

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
TUESDAY 14 JUNE AT 10.00 a.m.**

2016-17 BETTER CARE FUND PLAN

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1.0 Purpose of report

- 1.1 To provide an overview of the 2016-17 Better Care Fund Plan submitted to NHS England on 3 May following sign off from Health and Wellbeing Board, along with an update on 2015-16 Better Care Fund performance.

2.0 Summary

2.1 2016-17 Better Care Fund Plan

- 2.1.1 Hertfordshire's 2016-17 Better Care Fund (BCF) Plan was submitted to NHS England on 3 May. It details how Hertfordshire County Council (HCC) and the Clinical Commissioning Groups (CCGs) will pool funding and use Hertfordshire's BCF allocation over the coming year.
- 2.1.2 The Plan has been developed in accordance with national guidance that the BCF contributes towards the national ambition outlined in the Spending Review of 'integrated health and social care by 2020'. As such, the Plan has been developed in alignment with existing strategies including CCG Operational Plans, the Sustainability and Transformation Plan and the Health & Wellbeing Board Strategy. The Plan has been reviewed in line with CCG and HCC governance structures as well as providers prior to final approval by the Health & Wellbeing Board (HWB). Draft submissions of the Plan took place on 2 and 21 March. As there was no HWB prior to the final submission on 3 May, it was agreed at the previous HWB meeting (15 March) to delegate sign-off to the HWB Chair.
- 2.1.3 The 2016-17 BCF Plan continues the vision outlined in the 2015-16 Plan to facilitate a system delivering '*the right care and support at the right time and in the right place for individuals, their families and their carers*'. Key outcomes are:
- Deliver better care for patients and service users
 - Reduce reliance and spend on acute services
 - Meet national conditions to deliver against the metrics

- Release efficiencies for HCC and both CCGs to help deliver against efficiency targets.

2.1.4 As last year, the 2016-17 BCF Plan shows how Hertfordshire will meet NHS England-set national conditions, two of which were added for 2016-17:

- 7 day working in health and social care
- Plans to be agreed jointly
- Better data sharing between NHS and social care
- Joint assessment and accountable professionals
- Protection of social care services (not spending)
- Agreement on the consequential impact of changes in the acute sector
- *New condition for 2016-17* - Agreement on investment in NHS commissioned out-of-hospital services
- *New condition for 2016-17* - Agreement on local action plan to reduce delayed transfers of care

2.1.5 The Plan outlines priorities for the coming year. As a number of those set out in the 2015-16 BCF Plan were set over a long-term planning horizon, the 2016-17 Plan includes a number of areas where Hertfordshire continues to make progress against countywide priorities. These include:

- Development of Hertfordshire's health and social care data integration work for greater data sharing between health and social care (e.g. using Medeanalytics to more effectively risk stratify patients)
- Delivery of 7 day services, including achievement of the national clinical standards for 7 day working
- Ongoing development of community integrated care models including rapid response and case management
- Ongoing development of approaches to joint assessment and accountable lead professionals
- Development of innovative homecare schemes including the roll out of Specialist Care at Home lead provider model

2.1.6 Additional areas of development for 2016-17 include:

- A system-wide approach to reducing delayed transfers of care (DToC) via the 'DToC Action Plan', developed collaboratively between HCC, CCGs and providers
- The East & North Herts CCG (ENHCCG) Vanguard Programme to enhance care in care homes – this includes continued investment in the care home workforce via the Complex Care Premium and other schemes to reduce unnecessary use of acute or other crisis services
- Herts Valley CCG (HVCCG) Your Care Your Future Programme to join up care closer to home – this includes integration of services around local hubs
- Strengthening involvement of district and borough councils and housing associations by developing a collaborative model for using the Disabled Facilities Grant (DFG) monies which form part of the BCF
- Development of the countywide integrated commissioning work, supported by the Kings Fund, including development of a roadmap towards full health and social care integration by 2020
- Integrated workforce planning

Delivery will be divided into 5 workstreams: 1. Integration of core teams, 2. Supporting integrated commissioning, 3. Avoiding emergency admissions, 4. System flow, 5. Data sharing and ICT.

2.1.7 The Plan approval status (*'approved'*, *'approved with support'* or *'not approved'*) will be confirmed by NHS England in June. Feedback from the last draft submission was positive with NHS England confident Hertfordshire should meet all plan requirements subject to minor amendments.

