Herefordshire Council

Agenda

Health and wellbeing board

Date:	**Thursday 7 September 2017**
Time:	**3.00 pm**
Place:	**Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Ruth Goldwater, Governance Services** Tel: 01432 260635 Email: councillorservices@herefordshire.gov.uk

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairman		
Vice-Chairman	Dr Dominic Horne	NHS Herefordshire Clinical Commissioning Group
	Chris Baird	Interim director for children's wellbeing
	Simon Hairsnape	NHS Herefordshire Clinical Commissioning Group
	Diane Jones MBE	Lay board member, NHS Herefordshire Clinical Commissioning Group
	Councillor JG Lester	Herefordshire Council
	Jo Melling	NHS England
	Councillor P Rone	Herefordshire Council
	Martin Samuels	Director for adults and wellbeing
	Ian Stead	Healthwatch Herefordshire
	Prof Rod Thomson	Director of public health

Agenda

		Pages
PUBLICINFORMATION		5 - 6
1.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
2.	**NAMED SUBSTITUTES (IF ANY)** To receive any details of members nominated to attend the meeting in place of a member of the board.	
3.	**DECLARATIONS OF INTEREST** To receive any declarations of interests of interest by members in respect of items on the agenda.	
4.	**MINUTES** To approve and sign the minutes of the meeting held on 18 July 2017.	7 - 12
5.	**QUESTIONS FROM MEMBERS OF THE PUBLIC** To receive questions from members of the public. Questions must be submitted by 5pm two working days before the day of the meeting, in this case, 5pm on Monday 4 September 2017. Please submit questions to: councillorservices@herefordshire.gov.uk Accepted questions will be published as a supplement prior to the meeting.	
6.	**QUESTIONS FROM COUNCILLORS** To receive questions from councillors. Questions must be submitted by 5pm two working days before the day of the meeting, in this case, 5pm on Monday 4 September 2017. Please submit questions to: councillorservices@herefordshire.gov.uk Accepted questions will be published as a supplement prior to the meeting.	
7.	**APPOINTMENT OF VICE-CHAIR OF THE HEALTH AND WELLBEING BOARD** To appoint a vice-chair of the health and wellbeing board.	
8.	**HEREFORDSHIRE'S BCF AND INTEGRATION PLAN 2017-2019** To approve the proposed content of the better care and integration plan 2017-19 for Herefordshire and to note the assurance and final sign off arrangements for national submission.	13 - 76

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HEREFORDSHIRE COUNCIL

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Herefordshire Council

Minutes of the meeting of Health and wellbeing board held at Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 18 July 2017 at 3.00 pm

Present: **Dr Dominic Horne (Vice-Chairman, in the chair)**

M Emery, D Jones MBE, J Melling, C Price, M Samuels and Prof R Thomson

Officers: **Dr Arif Mahmood**

125. APOLOGIES FOR ABSENCE

Apologies were received from Chris Baird, Cllr JG Lester, Cllr PM Morgan and Ian Stead.

126. NAMED SUBSTITUTES (IF ANY)

Mike Emery attended as a substitute for Simon Hairsnape and Christine Price attended for Ian Stead.

127. DECLARATIONS OF INTEREST

None.

128. MINUTES

RESOLVED
That the minutes of the meetings held on 16 May 2017 and 13 June 2017 be agreed as correct records and signed by the chairman.

129. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received.

130. QUESTIONS FROM COUNCILLORS

No questions were received.

It was moved that the agenda order be adjusted to prioritise presentation of the Better Care Fund quarter four performance report.

131. BETTER CARE FUND 2016/17 QUARTER FOUR PERFORMANCE REPORT

The director for adults and wellbeing presented the quarter 4 submission of performance against the better care fund (BCF) plan. The national submission date had been determined by NHS England close to the deadline which meant that it had not been possible for the submission to be approved by the health and wellbeing board. Therefore the submission had been approved by the director for adults and wellbeing and the

accountable officer of NHS Herefordshire Clinical Commissioning Group (the CCG) through delegated authority.

The principal theme from this submission was that performance was broadly satisfactory although demographics continued to be a pressure. For example, in residential care and non-elective admissions, the cohorts were growing at a faster rate with an impact on delayed transfers of care (DToC).

In terms of the BCF plan for the year 2017/18, commencing 1 April 2017, the guidance had been received two weeks ago. The guidance had changed from the draft previously circulated and now included a new timetable and targets. These were being considered by the joint commissioning board in order to address use of the improved BCF (iBCF) funding and management of the income streams.

It was noted that there were some tensions nationally around the suggested targets for DToC and these were being attended to at a local level. It was a requirement to submit the DToC target by Friday, 21 July, which would require formal approval from the health and wellbeing board chair or vice-chair. The council was also required to submit a return on the iBCF to the Department for Communities and Local Government (DCLG), signed off by the director for adults and wellbeing under delegated authority.

The BCF plan, with core BCF and iBCF plans, were required to be submitted to NHS England by 11 September following formal approval by the health and wellbeing board on 7 September.

There was an assurance process awaiting confirmation for completion in December, but which was intended to be a simplified process. DToC performance would be based on September data and therefore it would not be possible to show how the BCF would affect DToC, although it would be possible to determine how organisations that failed to meet the required performance targets might be fined in the following year.

A board member commented on the impact on communities in relation to fines, where factors were not within their control. The director explained that this was the first new target in 7 years and that the issue of fines did cause tensions in the system, so it was necessary to work together to make the BCF work locally to ensure the right outcomes for the people of Herefordshire.

A board member noted the key successes that were reported and asked if the challenges around nursing home quality and capacity would mean an increase in DToC. The director responded that domiciliary care and residential nursing care needs could be met through the available funding. There was a decreasing proportion of people affected because the system was good at keeping people at home; however there was some nursing care needed and this was where there was a potential capacity pressure as a result of recruitment and retention challenges. A board representative also noted that there were workforce plans within the sustainability and transformation plan (STP) to address these issues.

In terms of what the board could do to raise the profile of workforce pressures, it was noted that provider and workforce development was being addressed through iBCF to make good use of resources and meet pressures.

RESOLVED
That:

- **(a) the better care fund (BCF) quarter four performance submission be noted; and**
- **(b) the board meet on 7 September 2017 to approve the better care fund plan for 2017/18 prior to submission to NHS England on 11 September 2017.**

132. JOINT STRATEGIC NEEDS ASSESSMENT 2017

The consultant in public health presented the report and asked the board to consider the robustness of the joint strategic needs assessment (JSNA) and whether any adjustments were required in the health and wellbeing strategy.

In presenting the report, it was explained that a working group had been overseeing the development of the JSNA and as a result of that work, which included consultation with stakeholders, a number of priorities had emerged:

- Supporting the health needs of the working-age population, noting the plans for a new university in Hereford
- Preventing road deaths in the county, ensuring safer roads
- Fuel poverty and reducing winter deaths
- Childhood dental health: it was noted that the situation in the county was severe, with the worst figure nationally for dental decay. This had been addressed through fluoride treatment but had not been consistently applied across the county's dentists, and a position was needed on water fluoridation.
- Obesity: comparative figures were poor, with contributory factors being poor diets and physical inactivity.
- Long term medical conditions: there was a higher prevalence than the national average, particularly with regard to high blood pressure for which 20,000 undiagnosed cases were estimated, despite the potential to control the risk factors.
- Life expectancy gap: addressing risk factors such as coronary heart disease, cancer, respiratory diseases.
- Falls: there were around 244 hip fractures per year and simple mobility tests could be used within primary care to ease the falls response service.
- Young people's mental health and wellbeing: there were increasing needs, hospital admissions and suicide numbers were higher than average. A suicide prevention strategy was under development and but there was a need to review provision of community mental health services.

Board members made the following comments in response:

- The matter of fluoridation had been raised periodically for some years and although it was considered to be a good solution in general, it was believed to be difficult to achieve within the county. This was seen to be due to a number of factors which included numerous water supplies in the county and high set-up costs. There were pros and cons to alternatives such as fluoride varnish. In the meantime, work had begun with schools on nutrition but there was recognition that parents' behaviour also needed to change.
- In addressing falls, a simple test known as 'get up and go' was a quick assessment of someone's physical stability, which could be carried out by a GP, or community pharmacist when dispensing medicines that could cause drowsiness for example.
- There was intelligence being developed regarding possible correlation between wellness and accessibility to services, for example, a person's proximity to a GP.
- Perinatal mortality rates were based on relatively small numbers. Findings were that there were both congenital and circumstantial causative factors.
- The data presented in the JSNA were informative and a suggested development was to make connections between data and evidence of effective approaches to address them in the local context to inform commissioning decisions. It was noted that there were some areas where there were common factors and approaches, such as in relation to hypertension, but with, say, road traffic deaths,

there were more individual factors. It was therefore necessary to focus on factors that the health and wellbeing board could have direct influence over.

- In presenting the JSNA to the governing body of the CCG, the focus needed to be on the areas that the CCG had the remit to address, in order to assess impact in a year's time and inform refreshed commissioning plans. This could be supported by showing how ownership of the different elements were apportioned between the CCG and the council.
- The veterans' needs assessment was welcomed in the JSNA work programme as this had been requested as an area of focus, although it was felt that the 2019 timescale needed to be sooner.

RESOLVED

That:

(a) the 2017 joint strategic needs assessment (at appendix 1) be approved;

(b) the areas of concern noted above, where not already included, be built into the appropriate priorities of the joint health and wellbeing strategy. In particular, these being identified as:

- **establishing the most appropriate approach to increasing fluoride uptake as part of the strategy to improve dental health in children, including further investigation into the feasibility and desirability of water fluoridation**
- **promoting the 'get up and go' test with clinicians as part of falls prevention work**
- **bringing forward the work on a veterans' needs assessment for earlier completion;**

(c) the analysis of data be developed in order to provide a demonstrable evidence base for the approaches used in order to inform commissioning plans; and

(d) stakeholders be asked to take into account the priorities identified by the JSNA when refreshing their commissioning plans, showing clear ownership of actions.

133. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

The director for adults and wellbeing updated the board following the last meeting held on 13 June at which the draft sustainability and transformation partnership (STP) plan was considered.

The views of the health and wellbeing board had been included in a letter to the STP lead accountable officer (appendix 1).

A refreshed plan was being presented to governing bodies and boards within the local footprint in order for it to receive the required approval. Whilst the health and wellbeing board was not required to approve the plan, it would be sensible to adopt it.

The plan was provided at appendix 2, and it was noted that it was necessary to ensure consistency between the plan and commissioning intentions and consider how the role of the health and wellbeing board related to these.

In terms of the next steps, there were challenges in determining the nature of engagement between the roles of the NHS, the council and the health and wellbeing board. It was felt that greater clarity was needed as regards roles and how health and wellbeing boards within the footprint work together. One Herefordshire would be a focal point and options were being considered in order for the various components to work and be better connected. The necessity of the STP as a regular agenda item for the

board was noted in order to support local democracy and consider wider determinants such as infrastructure.

