

HEALTH & WELLBEING BOARD

Subject Heading:

Better Care Fund Planning for 2017-19

Board Lead:

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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- Theme 3: Provide the right health and social care/advice in the right place at the right time
- Theme 4: Quality of services and user experience

SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with an update on the way in which the Better Care Fund (BCF) delivered against its 2016/17 plan and also to set out further details about the proposed plans for the financial years 2017/18 and 2018/19.

At time of preparation of this paper, the Planning Guidance had just been published (5th July 2017), but the extent of requirements and implications have not yet been fully digested. This paper therefore reflects the latest understanding of what is required as at the date of publishing the report. It is of note there is a new requirement for plans to cover two years, not one year as previously, and these plans are, as before, required to be jointly developed and approved by the Health and Wellbeing Board.

The BCF has been established by Government to provide funds to local areas to support the integration of health and social care. It aims to ensure a closer integration between health and social care, putting person centred care and wellbeing at the heart of the decision making process. The BCF is a vital part of both NHS planning and local government planning.

2015/16 was the first year of the BCF nationally. Section 75 of the National Health Service Act 2006 gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payments may be made towards expenditure incurred in the exerciser of prescribed local authority functions and prescribed NHS functions.

In the Spending Review of 2016, it was announced that additional BCF funding of £105m (17/18), £825m (18/19) and £1.5bn (19/20) would be allocated nationally, described as the “Improved Better Care Fund”. Havering’s allocations are £0 (17/18), £2m (18/19) and £4.2m (19/20).

Further to this, the Spring Budget (8 March) included a new grant, worth £2bn over the next three years, to be paid to local authorities (LAs) with social care responsibilities. Havering’s share of this is £3.76m (17/18), £2.84m (18/19), £1.42m (19/20).

The BCF policy requires the pooling of budgets and a section 75 agreement about how integration will be taken forward and the funding prioritised to support this. In Havering, the indicative minimum pooled fund totals £21.96m in 2017/18, rising to £23.34m for 2018/19.

Agreed plans, signed off by the HWB, must be submitted by 11th September 2017, however areas need to confirm draft metrics in respect of delayed transfers of care by 21st July 2017. In addition, the first quarterly iBCF returns are to be submitted by local authorities by 21st July. As with previous years, this necessitates a process requiring consideration by HWB outside of its usual meeting process.

RECOMMENDATIONS

1. Delegate authority to the HWBB Chair to approve the final submission of the BCF Plan 2017/19 to NHS England for submission as required by the guidelines, **subject to** obtaining approval from the Council and the Havering Clinical Commissioning Group (CCG).
2. Agree the intention to prepare a three borough, two stage approach for the plan, which will be subject to further consultation and agreement with the HWBB.
3. To receive, at the first opportunity, the final submission that was made, and subsequently to receive monitoring reports at six monthly intervals.
4. Delegate authority to the HWBB Chair to approve BCF statutory reporting returns each quarter.

REPORT DETAIL

1.0 2016/17 Plan Outcomes

Our 2016/17 plan set out plans across seven schemes

BCF 1:	Customer Interface
BCF 2&3:	Intermediate Care and Integrated Localities
BCF 4:	Carers and Voluntary Sector
BCF 5:	Learning Disabilities
BCF 6:	Long Term Conditions
BCF 7:	Enabler: Integrated Commissioning

Briefly, progress against these is as follows:

1.1 BCF 1: Customer Interface

Information and Guidance about care and support in the community

Information is fundamental to enabling people, carers and families to take control of, and make well-informed choices about their care and support and how they fund it. The information and guidance service, known as Care Point, launched September 2015. The service, provided by Family Mosaic, offers free independent information and guidance to Havering residents who want to find out more about care and support, health and wellbeing and advice for carers.

Since the launch the Care Point service has developed and extended its reach by increasing the number of locations used across the borough to provide residents with information. Care Point can be accessed in places such as, Romford Shopping Centre, Queen's Hospital, Children's Centres, Libraries, Job Centres and various GP Surgeries.

