

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

## **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.**

## 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 own 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 be 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.

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

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.