Board members commented on a need to take into account developments around accountable care organisations and how NHS England could be held to account as regards the plan, and that the best use of finite resources supported by robust governance was essential.

RESOLVED
That:

(a) **the refreshed STP plan be adopted;**
(b) **board members undertake to ensure the plan be taken into account within commissioning intentions of the organisations reflected in board membership; and**
(c) **the STP plan be included as a regular item on the board's agenda in order to maintain engagement and be in touch with emerging care models.**

The meeting ended at 4.30 pm **Chairman**

Meeting:	Health and wellbeing board
Meeting date:	Thursday 7 September 2017
Title of report:	Herefordshire's better care fund (BCF) and integration plan 2017-2019
Report by:	Director for adults and wellbeing

Classification

Open

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose and summary

To approve the proposed content of the better care and integration plan 2017-19 for Herefordshire and to note the assurance and final sign off arrangements for national submission.

Recommendation(s)

That:

(a) the health and wellbeing board (HWB) approves the proposed content of the Better Care Fund (BCF) plan and pooled budget for 2017-19 (appendix one slide 8 onwards); and

(b) the director for adults and wellbeing at Herefordshire Council, the chief officer at the clinical commissioning group (CCG) the chief finance officers of the council and CCG, to finalise the BCF 2017/19 plan for submission to NHS England (NHSE) by 11 September 2017.

Further information on the subject of this report is available from Amy Pitt
Tel: 01432 383458, email: apitt@herefordshire.gov.uk

Alternative options

1. The board could decide not to submit a plan. This is not recommended as the return is a requirement of the national BCF programme. Should no plan be submitted, NHSE would have the power to withhold elements of the funding and could allocate this to services as it saw fit. This may not match local priorities and could leave both the council and the CCG at significant financial risk.

2. The plan demonstrates how the system will work together to achieve the joint vision for health and social care integration in Herefordshire. The approach to joint commissioning has been agreed between both the council and the CCG to ensure individuals receive care that is provided by the right professional with the right skills providing the right care in the right place at the right time. An alternative would be to not work together to meet these aims which would be to the detriment of the citizens of Hereford.

Key considerations

3. In June 2013 the government announced the allocation of £3.8 billion to create the BCF, though the bulk of the funding was already in the health and social care system. This initiative was implemented in 2015 and is described as 'a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and LA.'

4. The BCF programme aims to deliver better outcomes and greater efficiencies through more integrated services for adults. A key principle of the BCF is to use a pooled budget approach in order for health and social care to work more closely together and move towards integration.

5. The BCF guidance issued on 4 July 2017 sets out national conditions which are the key requirements for the better care fund plan 2017-19, the current performance and targets are within the presentation slides within the appendices, these are:

    a. **a jointly agreed narrative plan** which demonstrates a number of key areas, including that local partners have collectively agreed a local vision and model for integration of health and social care;

    b. **maintain NHS contribution to social care** – the CCG minimum contribution to BCF must be maintained, including uplift of minimum required contribution from 2016-17 baselines in 2017-18 and 2018-19;

    c. **agreement to invest in NHS Out of Hospital Services** - Ring-fenced amount for use on NHS commissioned out of hospital services which include intermediate care services, district nurses and the stroke rehabilitation provision;

    d. **managing transfers of care** - Health and social care partners in all areas must work together to implement the High Impact Change Model for Managing Transfers of Care (appendix two).

6. The BCF plan for the two years 2017-19 has 39 key lines of enquiry (appendix three) that it needs to address in the context of delivering a joint approach to the national conditions.

7. The BCF also has key national metrics for 2017-19, the targets and performance can be found in appendix one, these include:

   a. reduction in non-elective admissions based on CCG activity plans;

   b. reduction in permanent placements into residential and nursing homes;

   c. increasing proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services; and

   d. reduction in delayed transfers of care from hospital (per 100,000 population)

8. The strategic aims of the BCF remain as per previous years:

- Care closer to home and an 'own bed first' ethos
- Enhanced primary, community and mental health at scale
- Care coordination – navigation through the system and pathways of care
- Keeping people well at home service configured to support prevention, wellbeing and promoting independence
- Integrated urgent care provision across social, primary, community and secondary care
- Acute care for those that need it – revised model of staffing, services, integrated with community and efficiency to deliver sustainable services at scale.

9. Key to the successful delivery of the plan is health and social care community redesign. Both of these aim to provide sufficient support in the community to enable people to remain independent in their own homes for longer, thereby reducing hospital admissions and support discharges.

10. In addition to the core BCF, the improved better care fund (iBCF) allocation for Herefordshire adult social care in 2017-19 is required to be pooled into the local BCF plan. As detailed within the grant conditions, this funding grant can be spent on three purposes:

    a. meeting adult social care needs;
    b. reducing pressures on the NHS; and
    c. ensuring that the local social care provider market is supported.

11. Partners have agreed to the following principles in relation to the allocation of the iBCF and are continuing to work together to implement robust spending plans:

    a) to support market development and sustainability for social care providers in Herefordshire;

    b) to support short term health initiatives that demonstrate future benefit to residents, and across the health and social care system;

    c) to integrate services through joint pathways and not building functions and services silos;

    d) to utilise a pilot approach to new initiatives to enable the evidence of benefits and learn from what works in practice;

    e) to invest in systems to identify and track individuals to demonstrate the evidence of need and outcomes;

f) to invest in initiatives that prevent or delay the need for formal care and prevent hospital admission; and

g) to invest in technology enabled care to support the care workforce challenge across the health and social care system.

12. The integration and BCF plan will demonstrate the progress made during 2016/17, details of the key milestones for 2017/19 and describes the future vision for the county. This plan is a key component of, and wholly consistent with, the system wide transformation of Herefordshire's health and social care economy. Many of the schemes will continue with focus in delivering the outcomes within the plan.

13. The schemes and services within the plan will be monitored on a monthly basis through the better care fund partnership group and highlighted to the joint commissioning board.

14. The integration and BCF plan must be submitted on 11 September. A regional assurance will be undertaken on 2 October and approval letters should be received by 6 October. In the event of the plan being 'approved with conditions', a further plan will need to be submitted by 31 October.

Community impact

15. The BCF plays a key enabling role in delivering the system wide vision, '*The vision for the local health and care system in Herefordshire is one where strong communities encourage individual citizens to live health lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people'.*

16. In developing the integration and BCF plan 2017-19, insights from the Herefordshire joint strategic needs assessment (JSNA) have been used to further understand the current future population trends as well as the real and predicted changes in use of unplanned care and those being supported through primary care and social care services.

17. The key information provided by the JSNA includes the impact of demographics on social care including services such as domiciliary care and care homes and the likely impact in the future as well as hospital care and the transfers of care.

18. The impact of the integration and BCF plan on the community will be measured through a wide range of indicators, which is included within the presentation slides within the appendices, including the rate of delayed transfers of care, the rate of older people admitted to residential care, and the rate of people remaining in their owns homes following discharge from hospital.

Equality duty

19. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

20. The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

21. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

22. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This will by improving the health and wellbeing of people in Herefordshire by enabling people to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities.

Resource implications

23. Herefordshire's minimum fund contributions and indicative additional contributions from each partner for 2017/18 and 2018/19 are summarised below.

Better Care Fund 2017-19	2017/18 £'000	2018/19 £'000
Protection of Adult Social Care	4,664	4,761
Care Act	460	460
CCG Community Care	6,836	6,966
Minimum Revenue Fund	**11,960**	**12,187**
Disabled Facilities Grant	1,706	1,853
Sub Total Minimum BCF	**13,666**	**14,040**
iBCF	**3,573**	**4,721**
Minimum Fund including iBCF	**17,239**	**18,761**
Additional Pool – **Care Home Market Management**		
Council Contribution	20,147	20,530
CCG Contribution	8,594	8,757
Total Additional Pool	**28,741**	**29,287**
Total BCF	**45,980**	**48,048**

24. The Herefordshire BCF plan maintains the schemes identified in the 2016/17 BCF submission. These include community equipment and adaptations, intermediate care services, integrated care services and other social care demands. Also included within the financial allocations, as mandated by the national BCF guidance and policy framework, are funds for Care Act duties, reablement and carers breaks, full breakdown within appendix four.

25. The Disabled Facilities Grant (DFG) is a mandatory grant provided under the Housing Grants, Construction and Regeneration Act 1996. A clear DFG spending plan is in place, as instructed by BCF requirements, and will be detailed within the narrative BCF plan submission.

26. In addition to the core BCF funding, the government's spending review in 2016 and the Spring Budget in 2017 announced new money known as the improved better care fund (iBCF). For Herefordshire, it represents additional funding of £3.57m in 2017/18, which increases to £4.72m in 2018/19.

Legal implications

27. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund, which brings together health and social care funding.

28. The agreed budget will be managed through the existing section 75 agreement between the council and the CCG, which is in place until 31 March 2018. The spring budget 2017 provided that the improved Better Care Fund (iBCF) funding for adult social care in 2017-9 must be pooled into the local Better Care Fund.

29. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 and 276 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The parties entered into a section 75 agreement in exercise of those powers under and pursuant of the NHS Regulations 2000. Once the plan has been formally approved the section 75 will be extended to cover the duration of the plan.

30. As detailed within the section 75 agreement, the financial contributions from the partners required for each individual scheme in each financial year is dependent upon the allocation of the BCF funding by NHS England and the agreement of partners on the values of any additional pool contributions, the centrally awarded disabled facilities grant, and the outcomes of budget setting by both partners for 2017-18 and 2018-19.

31. The new iBCF is paid directly to the council via a Section 31 grant from the DCLG. The Government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and will be spent on adult social care. The council are legally obliged to comply with the grant conditions as specified in the appendix to this report.

Risk management

32. A risk register, specific to the BCF, has been developed. Risks are also identified within the adult wellbeing directorate risk register and will be escalated as appropriate.

33. It is a national requirement that all partners agree both the narrative BCF plan and the financial allocations. There are ongoing negotiations between the council and the CCG regarding a range of services within the BCF plan. Senior managers within both

organisations have been leading on these discussions and external LGA support has been commissioned through the national BCF team to support negotiations between the needs of the council and the CCG. It is anticipated that this process will have been completed prior to the meeting of the HWB.

34. Should partners not be in agreement, this would pose the risk of an escalation process commencing. The process will start immediately and there is a risk that if the funding for the not agreed, this will add additional unbudgeted financial pressure within the system.

35. Both the council and CCG are under increasing financial pressures and have been advised that should delayed transfers of care (DToC) targets not be met, this may potentially result in a reduction of iBCF funding allocation for 2018/19. To mitigate this risk, partners continue to work together to develop and implement a number of system changes and specific projects to assist in achieving DToC aims.

