

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER AT 10:00AM**

BETTER CARE FUND PLAN 2017-19

Report of Director of Adult Care Services

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1. Purpose of report

- 1.1. To provide an overview of the Better Care Fund Plan 2017-19 for Health & Wellbeing Board review and approval.

2. Background

- 2.1 The Better Care Fund (BCF) was announced by the Government in June 2013, and a local plan agreed in Hertfordshire between Hertfordshire County Council (HCC), East & North Clinical Commissioning Group (EHNCCG), Herts Valleys Clinical Commissioning Group (HVCCG) and Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) in April 2014. The national policy requires the establishment of a single pooled budget (the BCF) to enable delivery of the local BCF plan to integrate health and social care services.

3. Better Care Fund Plan 2017-19

- 3.1 As last year, Hertfordshire is required to submit an updated BCF Plan but covering two financial years from April 2017. The Plan consists of a high-level narrative and a Planning Template outlining financial spend and performance projections. An overview of the high-level narrative Plan is as follows:
- 3.2 **Vision and delivery plan:** The top-level vision for health and social care integration, as in previous years, remains 'a system that delivers the right care and support at the right time and in the right place'. Hertfordshire's 2017-19 BCF Plan therefore focuses its priorities and actions around the person-centred 'Integration Standard', developed by NHSE to show what an integrated health and social care system looks like. This has been used to create the below planning framework for Hertfordshire:

Figure 1: Hertfordshire’s resident focused planning framework



3.3 **Priorities and Delivery Plan:** The above ‘integration standards’ have been matched against a set of joined up care priorities to be delivered by 2020 (see appendix 1 of the high-level narrative Plan). Delivery plans, developed in consultation with the STP and CCG Operational Plans, have been broken down with examples as follows:

1. **Electronic record & data sharing** – digital shared care record, linked datasets, networking care homes
2. **Early identification** – wider use of risk stratification to prevent admissions and other service escalations, expanding prevention, and better involvement of the voluntary sector in statutory services
3. **Value for money** – developing collaborative commissioning, roll out of the Home Improvement Agency, joint data analysis
4. **Assessment & care planning** – roll out of the locality-based approach, shared assessment infrastructures, integrated personal commissioning and continuation of the multi-speciality approach
5. **Integrated community care** – improved shared leadership, expansion of integrated community teams and enhancing care in care homes

- 6. Timely and safe discharges** – implementing all 8 areas of the High Impact Change Model, 7 day working, live urgent care dashboard
- 7. Integrated Urgent Care** – greater use of multi-disciplinary teams, continued rapid response functions within integrated community teams, improved out-of-hours service
- 3.4 Performance Metrics:** The BCF Plan is expected to demonstrate compliance with four National Conditions and four performance metrics (see sections 4 and 6 of the high-level narrative Plan). This includes meeting targets for reducing delayed transfers of care (DToC). The County Council and the Clinical Commissioning Groups (CCGs) have rejected ambitious targets pre-set by NHS England in favour of achieving the mandated NHS target for 3.5% of acute and non-acute beds being accounted for by both health and social care attributable DToC.
- 3.5 Planning Template:** As well as outlining metric targets, the Planning Template part of the Plan outlines BCF expenditure which is similar to last year's £304m. Hertfordshire's BCF consists of the majority of out-of-county older people budgets. This is made up from:
- **CCG Minimum Contributions:** Nationally-defined amounts of CCG monies with spend providing both a health and social care benefit. Includes 'maintenance of social care' monies, which must be spent on adult social care services that have a health benefit.
 - **Improved BCF (iBCF):** a new social care grant allocation intended to provide stability and capacity to local systems to support among other things management of DToCs. iBCF spend and performance is collected by NHSE separately.
 - **Disabled Facilities Grant:** Allocated via the BCF and distributed to district councils to meet their statutory duty to provide home adaptations
 - Additional contributions: **Jointly agreed additional funding from the CCG and HCC to aid collaboration.**

Table 2: BCF Financial Breakdown

Organisation / Pot	2017-18 Total (£000)
East & North Herts CCG	£82,991 (£33,544 = min contribution)
Herts Valleys CCG	£96,508 (£35,377 = min contribution)
Cambridgeshire & Peterborough CCG	£1,070 (£1,070 = min contribution)
Hertfordshire County Council	£80,098
DFG Allocation	£6,201
iBCF	£13,071
TOTAL FUND	£279,938

4. Submission and Approval

- 4.1 Following County Council and CCG approval, the BCF Plan was submitted to NHS England on their required deadline of 11th September 2017. This was with the understanding that it had not yet gone to the Health and Wellbeing Board for formal sign-off and would do so in October 2017. Areas will be notified if their plans are ‘approved’, ‘approved with conditions’ or ‘not approved’ by early to mid-October 2017. If ‘approved with conditions’, areas will still be able to use BCF monies but will need to submit updated plans by the end of October 2017. The Health and Wellbeing Board will be notified of the outcome, if available, at the October 2017 meeting.
- 4.2 Pooled arrangements between health and social care are underpinned by the Section 75 Agreement which provides the legal framework for the BCF and other pooled monies. The section 75 agreement is currently under review to be updated by November this year.

5. Recommendation

- 5.1 That the Board note the above and give their approval for the Better Care Fund Plan 2017-19.

Report signed off by	Colette Wyatt-Lowe, HWB Chair
Sponsoring HWB Member/s	Iain MacBeath, Beverley Flowers, Kathryn Magson
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 • Prevention 	
Consultation/public involvement (activity taken or planned) See National Condition 1 of the BCF Plan for notes on consultation which included joint agreement between HCC and the CCGs with input from providers and other stakeholders. Also previous BCF Plans, which form the base of current version, were developed in relation to extensive consultation activity around the BCF process, with patient groups, statutory bodies, provider organisations and the voluntary and community sector. Individual integration projects have also often carried out their own consultation and engagement exercises.	
Equality and diversity implications Each project that is delivered as part of the Better Care Fund work is subject to robust equality impact assessments to ensure the impact on different groups is understood and where necessary mitigated against. An EQIA was also created for the ‘Joined Up Care Framework’ forming the basis of this year’s BCF Plan and which identified that the BCF actively creates opportunities to promote equality.	
Acronyms or terms used. eg:	
Initials	In full
ACS	Adult Care Services
BCF	Better Care Fund

CCG	Clinical Commissioning Group
DToC	Delayed transfers of care
HCC	Hertfordshire County Council
HWB	Health & Wellbeing Board
NHSE	NHS England