

Southend Health & Wellbeing Board

Agenda
Item No.

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

to
Health & Wellbeing Board
on
9 February 2016

Report prepared by:
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For discussion		For information only	<input checked="" type="checkbox"/>	Approval required	
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Better Care Fund

Planning for 2016/17

Part 1 (Public Agenda Item)

1 Purpose of Report

To bring to the attention of members of the Health and Wellbeing Board the Better Care Fund requirements and planning process for 2016/17

2 Recommendations

To note the contents of this report.

3 Background & Context

3.1 The Better Care Fund for 2015/16 was established between Southend CCG and Southend on Sea Borough Council from 1 April 2015. 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 leads.

3.2 Throughout the course of 2015/16 Southend Health and Wellbeing Board has reported quarterly BCF activity to NHS England. A return was submitted for Q4 2014/15, Q1 & Q2 2015/16. A quarterly return for Q3 2015/16 is due to be submitted to NHS England on 26 February 2016.

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.

4 Southend BCF 2016/17

4.1 The technical planning guidance and detailed direction to enable local areas to draft the BCF plans for 2016/17 is yet to be published. This report summarises the high level guidance that has been published and informs the HWB of the timeline required by NHS England to ensure BCF plans are drafted and assured prior to 1 April 2016.

National conditions

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

- that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006;
- Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s);
- that plans are approved by NHS England in consultation with DoH and DCLG; and
- 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 social care.

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

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

- 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;
- agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- 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.
- agreement on 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.

Performance Metrics

4.4 Under the BCF for 2015/16 HWBs were asked to set agreed targets against national metrics. For 2016/17 these metrics will continue and focus on the following;

- admissions to residential and care homes;
- effectiveness of reablement;
- delayed transfers of care;
- patient / service user experience; and
- a locally proposed metric

Finance

4.5 The full detail regarding the financial arrangements of the BCF fund have yet to be published. However NHS England recently published Southend CCGs minimum contribution to the BCF as £11.938M which represents an increase of £338K from 2015/16. The LA contribution will be published in Feb 2016.

Timeline

4.6 Subject to the publication of the technical guidance an indicative timeline is proposed below;

- Early Feb 2016 – development of Southends’ plan;
- Mid Feb 2016 (TBC) – initial plan submitted to NHS England;
- Mar 2016 – further development of Southends’ plan;
- Mar 2016 (TBC) – NHS assurance process;

- End Mar 2016 (TBC) – HWB sign off BCF plan;
- By 31 Mar 2016 – Section 75 agreed and signed.

5 Health & Wellbeing Board Priorities / Added Value

5.1 The Better Care Fund 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, Health and Wellbeing Board will have oversight of the Southend BCF 2016/17.

7 Financial / Resource Implications

7.1 Subject to NHS England issuing technical guidance

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 Background Papers

11 Appendices

Appendix 1 – 2016/17 BCF Policy Framework



BCF_Policy_Framework
rk_2016-17.pdf

HWB Strategy Ambitions

<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>