777m for 2015/16.

4 The BCF plan for 2016/17

General

- 4.1 The Southend BCF plan for 2016/17 was submitted on 3rd May 2016 and is currently subject to regional assurance and national moderation. Southend will be notified of the outcome by the end of June 2016. Our initial plan, submitted

on 21st March 2016, was 'approved with support' The expectation is that the plan submitted on 3rd May 2016 will be approved.

- 4.2 The Southend BCF plan (at Appendix 3a & b) for 2016/17 is based on the following;
 - 4.2.1 conformance to the national conditions,
 - 4.2.2 building on the successes and lessons learnt from 2015/16;
 - 4.2.3 aligned with wider transformation activity; and
 - 4.2.4 a plan to further integrate our health and social care system.

Response to national conditions

- 4.3 **S75**; this national condition existed as a national condition in 2015/16. The Southend BCF plan for 2016/17 will be formalised through a deed of variation (Appendix 4) to our existing s75 agreement (Appendix 5) (established 1st April 2015). SCCG and SBC commissioned Bevan Brittan to draft the deed of variation in accordance with our agreed commercial direction.
- 4.4 **Health and Wellbeing Boards jointly agree the plan**; HWB agreed the BCF (submitted to NHS England of 21st March 2016) on 7th April 2016. HWB further agreed delegated powers to the Chair of HWB, Vice Chair of HWB Chief Officer SCCG and Corporate Director for People SBC to sign off any amendments to the plan. The final plan was submitted on 3rd May 2016, (see Appendix 3a & b).
- 4.5 **that plans are approved by NHS England in consultation with DoH and DCLG**; a regional assurance process has been developed by the East of England BCF regional manager which will facilitate both approval and moderation of the plans;
- 4.6 **that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services**; Sufficient funding, aligned with national guidance, have been committed to funding out of hospital / community services for 2016/17.

Making the broader connections

Essex Success Regime (ESR)

- 4.7 ESR is part of the NHS Five Year Forward View and with a scope that includes mid and South Essex is targeted to;
 - 4.7.1 reduce the clinical and financial disadvantages for our local hospitals;
 - 4.7.2 accelerate plans for changes in urgent and emergency care;
 - 4.7.3 join up services in primary, community and social care;
 - 4.7.4 simplify commissioning, reduce workload and duplication;

- 4.7.5 develop a more flexible workforce; and
- 4.7.6 share data between health and social care.
- 4.8 Many of the priorities for ESR are aligned to the BCF National Policy Framework 2016/17 and the Southend BCF plan for 2016/17. Through the existing governance structure we will ensure the plans for each of the programmes are understood and accounted for.

Adult Social Care (ASC) redesign

- 4.9 ASC redesign is an important element to the redesign and delivery of integrated health and social care in Southend. ASC is currently leading a transformational project across the whole social care and health system which will turn around culture and mindset, develop alternatives, develop engagement, communicate a compelling vision, and develop and embed the narrative that supports this transformational change programme of work.
- 4.10 The redesign of social care will change the approach to adults, families, carers and the community. Using strengths-based assessments and care planning, Social Care will focus on individual abilities and community assets, rather than an approach that overly focuses on deficits and services to meet need. The approach will be empowering, and facilitate the adult to take control of their own life rather than being told what is best for them.
- 4.11 Social workers will take a preventative approach, as part of an Multi-Disciplinary Team (MDT), to their practice in community settings. The vision is for social workers, alongside their health colleagues, to have a strong understanding of their local community and engage wholly with Southend residents to maximise independence, inclusion and reduce marginalisation.
- 4.12 Adopting a collaborative and preventative approach to our practice will minimise admissions into long term residential care, admission into hospital and minimise the need for large domiciliary care packages. Social Care will create a robust multi-disciplinary front-end adult social care team where advice, information and signposting to the wider community and universal services can minimise the long term dependency on health and social care services.
- 4.13 Social Care will ensure that individuals are regularly reviewed to ensure that their needs are being met in the most empowering way. These teams will be developed into a highly skilled and adaptable workforce, which can respond to the changing needs of individuals and the communities, so adults and their carers can receive support and guidance at the right time and in the right way.

5 Section 75 Agreement – Deed of Variation

- 5.1 Bevan Brittan have drafted a deed of variation to the 2015/16 s75 agreement. The deed of variation is at Appendix 4 and the s75 agreement is at Appendix 5.
- 5.2 SCCG Governing Body (GB) signed off the Deed of Variation on 2nd June 2016. There is no legal requirement for SBC Cabinet to sign off the Deed of Variation

to the s75 agreement as the s75 agreement is not new and is a variation to an existing contract.

5.3 The deed of variation accounts for the revised BCF plan for 2016/17. A summary of the changes are listed below;

5.3.1 Accounts for the revised governance structures now in place;

5.3.2 Accounts for the Southend system to change direction following any future direction from the Essex Success Regime; and

5.3.3 Allows for the CCG and SBC to agree any future funding in addition to the minimum BCF contributions.

6 Health & Wellbeing Board Priorities / Added Value

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

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

6.2 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

6.3 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 BCF.

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 Locality approach should result in more efficient and effective provision for vulnerable people of all ages.

11 Appendices

Appendix 1 – BCF Policy Framework 2016/17	Appended separately
Appendix 2 – Technical Planning Guidance 2016/17	Appended separately

Appendix 3 (a & b) – Southend BCF plan	Appended separately
Appendix 4 – s75 Deed of Variation	Appended Separately
Appendix 5 – s75 Agreement 15/16	Appended Separately

HWB Strategy Ambitions

<p>Ambition 1. A positive start in life</p> <p>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</p> <p>A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse</p>	<p>Ambition 3. Improving mental wellbeing</p> <p>A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal</p>
<p>Ambition 4. A safer population</p> <p>A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s</p>	<p>Ambition 5. Living independently</p> <p>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</p> <p>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</p> <p>A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p>	<p>Ambition 8. Housing</p> <p>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</p> <p>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>