

MUNICIPAL YEAR 2014/15

MEETING TITLE AND DATE

Health and Wellbeing Board
11th December 2014

Chief Officer, Enfield CCG and Director
of Health, Housing and Adult Social
Care

Contact officer Bindi Nagra
E mail: bindi.nagra@enfield.gov.uk

Agenda - Part: 1

Item: 4

**Subject: Better Care Fund Update and
Governance Arrangements**

Wards: All

Consulted:

Cllr Don McGowan

1. EXECUTIVE SUMMARY

The Better Care Fund (BCF) is a national programme that will see the creation of a pooled budget made up of existing resources, to drive forward the further integration of health and care from April 2015/16. Councils and their CCG partners are asked to develop a joint plan that explains how each area will enhance the integration of Health and Social Care locally in order to access the fund. It also stipulates 'payment by performance' metrics in the reduction of emergency care episodes by 3.5% annually.

The HWB (HWB) at its meeting on 22nd of March 2014 approved the Enfield Joint BCF plan and the plan was submitted by the 4th of April deadline. A new submission was submitted on September 19th 2014 with the agreement of the Chair of the HWB, the Chair of the Clinical Commissioning Group (CCG) and the Leader of the Council.

The Better Care Fund Sub-Board and its Working Group were established by the HWB to develop an integrated system in Enfield and deliver the submission of the Joint Better Care Fund plan. The HWB now need to consider the governance structure going forward for the performance management and implementation of the joint BCF plan as well as for the financial governance, under Section 75, of the pooled BCF monies. This will need to be under the auspices of the HWB governance structure and in line with national guidance.

This report proposes two options for new governance arrangements and it is recommended that the HWB consider the options below and agree the governance structure for the Better Care fund set out in this paper.

Option 1 - a new Integration Board is established as a Sub Board of the HWB, operating with delegated powers from the HWB Board, to take forward the BCF plan and design a blueprint of what fully Integrated Services will be like across health and social care in Enfield. The new Board will replace the BCF Sub Board and its Working Group, and consolidate the Older Peoples Integration Board (which will be deleted).

Option 2 – a new Joint Commissioning and Better Care Board be established as a Sub Board of the HWB, operating without delegation, to take forward the implementation of the BCF plan and design a blue print of what fully Integrated Services will look like across health and social care in Enfield. The new Sub-Board will replace the current Joint Commissioning Board, the Integration Sub-Board and its Working Group (which will be deleted).

The chosen option will be supplemented and aided in decision making by the implementation of a Stakeholder Reference Group.

2. RECOMMENDATIONS

The HWB is asked to:

- i. Agree either Option 1 or Option 2 and their associated remit and membership, for the governance of the Better Care Fund as set out in this report.
- ii. Agree that LBE and ECCG explore wider opportunities for pooling their respective budgets under the integration agenda (as set out in section 3.4).
- iii. Agree that the Terms of Reference (when agreed) and governance structure will be reviewed after six months of operation.