Consultees

36. Public engagement is not required for this submission, however consultations with officers within the council and CCG have been undertaken on a regular basis to ensure a joint plan is developed.

37. A number of workshop sessions with providers have been held and used to inform the direction and content of the BCF plan.

38. The joint commissioning board, which is a committee of the CCG's Governing Body, has discussed and agreed several elements of the proposed content. Formal papers will be submitted to both the CCG governing body (22 August 2017) and Cabinet (September 2017).

Appendices

39. Appendix 1 - Presentation on Herefordshire integration and better care fund 2017/19 – proposed content

40. Appendix 2 - High impact change model

41. Appendix 3 - Better care fund guide to assurance

42. Appendix 4 - Better care fund expenditure summary 2017/18 and indicative 2018/19

Background papers

43. None.

Further information on the subject of this report is available from Amy Pitt
Tel: 01432 383458, email: apitt@herefordshire.gov.uk

APPENDIX 1

NHS
Herefordshire
Clinical Commissioning Group

Herefordshire
Council

Herefordshire's Integration and Better Care Fund Plan 2017-19

Health and Wellbeing Board – 7 September 2017

Herefordshire's Integration and Better Care Fund Plan 2017-19

This presentation sets out the following:

- Background
- Timeline and assurance process
- National conditions
- National metrics
- Financial contributions
- Key changes in PASC
- Inflationary uplift
- iBCF
- Next steps

Background

- The Better Care Fund (BCF) programme aims to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people.
- It is a national requirement for each HWB area to jointly agree a narrative BCF plan. This must detail the following:
  - how the national conditions are being addressed;
  - how the BCF plan will contribute to the local plan for integrating health and social care; and
  - an assessment of risks related to the plan and how they will be managed.

BCF Context

- June 2013 announced allocation of £3.8bn for the BCF, implemented 2015
- Described as ‘a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and LA’
- Existing money utilised, no additional funding provided
- BCF is the only mandatory national policy to facilitate integration

Achievements

Care Home Market Unified Contract and opportunity to work closer together over market development

Issues to date

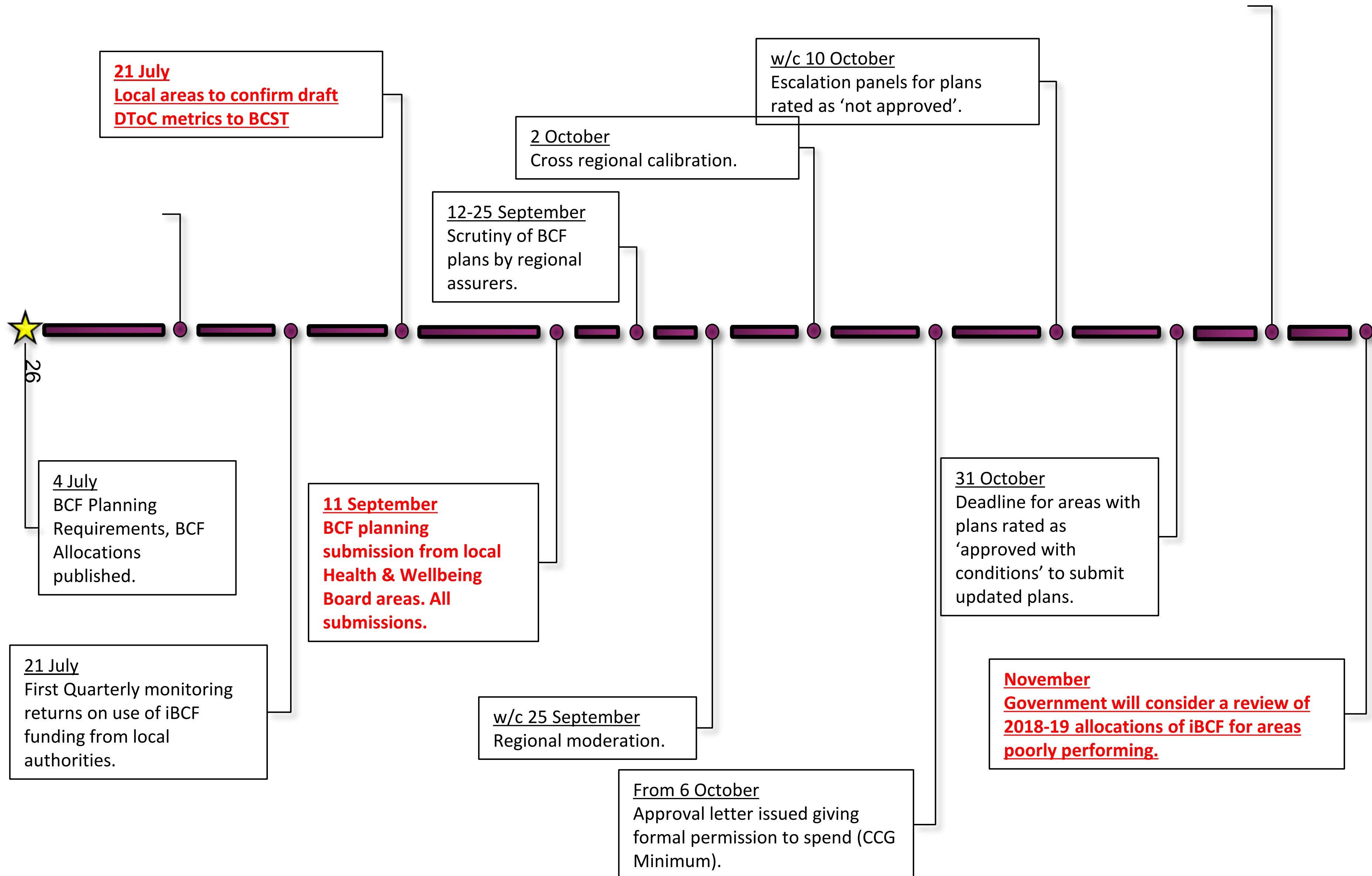
Pace of the change within the BCF and absence of new money

BCF Planning 2017-19

- Required to produce a two year plan
  - Covering 2017/18 & 2018/19
- Plans must include:
  - narrative on how integration will be achieved by 2020
    - National Voices definition, centred on user experience
  - assessment of, and approach to, risk
  - narrative on how national conditions are being met
  - maintaining Protection of Adult Social Care (PASC)
  - consideration of a risk share arrangement
  - sign-off by HWB, with quarterly reporting

- There are four national conditions:
  - Jointly agreed plans
  - Maintain social care
  - Investment in 'NHS commissioned out of hospital services'
  - Manage transfers of care (a new condition)

Better Care Fund Planning Requirements- National Approval Timeline



BCF Strategic Intent

The BCF supports and embeds within the plan strategic the intent developed through the One Herefordshire initiative and the STP.

- Care closer to home and ‘own bed first’ ethos
- Enhanced primary, community and mental health at scale
- Care coordination – navigation through the system and pathways of care
- Keeping people well at home service configured to support prevention, wellbeing and promoting independence
- Integrated urgent care provision across social, primary, community and secondary care
- Acute care for those that need it – revised model of staffing, services, integrated with community and efficiency to deliver sustainable services at scale.

National Condition 1: Jointly agreed narrative plan

Requirement/KLOE	Proposed response
Produce a plan that all parties are signed up to, that providers have been involved in and is agreed by the HWB?	Key partners are currently working together to confirm the detailed content of the BCF plan 2017-19. Additional support is being provided by the national better care support team to ensure that outstanding points are agreed prior to the national submission deadline.
Local vision for integration of health and social care services	*“The vision for the local health and care system in Herefordshire is one where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people”.* *One Herefordshire*
Aligned to other plans impacting on integration of health and social care	STP, One Herefordshire AWB core plan , CCG Operational Plan, CYP, PH plan and Health and Wellbeing Strategy

National Condition 1: Jointly agreed narrative plan

Requirement/KLOE	Proposed response
Contribution to the commitment to integrate health and social care services by 2020 in line with the intent set out in the 2015 spending review and the BCF policy Framework	One Herefordshire vision and plan to be aligned with the BCF plan
Is there a plan for DFG spending?	Detailed spending plan within the plan, which will be included within the submission on 11 September 2017.

National Condition 2: Maintain NHS contribution to social care

Requirement/KLOE	Proposed response
Does the planned spend on Social Care from the BCF CCG minimum allocation confirm an increase in line with inflation* from their 16/17 baseline for 17/18 and 18/19 **1.79% for 2017/18 and a further 1.90% for 2018/19*	Yes – financial detail provided later.

National Condition 3: Agreement to invest in out of hospital services

Requirement	Proposed response
Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Yes – this includes a contribution to the CCG's community services block contract with Wye Valley Trust, plus the following schemes: • Intermediate Care – Kington Court • Integrated Community Care (block contract WVT) • Hospital at Home • Intermediate care – step up/down community bed

National Condition 4: Managing Transfers of Care

Requirement/KLOE	Proposed response
Is there a plan for implementing the high impact change model for managing transfers of care?	Several provider workshops undertaken to review the high impact changes model, map current delivery and identify opportunities for development. iBCF spend is being modelled against the high impact change areas, including increasing joint commissioning capacity to deliver schemes. Please see circulated iBCF funding summary. Detailed plan to be developed.

National metric - NEA

Reduction in non-elective admissions based on CCG activity plans	
Proposed target 2017-19	(table below) Pre populated in planning template - as detailed within the CCG operating plan
Points to note	As required, the joint commissioning board have considered whether to recommend a further reduction in addition to those in the CCG operating plan and have recommended that the target rates detailed above are sufficient. The board also considered whether to set up a contingency fund in relation to NEA but this was deemed not appropriate at this time.

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	4,021	3,947	4,259	4,285	3,998	3,923	4,235	4,262	16,511	16,418

National metric – Res and Nursing

Reduction in permanent placements into residential and nursing homes	
Proposed	TBC
Options to consider	3 options: 1. Target to remain consistent with the 15/16 rate (the same as our target for 16/17, however this was at a very low level (about 420). 2. Apply the same methodology of targets as last year, i.e. to maintain at the same rate as the previous year, giving us a big jump on the target for 17/18 – around 640. **3. Look at an average of the last 3 years actuals, giving a rate of around 550 (taking the average admissions from the last few years and dividing it by the latest population estimate).** **Recommend option 3 above.**

National metric – 91 day reablement

Increasing proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Proposed	85%
	Reablement service currently being redesigned to align more closely with rapid response provision. Revised model due to be implemented from 6 November 2017 onwards. Number of individuals supported through this service will increase, therefore larger cohort to be included within this national metric.