2.1.8 **Finances:** This year's national BCF totals £3.9bn, rising from last year's £3.8bn. Required to pool a minimum of £74m, Hertfordshire, in line with last year, will pool a much larger budget of £302m to enable the joint commissioning of a much wider range of services. Contributions can be broken down as follows:

Table 1: Summary of Final Agreed Contributions to the BCF

Organisation	2016-17 Total (£000)	2015-16 Total (£000)
East & North Herts CCG	82,155	67,173
Herts Valleys CCG	99, 296	92,844
Cambridge & Peterborough CCG	1,051	1,000
Hertfordshire County Council	116, 232	122,609
DFG Allocation	5,652	3,070
Social Care Capital Grant		2.302
TOTAL FUND	304,386	288,998
Add Client Income		40,817
Total BCF Pool 2015-16		329,815

2.1.9 As above, a decrease in HCC contribution from 2015-16 reflects a decrease in Health & Community Services (HCS) budget due to funding reductions. The 2016-17 BCF total has also been affected by the client income which will form a part of the HCC contribution this year. The 2015-16 figure has been altered in the above table to allow a like for like comparison.

2.1.10 Last year a proportion of funding was ring-fenced subject to meeting non-elective admissions (NEA) targets. This year NHSE have allocated ring-fenced funding to go towards investment in NHS commissioned out-of-hospital services. Similarly to last year, Hertfordshire, in a risk share arrangement between partners, has agreed this amount (£19.5m) will not be dependent on hospital activity as suggested by NHSE. Plans are in place however to meet acute activity targets.

2.1.11 The Section 75 agreement for the BCF, developed last year, will be updated to incorporate broader risk sharing arrangements and the use of budgetary over/underspends which will be agreed across partners. This is to be finalised by the end of June. Further detail will be presented at the HWB meeting.

2.2 Better Care Fund Performance

2.2.1 In combination with delivering the range of projects and programmes of work outlined in 2.1.5, in 2015-16, as in this year, the BCF was expected to deliver against 6 national metrics (see table 2). The latest performance data will be presented at June's HWB with Powerpoint slides to be made publically available after the meeting. A review of data available suggests the following:

Table 2: Draft 2015-16 Performance against NHSE targets

National Metric	Target	Performance
1. Non-elective admissions	2.5% reduction in activity	Target not met (1.16% increase)
2. Delayed transfers of care	10% reduction in activity	Target not met (20% increase, partly attributable to changes in reporting)
3. Admissions to residential & nursing care	Annual rate of 563 admissions per 100, 000 population	Met target (annual rate of 559 admissions per 100, 000)
4. Effectiveness of reablement	93.1% of 65+ still at home 91 days after discharge into reablement/rehabilitation services	Target not met (89.3%)
5. Service user engagement - HCS enablement survey	90% overall satisfaction rate in HCS enablement service survey (85% at start of 2015-16)	Near target (89.6%)
6. Dementia diagnosis (locally agreed metric)	67% dementia diagnosis rate in line with national target	Target not met (63% , although there has been an increase in diagnosis each quarter)

2.2.2 Targets for 2015-16 were largely pre-determined by NHSE. Targets for 2016-17 will be calculated using 2015-16 targets as a base while accounting for changes in demographics and other service developments. As part of the DToC action plan, an additional target agreed in consultation with all partners will be in place for June – this is 2.5% of bed days for acute trusts and 3.5% of bed days for non-acute trusts are delays.

3.0 Recommendation

3.1 That the Board notes the key points of the 2016-17 BCF Plan submission and 2015-16 performance

Background Papers

The following papers can be found at the link below:

- 3.ii High Level Narrative in full
[Health & Wellbeing Board Agenda 14 June 2016](#)

Report signed off by	Colette Wyatt-Lowe, HWB Chair
Sponsoring HWB Member/s	Iain MacBeath, Beverley Flowers, Cameron Ward
Hertfordshire HWB Strategy priorities supported by this report	The Better Care Fund proposals relate to the following Health & Wellbeing priority areas: <ul style="list-style-type: none"> • Living well with dementia • Enhancing quality for life for people with long-term conditions • Supporting carers to care • Integrating services
Needs assessment (activity taken) The Better Care Fund identifies initial priorities for integration based on our understanding of both need in the area and future demographic challenges, which is why the priorities include: <ul style="list-style-type: none"> • Support to frail older people populations • Long term conditions • Dementia • Stroke Care 	
Consultation/public involvement (activity taken or planned) The 2015-16 BCF Plan, forming the basis of this year's Plan, was created further to extensive consultation activity around the BCF process, with patient groups, statutory bodies, provider organisations and the voluntary and community sector. Strategies incorporated in the Plan's vision and priorities have included extensive engagement.	
Equality and diversity implications Each project that is delivered as part of the Better Care Fund work will be subject to robust equality impact assessments, to ensure the impact on different groups is understood and where necessary mitigated against	
Acronyms or terms used. Eg:	
Initials	In full
BCF	Better Care Fund
CCG	Clinical Commissioning Group
DtoC	Delayed Transfer of Care
ENHCCG	East & North Herts Clinical Commissioning Group
HCC	Hertfordshire County Council
HCS	Health & Community Services
HWB	Health & Wellbeing Board
HVCCG	Herts Valleys Clinical Commissioning Group
NHSE	NHS England