The number of residents accessing Care Point has been increasing steadily each month. From when the service launched through to April 2017 the service provided information and guidance on 8,245 occurrences to Havering residents. In addition to queries about care and support the most common area residents have required assistance has been with welfare benefit and blue badge claims. We have been regularly collecting feedback on the outcome of the service provided from a sample of residents that have used Care Point. For the 2016 monitoring period this showed that 92% of respondents found the information they had been given 'very useful' and 91% had been able to resolve their issue. Mystery shopping exercises indicated similar positive results regarding the information provided.

Next steps include:

- Develop new ways of reaching people in the local community and varying the use of community hubs based on the demand.
- Target information and advice at particular parts of the community that are hard to reach or would benefit most from receiving the service.

- Continue to build relationships with local stakeholders to generate referrals and share information.
- Establish a local information and advice (I&A) steering group comprising of local I&A stakeholders, to ensure up-to-date information is maintained and reduce duplication.
- Consider overlap and join-up with other local information providing services.

Care and Support Website

The care and support information and advice website, also known as Care Point, was rebranded and launched December 2015. The website has been updated following a series of user meetings to understand how it could be improved for them. Project group meetings have also been held, initiated by Healthwatch Havering, with Care Point community service, Havering Children's Services, Safeguarding and Adult Social Care to develop and improve the website further. This has resulted in clearer pages, reduction in drop down options and number of clicks required to navigate. The content has been updated on a regular basis with content owners identified. Statistical analysis has shown an increase in the number of visits to the website. Feedback from focus groups has been positive about the improvements.

The next step will be to collect feedback from a wider sample of residents on how useful they find the website. A process needs to be agreed to ensure the website is steered and maintained by content owners, but managed at a central point that can regulate and quality check information before it is published.

Integrated first point on contact

The Council are currently redesigning the first point of contact or 'front door' to adult social care. The aim is to develop an integrated health and social care first point of contact which is more coordinated and skilled.

1.2 BCF 2 & 3: Intermediate Care and Integrated Localities

Intermediate Care Pathway

There has been significant progress with the integration the Intensive Rehabilitation Service (IRS) and Reablement – the Havering Reablement service was re-commissioned and the contract was won by North East London Foundation Trust (NELFT) which has enabled the integration of the reablement service with the rehab service. The service transferred on 18th April 2017 and NELFT are working to ensure the integration of these two services results in people receiving a more streamlined and coordinated approach to their recovery. The teams will work together to identify people that are receiving both rehab and reablement and will develop joint assessments, care planning and MDTs and will coordinate visits to ensure the services work in partnership to improve outcomes.

Whilst the progress with the rehab and reablement service is positive, further changes to the intermediate care pathway are required to ensure all services are appropriately integrated to further reduce duplication and fragmentation in the system. The Intermediate Care programme for 17/18 will focus on the design and implementation of a full intermediate care tier including services across health care, social care and the voluntary sector.

A key element of the intermediate care redesign is the delivery of 'Home First' which sets the principle that people are discharged as soon as they are medically stable and assessed within their own home ensuring that that no long term care decisions are made at an acute

bedside. It is imperative that the design of the intermediate care tier results in the community services being able to respond in a way that supports the 'Home First' model.

A significant amount of work has already been completed to streamline therapy assessment processes in the hospital which has supported the new referral pathway for the reablement and rehab service.

The programme of work to re-design the intermediate care tier and implement Home First will include the following:

- development of a single access point for referrals
- development of an assessment function which can assess within 2 hours of the person arriving at home
- implementation of trusted assessor models
- review of current use of assistive technology as part of intermediate care with a view to integrate it into the redesigned 'tier' of services.

Although there are currently different arrangements for intermediate care across Havering, Barking and Dagenham and Redbridge it has been agreed that the design of the new intermediate care tier will, in principle, be a single design across the 3 boroughs.

Integrated Localities

The Council and NELFT have continued to work in partnership to integrate the community health and social care teams to improve outcomes for service users.