National metric – Delayed Transfers of Care (DToC)

Reduction in delayed transfers of care from hospital (per 100,000 population)

Proposed

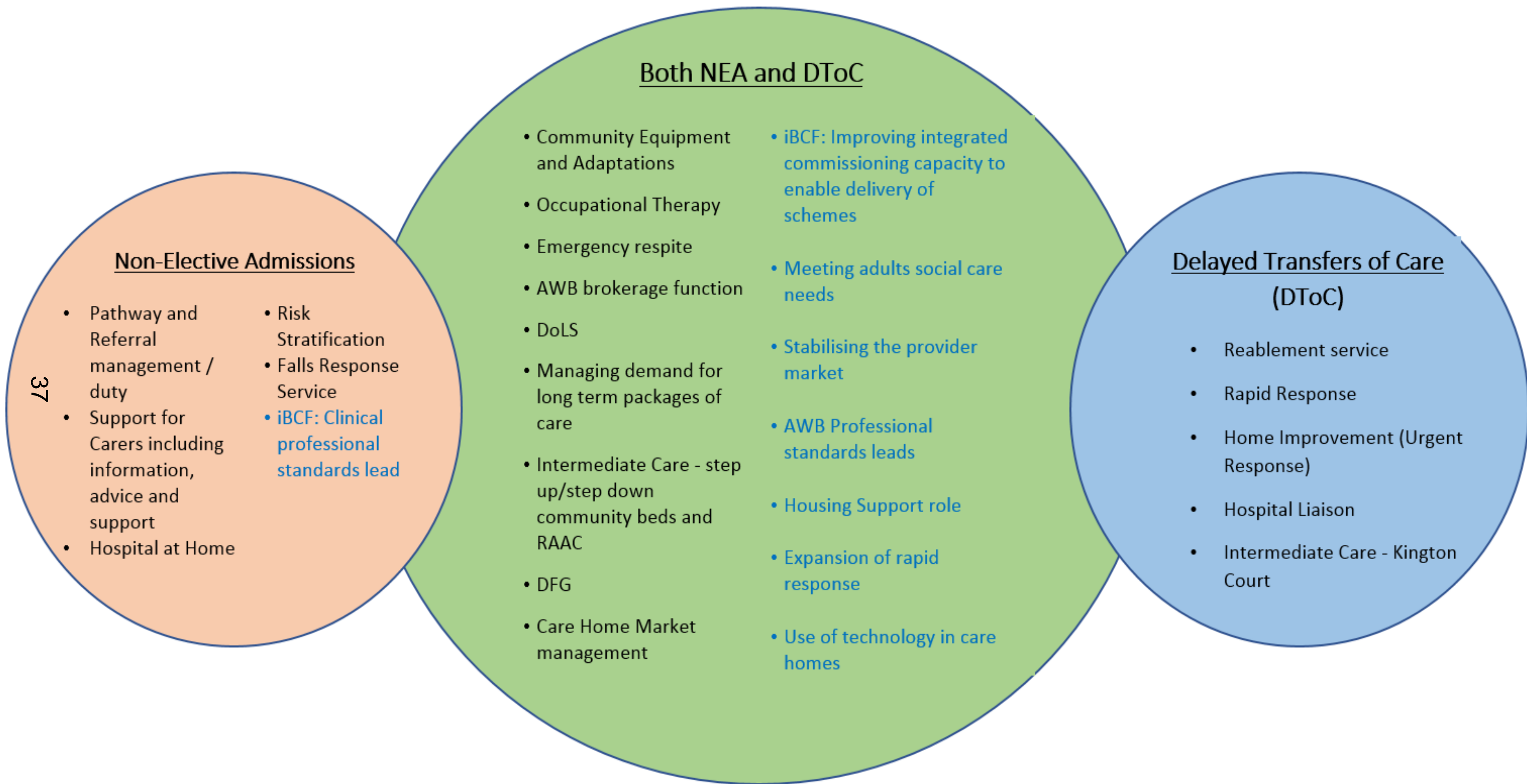
	16-17 Actuals				17-18 plans				18-19 plans			
	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Quarterly rate	1118.9	1045.8	1453.7	1415.9	1585.9	1240.7	1038.9	1000.3	1000.3	1000.3	1000.3	1001.1

Above reflects the DToC submission during July 2017

Points to note

Submission in July to NHSE to show reduction in DToC up until November
Requirement for a 50:50 split between health and social care to achieve the target
To be monitored through the Joint Commissioning Board

BCF and iBCF scheme contribution to DToC and NEA



Schemes within BCF and iBCF that contribute to DToC and NEA

BCF financial contributions 2017-19

Better Care Fund 2017-19	2017/18 £'000	2018/19 £'000
Protection of Adult Social Care	4,664	4,761
Care Act	460	460
CCG Community Care	6,836	6,966
Minimum Revenue Fund	**11,960**	**12,187**
Disabled Facilities Grant	1,706	1,853
Sub Total Minimum BCF	**13,666**	**14,040**
iBCF	**3,573**	**4,721**
Minimum Fund including iBCF	**17,239**	**18,761**
Additional Pool – **Care Home Market Management**		
Council Contribution	20,147	20,530
CCG Contribution	8,594	8,757
Total Additional Pool	**28,741**	**29,287**
Total BCF	**45,980**	**48,048**

Schemes included within plan

- Please see appendices for a full breakdown of the schemes.

- Key schemes include:

- ➢ Reablement service
- ➢ Rapid Access to discharge beds
- ➢ Support for carers
- ➢ Adult social care key functions
- ➢ Integrated community care services – including district nurses, falls response services, hospital at home, intermediate care services

Key issues

- Non-agreement between the council and CCG on key funding streams within the BCF and other areas
- Non-agreement between the council and CCG on the utilisation of the iBCF funding
- External critical friend provided through the BCF national team to support both parties to agree a mutual position

Inflationary Uplift

Minimum Fund from CCG Allocation £,000	Total 2015/16	*plus 2016/17 Inflation Increase* *0.50%*	Total 2016/17	*plus 2017/18 Inflation Increase* *1.79%*	Total 2017/18	*plus 2018/19 Inflation Increase* *1.90%*	Total 2018/19
Protection ASC	4,520	*21*	4,541	*81*	4,622	*88*	4,710
Care Act	458	*2*	460	*8*	468	*9*	477
Community Health & Social Care	6,716	*32*	6,748	*121*	6,869	*131*	6,999
Total Minimum Fund	**11,694**	***55***	**11,749**	***210***	**11,960**	***227***	**12,187**

- Inflationary uplift will be utilised for the community redesign double running costs for 2017/18

Improved BCF (IBCF)

- Announcement of funding in Spring budget
- The money (budget + CSR) is coming directly to councils from DCLG
- It is subject to section 31 grant conditions and pooled within the BCF
- It requires local agreement on use (but not national NHS approval)

- Per the grant conditions, it 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"

Schemes Agreed for iBCF

Contribution to IBCF Grant condition	Scheme title	Role	System Impact	2017/18	2018/19	2019/202	Total Spend
Improving Integrated Commissioning Capacity	BCF Performance / Contract Management	2 x posts for contract management support	Contract and performance officer support to drive efficiencies within integrated services, adding capacity to develop further integrated ways of working.	47	94	96	237
Improving Integrated Commissioning Capacity	Digital Delivery Programme Manager	To deliver, lead & coordinate a range of digital, social & mobile projects	Delivering the LDR and system changes required to improve system info sharing and evidence base	36	72	72	180
Improving Integrated Commissioning Capacity	BCF Project Management Support	2 xProject support on integration & iBCF projects	Adding additional capacity into the system to project manage key changes such as iBCF and community services redesign	164	238	240	642
Improving Integrated Commissioning Capacity	BCF Joint Strategic Finance Lead	Provide financial oversight and monitoring for the BCF, S75 agreements, JCB and One Herefordshire finance programme	Planned developments are based on sound and robust financial assessments to deliver the planned benefits; better quality financial information	54	84	85	223
Improving Integrated Commissioning Capacity	BCPG minor investments	For example - funding outcomes based commissioning workshop and choice based/self funder literature		15	15	15	45
Improving Integrated Commissioning Capacity	Interim Strategic System Evaluation	To oversee and co-ordinate systems changes required for integrated working	Evaluation of current IT infrastructure inline with the LDR / TTTG	15	0	0	15
Meeting Adult Social Care Needs	AWB Professional Standards Leads	2x roles as lead professionals to drive up the quality of the social care workforce.	Improving the social care workforce standards to enable a strengths based approach and reducing the reliance on health and social care services	56	112	113	281
Meeting Adult Social Care Needs	Housing Support Role	Aid transitiion from enhanced housing benefit to new supported housing model		21	21	0	42
Reducing Pressures on the NHS including supporting hospital discharge	Development / maintenance of self funding protocol	50% expansion of current in house rapid response service to facilitate discharge – to also include software upgrade to assist with rota	Move to a 'Home First' model to improve discharges, hospital flow and preventing admissions to hospital and long term res/nursing.	161	284	286	731
Reducing Pressures on the NHS including supporting hospital discharge	Enhancing Adults Wellbeing Pathway Roles	3 x Community Broker 'Mike' Roles 1 x Pathway Referral Lead 'Alex'	Additional resource to further enable the successful implementation of the new integrated support and care pathway.	90	158	159	407
Supporting Local Social Care Provider Market	Clinical Professional Standards lead	To support care homes throughout Herefordshire	Reducing admissions to hospital and improving the care standards within the care homes	26	52	25	94
Supporting Local Social Care Provider Market	Use of Technology in care homes	Initial assessment of use of technology in care homes to identify best areas for future investment / training / support	Baseline information gathering to determine investment in homes that requirement improvement to avoid admissions and improve quality.	23	0	0	23

Areas requiring agreement within the iBCF

Contribution to IBCF Grant condition	Submission Ref Number	Scheme title	Role	System Impact	2017/18	2018/19	2018/19
Meeting Adult Social Care Needs	*201*	*Meeting ASC needs*	*Reduce financial outturn position*	*Committed funding through packages of care to meet need if funding was not available this would result in individuals being placed at high risk, not meeting needs and increasing demand across the system*	*819*	*819*	*819*
Meeting Adult Social Care Needs	*202*	*Meeting ASC needs*	*Existing LD placement pressures*	*Increased need and demographic pressures in LD placements has resulted in additional pressures, these individuals have high needs and the LA has a statutory obligtaion to met these needs. Committed funding. following assessments. LA would have had to make additional cuts to other services which would have added pressure to DTOC.*	*350*	*350*	*350*
Meeting Adult Social Care Needs	*203*	*Meeting ASC needs*	*Maintainin g current level of operationa l staff*	*This would result in reduction of 30 social workers. Reduction in staff can only be achieved when other areas have been implemented e.g. ASC pathways. Increased demographic pressures is creating more work for the same volume of staff which would result in the reduced ability to serve the whole system including hospital discharge, urgent care responses, safeguarding/DOLS.*	*200*	*200*	*600*
Meeting Adult Social Care Needs	*204*	*Stabilising the Provider Market*	*Maintainin g Funding for Existing nursing home placement s*	*Current individuals requiring placements and increase in demographic pressures that the LA has a duty to meet needs. If funding not available LA would not be able to pay fees, cut other services which would result in pressure on DTOC.*	*624*	*624*	*624*
Meeting Adult Social Care Needs	*205*	*Stablising the provider market*	*Maintainin g existing contractual values for vulnerable groups*	*These are key contracts and services for very vulnerable individuals. This funding has resulted in maintaining contractual provision to meet the needs of the individuals.*	*480*	*480*	*480*
Total					2,473	2,473	2,873

Risks and Mitigations

Risks	Mitigations
All partners do not agree plan, including funding	Critical friend has been offered to support negotiation
Not achieving DToC target leads to potential reduction of iBCF funding for 2018/19	Partners working together to develop and implement system changes to address DToC
Increasing financial pressures on all partners	Working together to implement system change to manage demand
Fail regional assurance process	Working through guidance and KLOEs to ensure robust response and detailed plan is submitted.