3. BACKGROUND

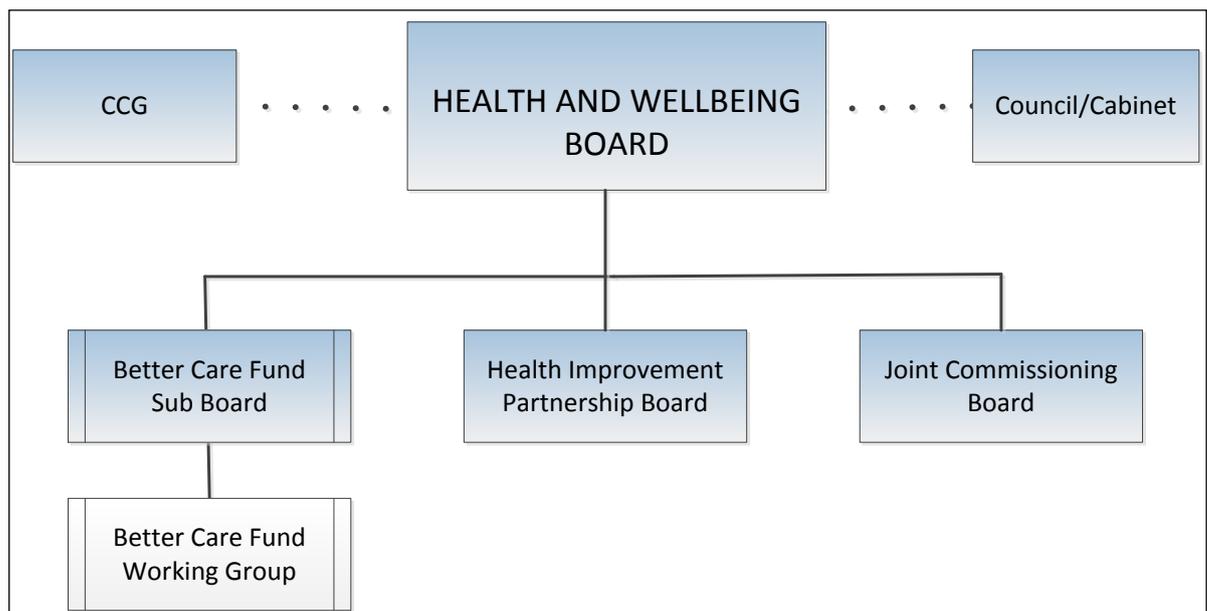
- 3.1 This report sets out proposed options for a new governance structure for the Joint Better Care Fund, as part of the wider integration agenda across Enfield. The new arrangements are intended to ensure strategic and operational oversight of the Better Care Fund locally, ensuring that programmes are delivered to time, within resources and meet the conditions as set out in national guidance. There is also a series of measures outlined around financial governance and the operation of a pooled budget across partner organisations. This new governance is also designed to reinforce the renewed emphasis on partnership working with local providers, that was expanded with the most recent BCF submission and to enable integration of health and social care across Enfield.
- 3.2 The ambition of much health and social care integrated working and commissioning is to shift the balance of resources from high cost secondary treatment (although the September BCF submission outlines 3.5% reduction in emergency care, the ambition for the medium to longer term is much greater than this) and long term care, to a focus on promotion of living healthy lives and wellbeing, and the extension of universal services away from high cost specialist services. This approach promotes quality of life and seeks peoples' and providers' engagement in their own community. To achieve these shifts, we need to change the way services are commissioned, managed and delivered. It also requires redesigning roles, changing the workforce and shifting investment to deliver agreed outcomes for people that are focussed on preventative action. This builds on existing arrangements between health and care already in place.
- 3.3 The Department of Health have produced guidance regarding the arrangements for managing the Better Care Fund pooled budget. A number of options are open to the CCG and Council (including Section 256 and Section 75 arrangements). The two partner organisations already operate a successful Section 75 agreement that covers the existing Joint Commissioning portfolio. A number of these arrangements will change as a result of the incorporation of the Better Care Fund.
- 3.4 It is proposed to use the existing Section 75 agreement to manage the pooled budget for the Better Care Fund. This also provides the opportunity for the Council and the CCG to consider easily including within the BCF pool additional contributions including for example areas such as Continuing Health Care, Process, Intermediate Care and Public Health. Officers of the Council and CCG will continue to explore the opportunities to increase the range of activities included within the pool.

4. BETTER CARE FUND GOVERNANCE

4.1 The Current Arrangements

The current arrangements are based around a 'BCF Sub-Board' and its 'Working Group' which were established by the HWB to develop an integrated system in Enfield and deliver the submission of the Joint Better Care Fund plan. This work is now largely complete and the HWB now needs to consider the governance structure going forward for the implementation and performance management of the joint BCF plan as well as for the financial governance (under Section 75), of the pooled BCF monies. Figure 1 below illustrates the current governance structure relating to the Better Care Fund.