Phase 1 of the project (Co-location) is now complete with 41 adult social care staff now located across the 4 localities– Cranham, Elm Park, Romford and Harold Hill. A number of staff feedback sessions were undertaken in Dec 2016 to gather information from all staff members regarding the co-location and their views on further integrating the teams. The feedback was generally very positive, good working relationships have formed in the teams and there has been improved communication and information sharing. Areas for improvement have been identified by staff have been collated into an action plan which is owned by the project group. The most significant areas for improvement were IT system integration, access to each other's systems, ineffective referral pathways between teams, duplication in workload and general IT issues.

To improve the access issues, staff now have read-only access to each other's IT systems allowing them to obtain appropriate information about service users prior to visits/assessments/reviews. This has been very well received in the teams and they have reported that it enables more informed decision making and reduces the time spent calling various teams for information.

The focus for Phase 2 of the project is to move from co-location to fully integrated teams. There has been further review of current operational processes for both health and social care and identifying areas that can be joined up to support integrated working across health and social care. Some of the key areas that are being developed are:

- Joint consent process
- Joint assessment process
- Joint care planning process
- Referral pathways between teams
- Review of community OT function across health and social care

Some of the workforce development that was planned for early 2017 has been postponed due to the development of the Adults Localities Model for Havering. This is a significant system wide programme of work which will expand on the current locality model to include other key services such as housing, pharmacy, voluntary sector, employment and welfare presenting a more joined up service with stronger inter professional relationships. The initial design of the locality model resulted in the locality boundaries being changed from 4 to 3; North, Central and South. The detailed design of these localities is currently underway and will inform any physical movement of staff required to meet the service demand in the new localities. The design will also inform further work required in terms of the integration of operational community teams.

1.3 BCF 4: Carers and Voluntary Sector

- Identification of carers and carer awareness
- Building carer friendly communities
- Carer information and advice
- Carer Prevention and Wellbeing
- Co-production with carers
- Carers assessments

The Havering Carers Strategy and Action Plan 2017 to 2019 was approved by Cabinet in January 2017 and launched in February 2017. The Strategy was developed by carers, jointly with Havering Council and the Havering Clinical Commissioning Group and sets out our plans for the next three years.

The Action Plan responds to the requirements of the Care Act 2014 and responds to the outcomes identified by carers of Havering residents. There are 7 priorities:

1. Focus on Wellbeing
2. Focus on Information and Advice
3. Focus on a range of high quality support for carers
4. Focus on working with GP practices
5. Focus on working to raise awareness and access to carers assessments and reviews
6. Focus on carer involvement in the Hospital Discharge process
7. Focus on safeguarding.

The Havering Carers Partnership Board is responsible for overseeing the delivery of the Action Plan. Membership has been reviewed and developed and carers have now joined the Board and are attending meetings regularly.

A carers consultation group, *Havering Carers Voice*, was established in Autumn 2016, providing carers with opportunities to work with commissioners on a regular basis to have direct input into the delivery of the Carers Strategy, to influence Commissioning and service delivery, service reviews and redesign.

The Havering Carers Information Booklet has been updated and continues to be circulated widely across Havering including to GP practices to provide carers with an overview of the range of local support available and information on how to access it.

Havering Carers Week 2017 included several community based events for carers in fitting with the Building Carer Friendly Communities theme, including GP practice based events to identify new and 'hidden' carers.

The Havering Carers Forum continues to meet on a quarterly basis. Over 70 carers attended a recent meeting to meet other carers, visit information tables, to hear speakers and participate in Q&A sessions including Direct Payments and the new pre-paid card, wills and Power of Attorney and carers assessments.

The Havering Carers, Inclusion and Peer Support tender was published in early 2017. The Joint Commissioning Unit are seeking providers of services for October 2017 onwards that are outcome focused, are in fitting with the Care Act and promote prevention, independence, personalisation and choice.