A detailed risk register will be developed and submitted with the narrative plan.

APPENDIX 2

The 8 High Impact Interventions Model

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Better Care Fund 2017-19

A guide to assurance of plans

Draft v5

The Better Care Fund

Contents

#	Description
1	BCF Planning Assurance – Introduction
2	Requirements that need to be assured in BCF plans: *Planning Requirements and Key Lines of Enquiry (KLOE)*
3	Assurance approach and process
4	Responsibilities and Accountabilities
5	Support offered to Local Areas for BCF Assurance
6	Appendices

BCF 17/19 – Guide to assuring BCF plans

Introduction and context

Introduction and purpose of document

- This document outlines the process for assurance of BCF plans for 2017-18 and 2018-19 and provides guidance for Better Care Managers and Regional Leads as well as assurers. As in 2016/17, plans will be assured regionally. Assurance will be co-ordinated by the Better Care Managers (BCMs) but decisions will be jointly made between NHS and local government assurers.
- Assurance of plans in 2017 will take place in one stage, after which plans deemed to meet the requirements set out in the Policy Framework and Planning Requirements will be put forward for approval. Plans rated 'approved with conditions' will be given permission to enter into s75 agreements on condition that any outstanding requirements are met by the date specified in the notification

- Final decisions on plan approval will be agreed by NHS England and the Integration Partnership Board (IPB) [1]. These decisions will be based on the moderated recommendation of the regional assurance panel
- This pack sets out
  - The stages and timetable for the assurance process,
  - Approach to ensuring consistent application of the National Conditions and requirements and:
  - A set of areas for assurance, underpinned by Key Lines of Enquiry.
- The pack also describes the roles of different partners in the assurance process.

[1]The IPB is a joint board that oversees government activity to deliver integrated health and social care. It is jointly chaired by the Department for Health and The Department for Communities and Local Government, with senior officials from HM Treasury, the Cabinet Office, the Local Government Association, ADASS, NHS England and NHS Improvement.

Context > BCF Planning 2017-19

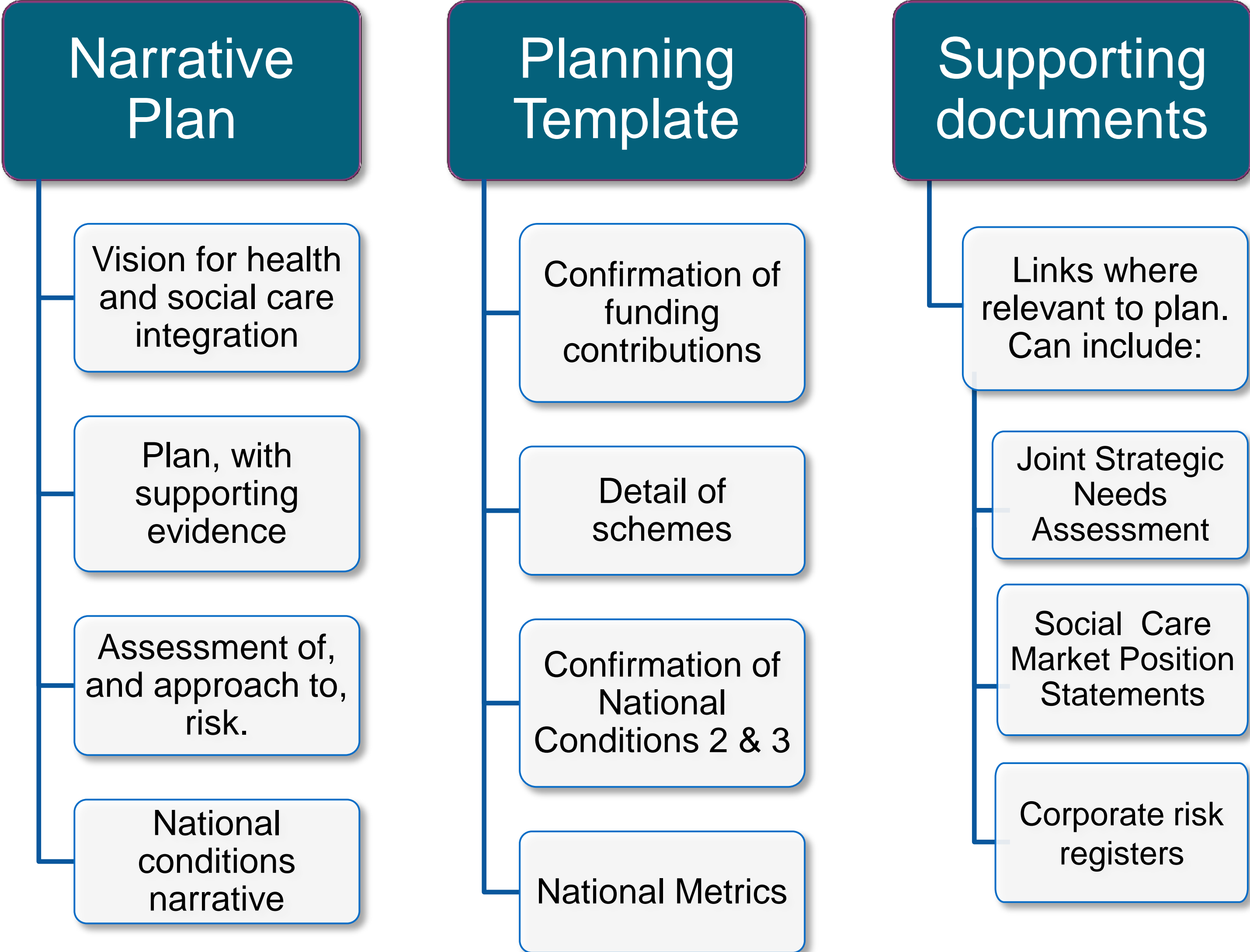
Each Better Care Fund Plan should consist of

- A jointly agreed narrative plan including details of how they are addressing the national conditions; how their BCF plans will contribute to the local plan for integrating health and social care and an assessment of risks related to the plan and how they will be managed. A narrative plan template is available.
- A BCF planning template that includes:
  - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
  - A scheme-level spending plan demonstrating how the fund will be spent;
  - Quarterly plan figures for the national metrics.

The Better Care Fund for 2017/18 and 2018/19 has four National Conditions:

- That a BCF Plan, including the minimum of the pooled fund specified in the Better Care Fund allocations, should be signed off by the HWB itself, and by the constituent local authorities and CCGs, and with involvement of local partners;
- A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in 2017/18 and 2018/19, in line with inflation;
- That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement.
- Implementation of the High Impact Change Model for Managing Transfers of Care

Context > BCF planning documents



BCF 17/19 – Guide to assuring BCF plans

Requirements that need to be assured in BCF plans: *Planning Requirements and Key Lines of Enquiry (KLOE)*

Planning requirements and Key lines of enquiry

This section sets out the content to be covered in Better Care Fund plans for 2017-19. This should be read in conjunction with the BCF Policy Framework for 17-19 published by the Department of Health and Department of Communities and Local Government, and the BCF Planning Requirements 2017-19' published by NHS England, the Department of Health and the Department for Communities and Local Government.

The 'Key Lines Of Enquiry' (or KLOEs) set out here are intended as a guide to local areas in developing their plans, as well as to the teams that will be carrying out the assurance of BCF plans for 2017-19. They are organised under the core planning requirements set out in the documents referenced above. They provide guidance on interpretation of the requirements for BCF plans and the key areas for assurers to verify. The KLOEs set out in this document will provide a single, transparent set of expectations for local areas in approaching BCF planning. The key lines of enquiry have been reduced in number from 2016/17 and all plans are required to meet these in order to be approved.

By the end of the assurance process all plans will need to demonstrate that they are meeting, or have plans in place to meet, the planning requirements in order to be approved and for authorisation to spend the CCG minimum element of the Better Care Fund. Plans that are 'Approved with Conditions' will be given permission to spend but must address the remaining issues identified by the assurance panel.

Answering Key Lines of Enquiry

The approach to BCF planning for 2017-19 seeks to simplify the requirement for local areas, while still ensuring that the conditions of access to the fund are met and local plans for furthering the integration of health and social care services through the BCF are in place.

The Planning requirements and supporting KLOEs can be demonstrated through the Narrative Plan, Planning Template and, where appropriate links to supporting documents, with a clear statement of the specific section or figures being referenced. Areas are encouraged to avoid structuring plans purely to answer these assurance questions. Instead, plans should present a narrative and supporting information that sets out how the joint plan for commissioning services under the Better Care Fund will produce more integrated working and improve services, along with a description of what will be commissioned and how the national conditions are met.

