

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
THURSDAY, 2 MARCH 2017 AT 10.00AM**

2017-19 BETTER CARE FUND PLAN

Report of Director Health & Community Services

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1.0 Purpose of report

1.1 To provide an update on the 2017-19 Better Care Fund Plan due for submission to NHS England later this year, and to seek the delegation of the signing-off of the Plan to the Chair of the Health & Wellbeing Board in consultation with the Chief Executives/Accountable Officers of Herts Valleys, East & North Hertfordshire and Cambridgeshire and Peterborough Clinical Commissioning Groups (CCGs) and the Director of Adult Social Care for Hertfordshire County Council.

2.0 Background

2.1 Hertfordshire's Better Care Fund (BCF) is a single pooled budget of largely existing funding initiated nationally to drive closer joint working between the NHS and social care. In 2016-17, in line with the previous year, Hertfordshire chose to pool a wider range of service budgets than nationally required to maximise opportunities for joint working, commissioning and financial planning. This resulted in a BCF of £304m, one of the largest in the country, jointly pooled between Hertfordshire County Council, Herts Valleys CCG (HVCCG), East & North Herts CCG (ENHCCG) and Cambridgeshire & Peterborough CCG (CPCCG).

2.2 The 2016-17 [Better Care Fund Plan](#) detailed how Hertfordshire would deliver BCF objectives this financial year in line with NHS England's set BCF Conditions and Metrics (see Appendix 1). This was approved by Hertfordshire's Health & Wellbeing Board (HWB) last May.

Hertfordshire is now required to develop a BCF Plan for the period 2017-19.

3.0 Better Care Fund 2017-19

3.1 Planning Guidance

3.1.1 Hertfordshire is required to submit an updated BCF Plan that covers the next two financial years from April 2017. As well as outlining spend, it must also:

- Set out Hertfordshire's vision for integrating health and social care by 2020
- Detail an evidence-based and jointly approached plan of action for delivery
- Demonstrate compliance with three National Conditions, reduced from this year's eight (Plans to be jointly agreed; transfer of money from CCGs to social care; NHS commissioned out-of-hospital services).
- Outline plans for meeting BCF performance metrics, including non-elective admissions (see Appendix 1)
- Show how the BCF Plan aligns with existing local plans including the Sustainability and Transformation Plan (STP) – although NHS England will be providing some high-level guidance on the BCF and STP, it will be up to local areas to agree the degree of planning, implementation and governance alignment. Much of this has already been addressed in Hertfordshire in developing STP governance, with BCF objectives and experiences of integrated health and social care services providing a foundation for integration planning within the STP.

3.1.2 NHS England has indicated that areas showing particularly strong integration may have an opportunity to 'graduate' from the BCF process. This will exempt areas from performance reporting in 2017-18 and may mean not needing to submit a full BCF Plan this coming year. Further details on this are to follow.

3.1.3 Further details on Plan development, including a submission timetable, are dependent on publication of delayed national guidance from NHS England (currently no confirmed publication date). Although preference would be that the BCF Plan be signed-off by the full HWB, submission will fall after March's HWB meeting and before the HWB meeting in June. It is therefore suggested that sign-off of the Plan be delegated to the HWB Chair, working in collaboration with the Accountable Officers of the CCGs and Hertfordshire County Council's Director of Adult Social Care. Further details will be presented verbally at March's HWB should they be available by this date.

3.2 Financial Arrangements

- 3.2.1 Part of the 2017-19 planning exercise in Hertfordshire will encompass an analysis of spending of local shares of national pots across the BCF. This will include showing how and where Hertfordshire meets and exceeds national expectations including distribution of the BCF minimum allocation (e.g. minimum and additional provisions for maintenance of social care, use of Care Act, Carers and Reablement monies).
- 3.2.2 Discussions on 2017-19 BCF contributions above those minimally required (minimum requirement is around £69m) are taking place between partners, including funding to be used for the maintenance of social care.
- 3.2.3 It is also planned to bring greater robustness to joint schemes already underway by presenting clearly outlined objectives, expected outcomes, benefits and risks as well as financials of each scheme in an updated Section 75 Agreement. This will be accompanied by an updated section on BCF governance and risk sharing. The Section 75 Agreement provides the legal framework behind BCF pooling arrangements.

4.0 Recommendations

- 4.1 That the HWB note the development plans and guidance for the BCF Plan in 2017-19.
- 4.2 That the HWB agree to delegate sign-off of the final 2017-19 BCF Plan to the HWB Chair, in consultation with the Chief Executives/Accountable Officers of Herts Valleys, East & North Hertfordshire and Cambridgeshire and Peterborough CCGs, and the Director of Adult Social Care for Hertfordshire County Council.

Report signed off by	Colette Wyatt-Lowe, HWB Chair
Sponsoring HWB Member/s	Iain MacBeath, Beverley Flowers, Nicolas Small
Hertfordshire HWB Strategy priorities supported by this report	The Better Care Fund proposals relate to all 4 Health & Wellbeing Strategy priority areas
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 elderly populations • Long term conditions • Dementia • Stroke Care 	
Consultation/public involvement (activity taken or planned)	

The 2015-16 BCF Plan, which forms 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.

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

Initials	In full
BCF	Better Care Fund
CCG	Clinical Commissioning Group
HCC	Hertfordshire County Council
HWB	Health & Wellbeing Board
NHSE	NHS England

Appendix 1 - BCF metrics

In 2016-17, the BCF Plan was expected to show how 8 National Conditions set by NHS-England would be delivered.

BCF National Conditions

- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate
- Plans to be agreed jointly between the NHS and social care
- Better data sharing between NHS and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Protection of social care services (not spending)
- Agreement on the consequential impact of changes in the acute sector
- *New condition for 2016-17* - Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care
- *New condition for 2016-17* - Agreement on local action plan to reduce delayed transfers of care

In 2016-17, conditions will be reduced from the above eight to three. These are: Plans to be jointly agreed; transfer of money from CCGs to social care; NHS commissioned out-of-hospital services.

BCF Performance Metrics

The BCF is monitored by NHSE on a quarterly basis on the below 6 performance metrics:

1. A reduction in non-elective admissions
2. A reduction in delayed transfers of care
3. A reduction in permanent admissions to residential or nursing homes
4. An increase in the effectiveness of reablement (an increase in the number of 65+ discharged from hospital into an reablement or rehabilitation service)
5. Service user engagement (locally agreed metric) – an increase in satisfaction rates for the Health & Community Services enablement survey
6. An increase in the dementia diagnosis rate (locally agreed metric)