Tenderers have been invited to submit proposals for services that deliver one, two or three of the following three outcomes:

- Outcome 1: Social Inclusion
- Outcome 2: Building resilient communities by encouraging Peer Support
- Outcome 3: Supporting and sustaining carers in their roles

Commissioning intentions are aligned to the Havering Carers Strategy commitment to develop general and specific support for carers aged 18 and over, who care for people aged 18 and over who are elderly and/or frail, have learning disabilities, have mental health needs, are affected by dementia and/or have physical disabilities and/or sensory issues.

The tender is currently being evaluated.

1.4 BCF 5: Learning Disabilities

Over the course of the year, we have;

- Continued to develop our local services including housing options for people with learning disabilities and autism. This year we have seen several new providers enter the borough who have worked with the commissioners to meet the local need and future demand of this customer group. We have been able to work with some providers to remodel and reshape how they deliver their services in order to align with commissioning intent and the requirements of the customer groups. There has also been a decommissioning of a provision no longer needed – 1 property handed back to the Housing dept. This work is supported by the Quality and Outcomes Team who have been continuing with the monitoring of all local residential and supported living services.
- Continued developing a Shared Lives service for Havering. This has been more challenging than expected and our long term placement target is lower than we wanted. However, with support, the service has built the foundations required to be an established scheme and now has 8 full time shared lives carers available in the borough. We have been working across health and social care partners to explore how we can utilise the service, this will continue into next year.
- Grown our Learning Disabilities and Autism Provider Forum and have used other media to work far closer with our provider colleagues. The feedback from these



events has been positive and has allowed us the opportunities to engage and consult with our market.

- The programme of work to convert Havering's remaining block contracts to a spot arrangement continued throughout the year delivering efficiencies and ensuring firmer arrangements with the providers. Those that remain have required additional work in order to reach this goal therefore have been mandated to a project officer within the JCU.
- Work has progressed well on the Havering Autism Strategy and is expected to be approved and signed off by the autumn. Through the Autism Partnership Board the strategy will set out local priorities and actions for the next 3 years. Alongside this work, there has been progress to review the Autism diagnostic service across NEFLT and the post diagnosis offer in BHR. The post diagnosis offer will be co-ordinated across BHR and will be expected to be a mix of commissioned services and reasonable adjustments to existing provision, utilising the VCS where possible.
- The Transforming Care Partnership has continued to work across BHR to deliver the plans set out for this cohort. This year we have continued to support our most vulnerable individuals in the community. There are still a number of people living in hospitals and secure environments which we are planning for in the coming year ahead. Havering is carrying out work on the housing section of the plan, which is hoped to build collaborative commissioning practise and at sufficient scale to be able to have a market ready for the demand.
- Developed a specific role within the JCU to manage the Complex Placement activity. This role will ensure that we continuously develop our systems and practises to realise VFM and good outcomes for our customers. The role will also shape how we work across BHR by working with the brokerage and placement functions in each local authority.

1.5 BCF 6: Long Term Conditions

In 2016/17 the aim of the CCG for long term conditions was to reduce A&E attendances and 470 non- elective admissions by shifting care from secondary care to community through an integrated approach, through improved care for patients focussing on CKD, falls, end of life and COPD. Overall the performance on the Long Term Conditions ('LTC') element of Havering's Better Care Fund in 16/17 has improved compared to 15/16, we exceeded the planned reduction by 9.6%. Some highlights included:

Ambulatory Care – through a contract arbitration process with BHRUT, we have increased the use of the BHRUT ambulatory care pathway in 2016/17, achieving 6.3% more unplanned admissions overall compared to 15/16.

Nursing & Care Homes - the target was to align 40 nursing and care homes to a GPs to improve the health and wellbeing of residents in care homes by increasing access to GP services in a timely way. In 16/17 a total of 37 care homes were aligned, we have rolled over this process to align the remaining 3 to GPs in 2017/18. We are also exploring how Health 1000 (the specialist complex care practice) can take a lead role in providing support to nursing and care homes.