Key Lines of Enquiry > National conditions (1 of 2)

Planning requirement area	BCF Planning Requirements (the confirmations for these requirements will be collected and analysed centrally)	KLOEs to support assurance of the planning requirements (these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)	Templates / reference documents
National condition 1: jointly agreed plan (Policy Framework)	**1. Has the area produced a plan that all parties sign up to, that providers have been involved in, and is agreed by the health and well being board?** **2. In all areas, is there a plan for DFG spending? And, in two tier areas, has the DFG funding been passed down by the county to the districts (in full, unless jointly agreed to do otherwise)?**	1. Are all parties (Local Authority and CCGs) and the HWB signed up to the plan? 2. Is there evidence that local providers, including housing authorities and the VCS, have been involved in the plan? 3. Does the Narrative Plan confirm that, in two-tier areas, the full amount of DFG Money has been passed to each of the Districts (as councils with housing responsibilities), or; where some DFG money has been retained by the Upper Tier authority, has agreement been reached with the relevant District Councils to this approach?	✓Planning Template ✓Narrative plan
National condition 2: Social Care Maintenance (Policy Framework)	**3. Does the planned spend on Social Care from the BCF CCG minimum allocation confirm an increase in line with inflation* from their 16/17 baseline for 17/18 and 18/19** **1.79% for 2017/18 and a further 1.90% for 2018/19*	4. Is there an increase in planned spend on Social Care from the CCG minimum for 17/18 and 18/19 equal to or greater than the amount confirmed in the planning template? 5. If the planned contributions to social care spend from the BCF exceed the minimum, is there confidence in the affordability of that contribution? 6. In setting the contribution to social care from the CCG(s), have the partners ensured that any change does not destabilise the local health and care system as a whole? 7. Is there confirmation that the contribution is to be spent on social care services that have some health benefit and support the overall aims of the plan? NB this can include the maintenance of social care services as well as investing in new provision	✓Planning Template ✓Narrative plan

Key Lines of Enquiry > National conditions (2 of 2)

Planning requirement area	BCF Planning Requirements (the confirmations for these requirements will be collected and analysed centrally)	KLOEs to support assurance of the planning requirements (these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)	Templates / reference documents
National condition 3: NHS commissioned Out of Hospital Services (Policy Framework)	4. **Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	8. Does the area's plan demonstrate that the area has committed an amount equal to or above the minimum allocation for NHS commissioned out-of-hospital services and this is clearly set out within the summary and expenditure plan tabs of the BCF planning template? 9. If an additional target has been set for Non Elective Admissions; have the partners set out a clear evidence based process for deciding whether to hold funds in contingency, linked to the cost of any additional Non Elective Admissions that the plan seeks to avoid? 10. If a contingency fund is established; Is there a clear process for releasing funds held in contingency into the BCF fund and how they can be spent?	✓Planning Template ✓Narrative plan
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care	5. **Is there a plan for implementing the high impact change model for managing transfers of care?**	11. Does the BCF plan demonstrate that there is a plan in place for implementing actions from the high impact change model for managing transfers of care? Does the narrative set out a rationale for the approach taken, including an explanation as to why a particular element is not being implemented and what is approach is being taken instead? 12. Is there evidence that a joint plan for delivering and funding these actions has been agreed? 13. If elements of the model have already been adopted, does the narrative plan set out what has been commissioned and, where appropriate, link to relevant information?	✓Planning Template ✓Narrative plan

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Key Lines of Enquiry > Narrative Plan

Planning requirement area	BCF Planning Requirements (the confirmations for these requirements will be collected and analysed centrally)	KLOEs to support assurance of the planning requirements (these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)	Templates / reference documents
Local vision for health and social care	**6. A clear articulation of the local vision for integration of health and social care services?**	14. Does the narrative plan articulate the local vision for integrating health and social care services, including changes to patient and service user experience and outcomes, and a strategic approach to housing, social care and health, cross-referenced and aligned to other plans impacting on integration of health and social care such as STPs or devolution deals? 15. Is there an articulation of the contribution to the commitment to integrate health and social care services by 2020 in line with the intent set out in the 2015 spending review and the BCF policy Framework? 16. Is there a description of how progress will continue to be made against the former national conditions 3, 4 and 5 in the 2016/17 BCF policy framework?	✓Narrative plan ✓Other local plans that contribute to integration (e.g. STP) ✓Joint strategic needs assessment
Plan of action to contribute to delivering the vision for social and health integration	**7. Does the BCF plan provide an evidence-based plan of action that delivers against the local needs identified and the vision for integrating health and social care?**	17. Is there a robust action plan that addresses the challenges of delivering the vision, including: • Quantified understanding of the current issues that the BCF plan aims to resolve • Evidence based assessment of the proposed impact on the local vision for integrating health and social care services through the planned schemes and joint working arrangements	✓Narrative plan
Approach to programme delivery and control	**8. Is there a clear, jointly agreed approach to manage the delivery of the programme, identify learning and insight and take timely corrective and preventive action when needed?**	18. A description of the specifics of the overarching governance and accountability structures and management oversight in place locally to support integrated care and the delivery of the BCF plan? 19. A description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? 20. Does the narrative plan have a clear approach for the management and control of the schemes? including as a minimum: • Benefit realisation (how will outcomes be measured and attributed?) • Capturing and sharing learning regionally and nationally • An approach to identifying and addressing underperforming schemes	✓Narrative plan

Key Lines of Enquiry > Risk and Funding

Planning requirement area	BCF Planning Requirements (the confirmations for these requirements will be collected and analysed centrally)	KLOEs to support assurance of the planning requirements (these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)	Templates / reference documents
Management of risk (financial and delivery)	**9. Is there an agreed approach to programme level risk management, financial risk management and, including where relevant, risk sharing and contingency?**	21. Have plan delivery and financial risks, consistent with risks in partner organisations, been assessed in partnership with key stakeholders and captured in a risk log with a description of how these risks will be proportionally mitigated or managed operationally? 22. If risk share arrangements have been considered and included within the BCF plan, is there a confirmation that they do not put any element of the minimum contribution to social care or IBCF grant at risk? 23. Is there sufficient mitigation of any financial risks created by the plan if a risk share has not been included?	✓Narrative plan ✓Market Position Statement ✓Organisational risk logs
Funding contributions: **1. Care Act,** **2. Carers' breaks,** **3. Reablement** **4. DFG** **5. iBCF**	**10. Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose and this is appropriately agreed with the relevant stakeholders and in line with the National Conditions?**	24. For each of the funding contributions, does the BCF evidence: • That the minimum contributions set out in the requirements have been included? • How the funding will be used for the purposes as set out in the guidance? • That all relevant stakeholders support the allocation of funding? • The funding contributions are the mandated local contributions for: • Implementation of Care Act duties • Funding dedicated to carer-specific support • Funding for Reablement • Disabled Facilities Grant? 25. Does the planning template confirm how the minimum contribution to Adult Social Care and the funding for NHS Commissioned Out of Hospital Services will be spent? 26. Does the BCF plan set out what proportion of each funding stream is made available to social care and that the improved Better Care Fund has not been offset against the contribution from the CCG minimum? 27. Is there agreement on plans for use of IBCF money that meets some or all of the purposes set out in the grant determination?	✓Planning Template ✓Narrative plan

Key Lines of Enquiry > Metrics

Planning requirement area	BCF Planning Requirements (the confirmations for these requirements will be collected and analysed centrally)	KLOEs to support assurance of the planning requirements (these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)	Templates / reference documents
Metrics – Non Elective Admissions	**11. Has a metric been set for reducing Non Elective Admissions?**	28. Does the narrative plan include an explanation for how this metric has been reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19? 29. Has a further reduction in Non Elective Admissions, additional to those in the CCG operating plan, been considered?	✓Planning Template
Metrics – Non Elective Admissions (additional)	**12. If a metric has been set for a further reduction in Non Elective Admissions, beyond the CCG operating plan target, has a financial contingency been considered?**	30. Has the metric taken into account performance to date and current trajectory and are schemes in place to support the target? See also National Condition 3.	✓Narrative plan ✓Planning Template
Metrics Admissions to residential care homes	**13. Has a metric been set to reduce permanent admissions to residential care?**	31. Does the narrative plan include an explanation for how this metric will be reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19?	✓Planning Template
Metrics – Effectiveness of Reablement	**14. Has a metric been set for increasing the number of people still at home 91 days after discharge from hospital to rehabilitation or reablement?**	32. Does the narrative plan include an explanation for how this metric will be reached, including an analysis of previous performance and a realistic assessment of the impact of the reablement funding allocation for health and social care and other BCF schemes on performance in 2017-19?	✓Planning Template

Key Lines of Enquiry > Delayed Transfers of Care

Planning requirement area	BCF Planning Requirements (the confirmations for these requirements will be collected and analysed centrally)	KLOEs to support assurance of the planning requirements (these KLOEs underpin the assurance for the planning requirements but will not be collected/analysed centrally)	Templates / reference documents
Metrics Delayed Transfers of Care	**15. Have the metrics been set for Delayed Transfers of Care?**	33. Have all partners agreed a metric for planned reductions in delayed transfers of care across the HWB that is at least as ambitious as the overall HWB target for reductions of DToC by November 2017? 34. Is the metric in line with the expected reductions in DToC for social care and NHS attributed reductions for the HWB area set out in the DTOC template? 35. If the local area has agreed changes in attribution from those set out in the template is there a clear evidence base and rationale for those changes? 36. Does the narrative set out the contribution that the BCF schemes will make to the metric including an analysis of previous performance and a realistic assessment of the impact of BCF initiatives in 2017/19 towards meeting the ambition set out in the local A&E improvement plan? 37. Have NHS and social care providers been involved in developing this narrative?	✓Planning Template ✓Narrative plan ✓Related schemes and models impacting DTOC beyond BCF ✓A&E improvement plans
Integrity and completeness of BCF planning documents	**16. Has all the information requested in the DTOC and planning templates been provided and are all the minimum sections required in the narrative plan elaborated?**	38. Have the DTOC template, Planning template and Narrative plans been locally validated for completeness and accuracy as per the planning requirements? (Better Care Support Team will carry out central data validation)	✓DTOC template ✓Planning Template ✓Narrative plan

BCF 17/19 – Guide to assuring BCF plans

Assurance approach and process

The Better Care Fund

Assurance overview

Stage	Aims	Who is involved	Decision maker

Assurance of submissions	• Assess whether the planning requirements are met.
	• Agree whether plans should be
	    • Approved,
	    • Approved with Conditions, or
	    • Not approved.
		• Co-ordinated by regional assurance teams (DCO teams and local government assurers, supported by Better Care Managers).
		• Better Care Support Team (data validation and summary)
			Regional/sub regional assurance panel

Moderation of assurance outcomes	• Scrutinise assurance outcomes and comments across NHS region to ensure consistency of approach	• Co-ordinated by Better Care regional leads in DCO teams • Regional assurance leads (NHS England (taking on board NHS Improvement views) and local government) • NHS regional finance reps	Regional moderation panel
Submission of assured plan ratings and summary template to the Better Care Support team			
Cross regional calibration	• Scrutinise assurance outcomes between regions to ensure consistency of approach	• Co-ordinated by Better Care Support Team, with Better Care regional leads and regional assurance leads	Regional moderation panel
Submission of assured plan ratings and summary template to the Better Care Support team			

Management of the assurance process > Assurance panels

Regional assurance will be co-ordinated by BCF Regional Leads and Better Care Managers, working with Directors of Commissioning Operations (DCO) teams, in partnership with local government assurance teams. NHS regional staff (including finance staff) and BCMs will be responsible for ensuring that regional assurers have access to appropriate information and guidance to assure plans and that arrangements are in place for joint agreement by NHS and local government of assurance outcomes and feedback to local areas.

Regional Leads for the Better Care Fund, with support from BCMs will

- Agree the process for assuring and moderating plans in line with the guidance and timetable, using the key lines of enquiry and other nationally available materials.
- Agree how DCOs and NHS regional assurers will work with local government regional colleagues to assure plans, and put in place a timetable for delivery before 31 July 2017**.** This should include an opportunity for NHS and local government assurers to discuss and agree plan status once plans have been scrutinised.
- Ensure that assurers are fully aware of their roles and equipped to provide adequate assurance of plans
- Ensure that assurance panels are arranged in time to meet milestones in the planning requirements and that local Better Care Fund planning leads have arrangements in place for agreement and approval of plans locally.
- Agree a mechanism to resolve differences in plan ratings between different assurers.

Lead local government Chief Executives and Directors of Adult Social Care should put in place appropriate additional regional capacity by **31/07/2017** to ensure local government regions are able to fully participate in the assurance process (utilising national BCST resources where required)

Management of the assurance process > Regional Moderation

- Arrangements should also be made by BCF regional leads and Better Care Managers for moderation of plan outcomes at NHS regional level.
- Moderation should be completed by the dates set out in the Planning Requirements and should ensure that a consistent approach to plan assessment has taken place across each NHSE region.
- Moderation should include input from:
  - Local government representatives: DASS and/or Chief Executive
  - NHS England DCO (taking on board views from NHS Improvement regional teams)
  - NHS England regional finance representatives
  - Better Care Managers
- Moderation should ensure that the requirements of the policy framework and planning requirements have been applied consistently across the region. The meeting should agree a final set of plan ratings after each of the two rounds of assurance. The moderation panel should consider whether the local DToC metrics are consistent with the agreed targets and that any changes in attribution at local level are well evidenced and have a clear rationale.
- Ratings should be recorded on the template provided and communicated to the national Better Care Support Team by **27 September 2017**.

Management of the assurance process > Cross regional calibration

- The Better Care Support team will co-ordinate a teleconference between regional assurance leads to allow regions to moderate scores across England. Once moderated plan outcomes are communicated to the Better Care Support team, a national level analysis of plan outcomes will be produced and provided to national partners and to NHS England regions.
- Following this, regions should review and benchmark their ratings against others. This process is the mechanism that the national Better Care Support team use to provide assurance to departments and NHS England that the conditions of the Fund have been applied consistently across England.
- This exercise will be used to ensure that plans are assured in a way that is consistent with other parts of the country. The calibration meeting will not examine individual HWB level assessments, but will examine overall approach and trends.
- This may result in some regions needing to re-visit judgements or comments for particular areas if it is apparent that different approaches have been taken regionally.
- As in 2016/17, decisions to put forward plans for approval by the IPB and NHS England, will be made by regions and the approach and representation at moderation and calibration will be for regions to make.

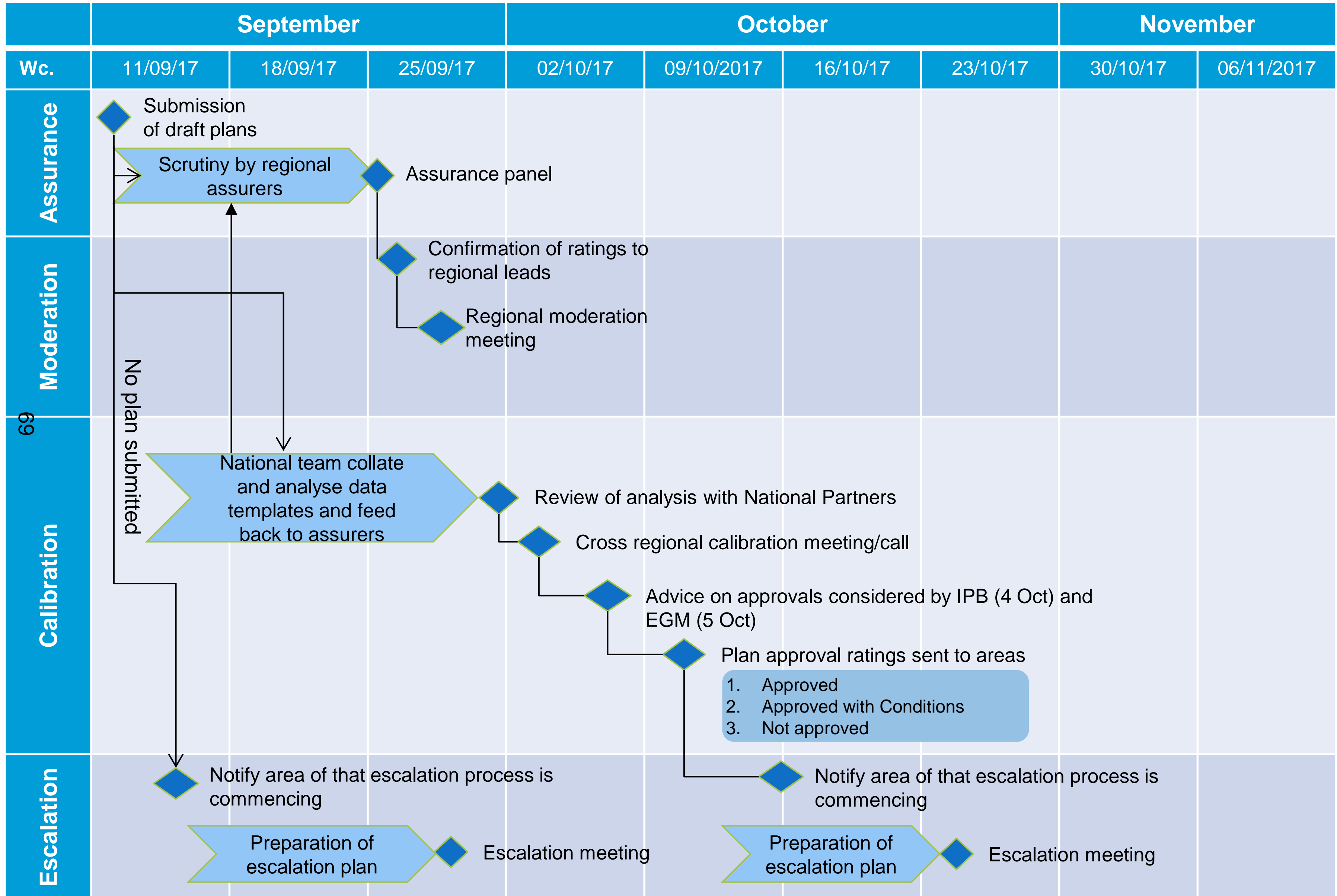
Assurance categorisation and follow up actions

Rating	Overview	Criteria	Next steps
Approved	• Plan agreed by Health and Wellbeing Board • Plan meets all requirements	• All planning requirements and KLOEs met • National Conditions met (including that the plan is agreed by the HWB)	• Plan is put forward for approval by NHS England following consultation with the IPB. • NHS England will write to these areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget

Approved with conditions	• Principal conditions (including National Conditions 1,2 & 3 met
	• Meets most planning requirements
		• Principal conditions (including National Conditions 1,2 & 3 and DTOC metric) are met
		• Not all planning requirements met, – i.e. one or more KLOEs not satisfied; for example:
		    • Narrative plan (vision, approach to risk management) needs improvement; or
		    • National Condition 4 not fully met
		    • Not all Metrics not agreed
		• Progress is being made (including on National Condition 4) and, provided feedback is incorporated, there is confidence that a compliant plan can be produced
		• Assurance panel are confident that the area can agree a plan by November
			• NHS England will write to areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget
			• Provide formal feedback to areas on actions needed to gain approval and timescale.
			• Area and BCM to consider any support required
			• Area to implement improvements prior to submitting a revised plan to their HWB.

Not approved/ not submitted	• One or more minimum funding contributions not included or • Plan is not locally agreed. • Plan is not submitted	• Several planning requirements not met including: • One or more of National Conditions 1, 2 or 3 not met. • Little or no progress towards agreement on National Condition 4. • Metrics are not set or not accompanied by plan • Plan is not submitted • DToC ambition is not in line with the targets agreed with NHS England (for CCGs) and/or necessary to achieve expected reductions (for Local Authorities).	• Provide feedback to areas on actions needed to deliver a compliant plan • Area and Better Care Support Team notified • If a plan is not submitted, BCST to arrange escalation panel meeting in w/c 25 September • If a plan is submitted but not approved, BCST to arrange escalation panel w/c 23 October • Support provided to area to produce an escalation plan