Falls - We continued to develop a better falls pathway to reduce the number of patients conveyed to hospital following a 'no harm fall' and working with the GPs to better manage Falls in Primary Care. We provided a Falls kit training for clinicians and continued to deliver the falls car scheme (Rapid Response Vehicle (CTT/LAS falls car)).

Acute Kidney Injury (AKI)/Chronic Kidney Disease (CKD) – we targeted patients with early stage CKD targeted for improved self-management, particularly focusing on avoiding long term consequences, i.e. management of patients with EGFR less than 60 in primary care to reduce the need for more intensive renal support in secondary care. We further developed a Sick Day Rules campaign to raise awareness of the risks associated with AKI. We set up a BHR wide steering group which meet monthly to monitor implementation of our agreed AKI/CKD actions for 2016/17.

Integrated Care Management - the scheme was rolled over from 15/16 to reduce unplanned admissions based on a Multidisciplinary team approach with consultant geriatricians for the top 1% of the primary care population who are likely to be admitted due to their underlying conditions. We set up a BHR wide steering group to agree and monitor actions for planned reduction and improve service quality and outcomes. This will be embedded in the work of Localities for 2018/19.

End of Life – the overall aim for this scheme was to increase the number of people dying at home if they choose to do so, through appropriate documentation and care planning for all patients on an EOL pathway; and recording the plans on health analytics, with the aim of ensuring the care plans are shared across providers. The target number of EOL care plans in 16/17 was 500 and these were exceeded. Evidence suggests that in 16/17 42.2% people died in their homes or care home; 50.6% died in hospital; 5.5% died at the hospice and 1.7% other. This is a better achievement compared to London averages for 16/17 where only 37% died at home or care homes; 53.1% died in hospital; 6.5% died at the hospice and 2.5% other.

2.0 2017/18/19 Plan

2.1 Disabled Facilities Grant

The 2016/17 expenditure on Disabled Facilities Grants was £812,000 with over half of these resources being spent on providing 88 wet rooms/level access showers.

The Integration and Better Care Fund Policy Framework 2017-19 states that the **national funding** for Disabled Facilities Grant will be:

£1.115bn for 2017-18,
£1.499bn for 2018-19 (indicative)
£1.837bn for 2019-20 (indicative)

As a result Havering has seen an increase in its budgets for 2017/18, but has yet to have confirmed allocations for future years. In light of the proposed future increases in the Better Care Fund resources for DFG, it would be an appropriate time to review all of the outputs and outcomes as they relate to the delivery of Disabled Facilities Grants. This review will include:

- A benchmarking exercise looking at how Disabled Facilities Grants are delivered in Barking and Dagenham and Redbridge Councils.
- An examination of the opportunities that will be available to Havering residents if the authority adopts a Renewals Policy enabling the Council to offer discretionary grants.
- One-to-one interviews with clients who applied for assistance but decided not to take up their opportunity of having a Disabled Facilities Grants
- One-to-one interviews with clients who were unable to take up assistance following completion of the means test

- A look at the opportunities still available for internal integration, in relation to the range of services provided by the authority, to assist older home owners and clients with disabilities.
- Look at the opportunity available for using the Housing Service procurement frameworks and pool of building surveyors
- A look at the opportunities available for partnership working with Barking and Dagenham and Redbridge Councils
- Review the opportunities that would be available if some of the new services were outsourced
- Continue the dialogue with the voluntary sector regarding the role they hope to play in delivering social care objectives
- Looking at the production of a rolling publicity planner aimed at ensuring that the authority actively promotes all forms of grants funded via better care plan resources.
- Engage with Housing Associations, Registered Providers and Private Landlords to enable the better coordination of work for people with disabilities.
- A review of how we can improve all health and safety issues associated with the delivery of Disabled Facilities Grants.

It is recognised that planning guidance has been received too late to develop proper understanding of the implications in time for this HWB report and that our proposals may be subject to further change and development. It is also recognised that there has been limited discussion with CCG at this stage, although the principle of a three borough plan and the high level principles of a staged approach have been discussed in various ways with the CCG.