Overview of assurance, moderation and calibration

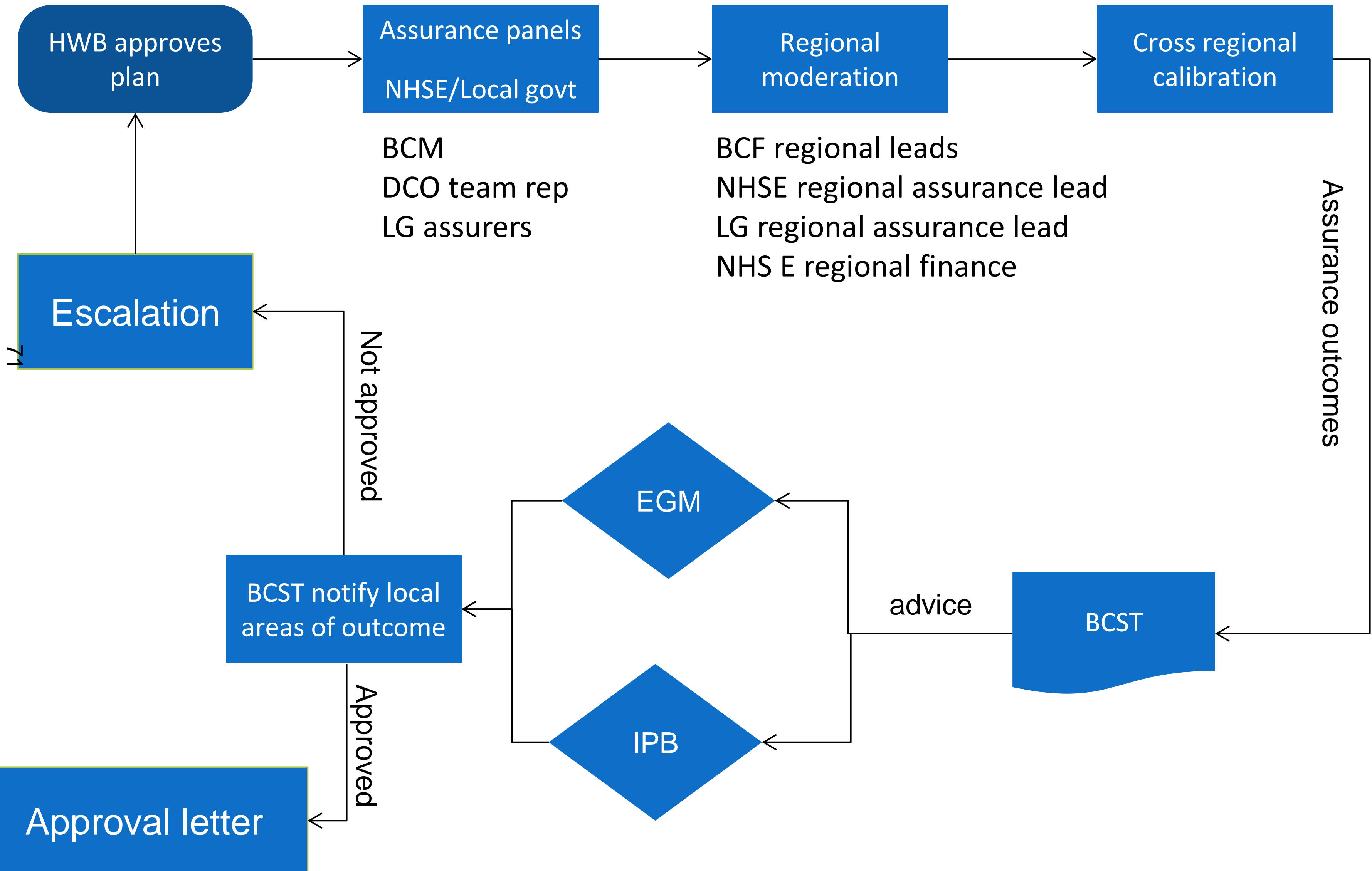


BCF 17/19 – Guide to assuring BCF plans

Responsibilities and Accountabilities for BCF Assurance

The Better Care Fund

BCf assurance – process and accountability



BCF Assurance > Roles and Responsibilities

NHS England Directors of Commissioning Operations (DCOs) and BCF Regional Leads

- Work with local government (LG) regional leads and BCMs to agree and deliver the approach to assurance, supported by Better Care Managers
- Ensure that the BCF assurance template is completed for each Health and Wellbeing Board within their area
- To coordinate and submit regional level returns providing an overview of plan assurance outcomes for each HWB in the region

Regional local government leads (Directors and/or Chief Executives)

- To oversee the LG input to BCF plan assurance and moderation, working with DCOs, BCMs and NHS England regions
- To ensure that additional operational capacity is provided to LG leads to deliver the approach to assurance and moderation from a local government perspective

Better Care Managers (BCMs)

- To provide additional capacity to DCOs and LG regional leads as agreed to support the overall approach to assurance and moderation across both health and social care

NHS England regional leads and NHSE regional finance leads

- To work with LG regional leads to provide a moderated view of BCF plans which aligns with wider moderation of NHS plans, taking on views of NHSI colleagues.

The Better Care Support Team

- To develop a consistent framework for assurance and moderation agreed by partners
- To develop a HWB level BCF assurance template to aid consistency
- To support the cross regional calibration exercise to establish a national picture of plan assurance
- To advise IPB and NHS England EGM on approval of plans
- To lead and co-ordinate the escalation process

BCF 17/19 – Guide to assuring BCF plans

Appendix: Escalation overview

The escalation process and statutory powers

The purpose of escalation is to assist areas to reach agreement on a compliant plan. Senior Representatives from all parties required to sign up to a plan will be asked to attend an Escalation Panel meeting to discuss concerns and identify a way forward.

In the eventuality that:

- signatories to a plan are not able to agree and submit a draft plan, or:
- The Health and Well-being Board do not approve the final plan; or
- Regional Assurers decide that a plan does not meet the planning requirements:

The Better Care Support Team, in collaboration with the relevant Better Care Manager, will commence an escalation procedure to oversee prompt agreement of a compliant plan.

A guide to escalation will be issued to all those asked to enter the escalation process.

Escalation arrangements

- Representatives from the area (HWB chair, local authority chief executive (or DASS) CCG accountable officer) will be required to be present their escalation plan to the escalation panel (senior officials from DH, DCLG, NHSE and LGA

Outcomes

- Agreed escalation plan proposal:
  - set timelines for delivery and monitoring by the BCM and, if appropriate, external support to develop plan
- No agreed proposal:
  - Direct development of an alternative proposal
  - Appoint an independent expert to support development of a plan
  - Appoint an independent contractor to develop a plan, using NHS powers of direction

Follow up

- BCST will monitor progress on agreed outcomes
- Revised plans will be assured and approved once submitted.

Better Care Fund Expenditure Summary 2017/18 and indicative 2018/19

Protection of Adult Social Care	2015/16 Budget £000	2015/16 Actual £000	Budget 2016/17 £000	Final Outturn 2016/17	Draft 2017/18 Budget	Incr / (decr) vs 16/17 budget	Draft 2018/19 Budget
Agreed Inflation rates					1.79%		1.90%
Personalised care / support at home							
Community Equipment and Adaptations	200	200	200	200	200	**0**	200
Home improvement (urgent response)	66	66	72	72	75	**3**	76
TOTAL Personalised care / support at home	**266**	**266**	**272**	**272**	**275**	**3**	**276**
Re-ablement Services						**0**	
New Reablement service					315	**315**	420
Re-ablement Services	420	420	420	420	105	**(315)**	
TOTAL Re-ablement Services	**420**	**420**	**420**	**420**	**420**	**0**	**420**
Intermediate care services						**0**	
RAAC / IRS	494	352	494	393	400	**(94)**	400
Intermediate care services	366	366	366	370	370	**4**	370
TOTAL Intermediate care services	**860**	**718**	**860**	**763**	**770**	**(90)**	**770**
Integrated Care Services						**0**	
Pathway And Referral Management/ duty			149	149	159	**10**	161
Care Co-ordination roles	107	111	111	111	-	**(111)**	-
Rapid Response	595	648	550	626	628	**78**	634
Occupational Therapy			120	120	149	**29**	150
Hospital Liaison	187	242	120	120	147	**27**	148
Emergency respite	177	185	156	135	131	**(25)**	130
AWB brokerage function	170	175	176	201	225	**49**	227
TOTAL Integrated Care Services	**1,236**	**1,361**	**1,382**	**1,462**	**1,439**	**57**	**1,451**
Support for Carers						**0**	
Support for Carers	843	718	460	236	216	**(244)**	200
TOTAL Support for carers	**843**	**718**	**460**	**236**	**216**	**(244)**	**200**
Other Social Care						**0**	
DOLS demand	100	222	325	505	500	**175**	500
Maintain LD health funding (transfer from WVT to 2g)	331	331	331	331	331	**0**	331
Managing demand for long term packages of care	464	464	468	568	600	**132**	603
Joint commissioner posts		20				**0**	
TOTAL Other Social Care	**895**	**1,037**	**1,124**	**1,404**	**1,431**	**307**	**1,434**
Sub Total before inflation	**4,520**	**4,520**	**4,518**	**4,557**	**4,551**	**33**	**4,551**
Inflation						**0**	
ECIP / DTOC developments			23		23	**0**	113
Inflation - Spend TBC					90	**90**	97
Inflation	**0**	**0**	**23**	**0**	**113**	**90**	**210**
Total Protection of Adult Social Care	**4,520**	**4,520**	**4,541**	**4,557**	**4,664**	**123**	**4,761**

Care Act BCF Spend	2015/16 Budget £000	2015/16 Actual £000	Budget 2016/17 £000	Final Outturn 2016/17	Draft 2017/18 Budget	Incur / (decr) vs 16/17 budget	Draft 2018/19 Budget
Carers	234	84	-			**0**	
Information, advice and support - SIL Contract / hub	49	108	140	140	140	**0**	140
Information, advice and support - WISH Website		73	72	72	72	**0**	72
Advocacy	31	75	75	75	75	**0**	75
Safeguarding	18	103	103	103	103	**0**	103
Training and Other Costs	16	21	70	70	70	**0**	70
Total BCF Care Act	**458**	**458**	**460**	**460**	**460**	**0**	**460**
Total Social Care Revenue	**4,978**	**4,978**	**5,001**	**5,017**	**5,124**	**123**	**5,221**

CCG Minimum Contribution	2015/16 Budget £000	2015/16 Actual £000	Budget 2016/17 £000	Final Outturn 2016/17	Draft 2017/18 Budget	Incr / (decr) vs 16/17 budget	Draft 2018/19 Budget
Intermediate Care - reablement (Kington court)	484	484	534	534	534		534
Integrated Community Care (community health svcs)	3879	3879	3,806	3,806	3,806		3,806
Early Interv'n & rapid response / -Hospital at Home	800	800	768	768	768	**0**	768
Early Interv'n & rapid response - Risk Stratification	800	800	768	768	768	**0**	768
Early interv'n & rapid response -Falls Response service	123	123	123	123	123	**0**	123
Intermediate Care - Step up/down community bed	153	153	240	240	240	**0**	240
Prevention - Short break/respite children & families	427	427	427	427	427	**0**	427
Carers Support	50	50	50	50	50	**0**	50
Inflation B/F							120
Inflation in year	0	0	32	16	120	**88**	130
Total CCG Minimum Contribution	**6,716**	**6,716**	**6,748**	**6,732**	**6,836**	**88**	**6,966**
Total Minimum Revenue			**11,749**	**11,749**	**11,960**	**211**	**12,187**

Capital Allocations	2015/16 Budget £000	2015/16 Actual £000	Budget 2016/17 £000	Final Outturn 2016/17	Draft 2017/18 Budget	Incr / (decr) vs 16/17 budget	Draft 2018/19 Budget
Disabled Facilities Grant	**866**	**866**	**1,558**	**1,576**	**1,706**	**148**	**1,853**
Sub Total Social Care Capital	**490**	**490**	**0**			**0**	
Total BCF Capital	**1,356**	**1,356**	**1,558**	**1,576**	**1,706**		**1,853**
Total Minimum Fund			**13,307**	**13,325**	**13,666**	**211**	**14,040**

Pool Two - Care Home Market Management	2015/16 Budget £000	2015/16 Actual £000	Budget 2016/17 £000	Final Outturn 2016/17	Draft 2017/18 Budget	Incr / (decr) vs 16/17 budget	Draft 2018/19 Budget
Care Home Market Management CCG contribution	8685	9888	9,272	9,612	8,594	**(678)**	8,757
Care Home Market Management LA contribution	18363	18418	19,468	20,734	20,147	**679**	20,530
Total Pool Two	**27,048**	**28,306**	**28,740**	**30,346**	**28,741**	**1**	**29,287**

CCG Contributions	20,379	21,582	21,021	21,361	20,554	(467)	20,945
Council Contributions	19,719	19,774	21,026	22,310	21,853	827	22,383
TOTAL BCF	**40,098**	**41,356**	**42,047**	**43,671**	**42,407**	**360**	**43,327**