The timetable for submission and assurance has been set out as follows:

Milestone	Date
Publication of Government Policy Framework	31 March 2017
BCF Planning Requirements; Planning Return template, BCF Allocations published	4 July 2017
First Quarterly monitoring returns on use of IBCF funding from Local Authorities.	21 July 2017
Areas to confirm draft DToC metrics to BCST	21 July 2017
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities).	11 September 2017
Scrutiny of BCF plans by regional assurers	12 – 25 September 2017
Regional moderation	w/c 25 September 2017

The February report to this Board described some of the issues and limitations of the BCF approach taken in previous years. It also touched on the emerging constraints on Adult Social Care services. These have in part been addressed by the announcements of additional funding and we are required to describe and agree how this funding will be used, particularly to address the support of transfers of care from acute hospitals.

Whilst we have successfully implemented plans to date there are limits to the range and depth of change and innovation BCF has been able to deliver, partly due to resources being locked into existing services and schemes, with tight budget constraints. Innovation has largely arisen through utilisation of areas of underspend and carry forward which are proportionately small areas of overall BCF spend.

There has been a focus upon both metrics which are monitored with little or no consequence, partly due to the removal of the risk share, and the deployment of small sums leaving little time for planning and development.

With a sustained focus upon our improved management of Delayed Transfers of care as a system it is clear that success will be achieved through working together across BHR in connected solutions that can reflect both local conditions and deliver systemic change.

2.2 Proposed Approach

Barking Havering and Redbridge CCG's and the north east London Boroughs of Havering, Barking & Dagenham and Redbridge have a strong history of successful collaboration across health and social care, leading to real improvements for our local population driven by the Integrated Care Partnership Board (and the previous Integrated Care Coalition and Urgent Care Boards). We know that the BHR system has significant challenges to tackle including health inequalities; care, quality and financial sustainability; along with a diverse, increasing and highly mobile and in some cases deprived population with unique needs.

As a part of this deepening partnership, we are working up a wider borough approach to developing our BCF plan for the two year period covering 2017-19. This is to reflect and align to the ICP vision and direction of travel and will adopt a staged approach which will allow the detail of a joint plan to evolve and develop through 2017-18 and be implemented in 2018-19.

The proposal is that this plan will seek to build upon previous years of BCF planning, working alongside our health and care system - ICP, Sustainable Transformation Plan and other key strategies including Health and Wellbeing Strategies, and direction provided by our respective Health and Wellbeing Boards. Initial discussions with NHS England have already taken place to discuss and test our idea and a potential way forward, and some of the practical hurdles we would need to overcome in relation to implementation and monitoring arrangements for example.

2.3 BCF Funding

The BCF consists of the following streams:

- Improved Better Care Fund (iBCF) to provide stability and extra capacity in local care systems. New grant allocation to LAs to fund adult social care, as announced in the 2015 Spending Review and Spring Budget 2017.
- Disabled Facilities Grant (DFG) for home adaptations and technologies to support people to live independently at home.
- Care Act monies to support the implementation of the Care Act 2014.
- Carers' Break funding so carers can have a break.
- Reablement funding to maintain reablement capacity in LAs, community health services, independent/voluntary sectors.

The Local Authorities are keen to ensure that additional funding from Government is used to deal first and foremost with structural social care deficits within their budgets; and linked to this therefore, targeting improved market stability in the home care and residential care

markets. The LAs noted that delayed transfers due to social care remain at negligible levels, as social care continues to support getting people out of hospital and address delayed transfers, leading to localised market capacity issues and budget pressure (overspends). Greater use of residential care and residential with nursing care places across the boroughs might destabilise those markets locally or push prices up for Local Authorities but there is opportunity to work together to minimise any impact.

2.4 Funding Requirement

Under the NHS Mandate for 2017/18, NHS England will be required to ring-fence £3.624 billion within its overall allocation to CCGs to establish the BCF. Full BCF 2017/18 funding allocations have not yet been confirmed.

In the Spending Review of 2016, it was announced that additional BCF funding of £105m (17/18), £825m (18/19) and £1.5bn (19/20) would be allocated nationally, described as the “Improved Better Care Fund”. Havering’s allocations are £0 (17/18), £2m (18/19) and £4.2m (19/20).

Further to this, the Spring Budget (8 March) included a new grant, worth £2bn over the next three years, to be paid to local authorities (LAs) with social care responsibilities. Havering’s share of this is £3.76m (17/18), £2.84m (18/19), £1.42m (19/20).

This funding will be additional to the existing Improved Better Care Fund (iBCF) allocations to LAs. The grant conditions for the iBCF will require councils to include this money in the local BCF Plan, and is intended to enable areas to take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally by implementing best practice set out in the “High Impact Change Model” for managing transfers of care.

Havering’s expected minimum funding allocations over 2016/17, 2017/18 and 2018/19 are per the table below:

Description	2016/17 £'000	2017/18 £'000	2018/19 £'000	Movement 17/18	Movement 18/19
Revenue funding via CCGs	16,352	16,645	16,961	293	316
Disabled Facilities Grant (DFG) funding *	1,426	1,553	1,553*	127	0*
iBCF	-	0	1,978	0	1,978
Additional Grant	-	3,761	2,844	3,761	-917
Total	17,778	21,959	23,336	4,181	1,377

* DFG allocation for 2018/19 not yet confirmed

The BCF policy requires the pooling of budgets and a section 75 agreement about how integration will be taken forward and the funding prioritised to support this. In Havering, the indicative minimum pooled fund totals £21.96m in 2017/18, rising to £23.34m for 2018/19.

In 2016/17 there was also Local Authority non-recurrent revenue funding of £842k contribution from base budget (funding the reablement service, now the Integrated

Rehabilitation and Reablement Service, launched on 19th April 2017). In 2017/18 it is expected this contribution from base budget will remain and is over and above the minimum requirement.

The Disabled Facilities Grant (DFG) allocations were increased from £829k to £1.4m in 2016/17. This was to encourage areas to think strategically about the use of home adaptations, use of technologies to support people in their own homes, and to take a joined-up approach to improving outcomes across health, social care and housing. Further detail is awaited on allocations and of any new expectations within the guidance.

2.5 Risk Share

In 2015/16 there was a performance element totalling £857k within the pool. This was related to the non-elective admissions performance metric, which had a target activity reduction. A connected risk share was apportioned between the local authority and the CCG. The performance fund was not achieved and so this element of the pooled fund was not passed onto the council and instead was paid directly to health to offset acute pressures. Changes in the 2016/17 guidance removed the requirement for a performance fund, and after lengthy discussions, it was agreed that there would be no risk share arrangement, on the basis. For 2017/18 and 2018/19, it is expected that Local areas are expected to re-consider including a risk sharing arrangement which is specifically linked to the delivery of their plan. There will be further discussions between the Council and the CCG to determine the approach and the level of risk that will need to be finalised before final submissions and the changes to the Section 75 Pooled Fund.

2.6 Better Care Fund 2017/19 First Submission

The first submission draft plan is 11 September 2017 and planning discussions will require further approval by the Joint Management and Commissioning Forum and is subject to HWB chair sign off for the second submission as required to meet the submission deadlines, as yet unpublished.

2.7 Section 75

There will be a requirement to amend the s.75 to reflect the locally agreed risk share and also update the relevant schedules. As per s.75 the financial arrangements will remain the same including the invoicing processes between the two partners.

2.8 BCF Spending

With the guidance now published, an indicative spending profile across community health, social care and housing (with the latter responsible for the Disabled Facilities Grant), will now be drawn up for consideration initially by the Joint Management and Commissioning Forum (JMCF) with recommendations then made for consideration by the Havering CCG Governing Body and Havering Council through it's appropriate executive decision making route.

One major scheme is proposed - the creation of an Intermediate Care Tier – which has interest for both CCG and LAs, which is funded by both at present, and that has demonstrable impact and consequence across Health and Social Care if not delivered. This would be a significant system enabler and provides some positive opportunities, including:

- CCG could put a significant proportion or the entire Community Health budget into the pool to meet the BCF requirement for non-hospital community spend
- LAs could put the Reablement/Crisis Intervention cost in, plus any other relevant spend – like Help not Hospital, etc
- BCF would then be targeted to drive the new commissioned service, jointly monitoring the delivery and eventually the service effectiveness (both existing and new)

This would lend itself to a broader BHR wide shared BCF approach with a designated ‘lead commissioner’ from the LAs with governance better placed at the strategic BHR wide level.

In light of the BHR Integrated Care Partnership vision and direction of travel, as well as the likely ‘graduation’ principles, there is merit in reviewing the depth to which the BCF plan might be aligned or joined across BHR HWB’s. Given the delay in the issue of guidance and policy, and the likely speed with which the plans will be required, it is unlikely that there is sufficient time available to bring the three plans together in 2017/18. However, a staged approach could be adopted which would allow the detail of that joint plan might be formed through 2017/18 to be implemented in 2018/19.

This may be structured in such a way as to provide the flexibilities of each borough to ensure that the “protection of social care” element is still fulfilled directly, but the remaining pool is then used to support a more integrated plan. Moreover, the protection of social care within the BCF to be visible and protected for social care purposes (that do of course positively impact on the whole system) but again, this once established, has a lower governance focus with joint management forums – which move to an improved focus upon local innovation opportunities and which can take into account local operating conditions / variations in need and demand. Without such a focus it is unlikely that marked progress can be made.

In the first year of BCF we move to revised governance arrangements – ‘Tier 1’ – overarching BHR themes and services, completed through retention of ‘Tier 2’ (JMCF / JEMC etc) providing both BHR wide and a local area focus.

BHR wide governance then leads itself to an overarching pool for such monies – drawn from the respective local areas.

It is recognised that Councils are largely bearing the costs of BCF administration and associated commissioning activity.

The additional social care grant monies, confirmed within the recent budget, are to be part of the BCF pool - with specific conditions; activity will need to be agreed with CCG colleagues and aligned within the BCF plan, although not forming a core of the BCF plan itself. It is clear that Councils face a number of challenges including necessary steps to stabilise the local market and related inflationary pressures, alongside demand pressures, which would in themselves, require utilisation of grant monies which are clearly expressed within the

accompanying grant conditions. Taking steps to improve market sustainability would ordinarily introduce costs which would be unsustainable to Councils and prevent building for medium term benefit.

2.9 Proposed Staged Plan – Three Borough

- Year 1
 - Take account of specific requirements from the planning guidance that can be implemented within the short timescale provided
 - Set out principles for two year plan
 - Build common interest elements across three boroughs – align plan formats, agree common commissioning / provision interests, agree common “scheme(s)”
 - Map lead commissioning opportunities with necessary delegations
 - Agree single or separate Section 75
 - Set out and implement governance arrangements and practical working arrangements so we achieve these ahead of year 2
 - Spirit & intent agreement in place on direction of travel
 - Identify commissioning requirements and required resourcing to support these.

- Year 2
 - Principal ‘scheme’ in place
 - Single S75 pool with area based contributions
 - Joint commissioning strategy / resourced plan
 - Governance structure fully in place

IMPLICATIONS AND RISKS

Financial implications and risks:

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Legal implications and risks:

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Human Resources implications and risks:

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Equalities implications and risks:

Any significant decisions arising from this report have or will be subject to normal governance and impact assessment processes within the relevant organisation.

BACKGROUND PAPERS

Integration and Better Care Fund planning requirements for 2017-19

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

2017-19 Integration and Better Care Fund Policy Framework

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

Minimum allocations for the BCF from CCGs for 2017-19

<https://www.england.nhs.uk/wp-content/uploads/2017/07/better-care-fund-ccg-min-allocations.xlsx>