Figure 1: Extract of HWB structure



Whilst the entirety of the governance structure beneath the Health & Wellbeing Board may need to be reviewed, this paper is solely concerned with the governance of the Better Care Fund and associated programmes of work.

4.2 THE OPTIONS

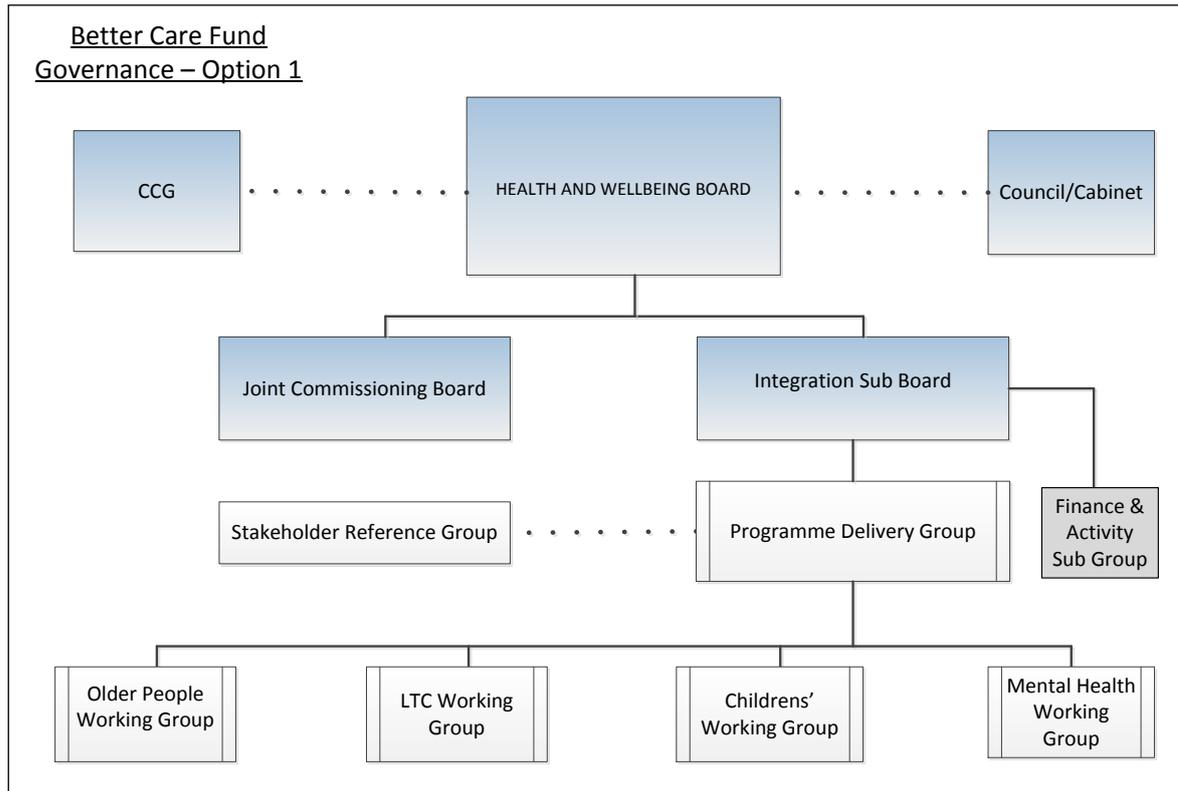
This section sets out the options for the new governance structures. Two options are proposed for consideration by the HWB and are set out below. Once agreed, the preferred option will be implemented with immediate effect. The two options are:

- 4.2.1 **Option 1-** a new Integration Sub-Board is established as a Sub Board of the HWB, operating with delegated powers from the HWB, to take forward the BCF plan and design a blueprint of what fully Integrated Services will be like across health and social care in Enfield. The new Sub-Board will replace the BCF Sub Board and its Working Group, and consolidate the Older Peoples Integration Board (which will be deleted).

Annex 1 (attached) sets out a Draft Remit and Membership of this Board Option. Full Terms of Reference will be developed and presented to the next business meeting of the HWB.

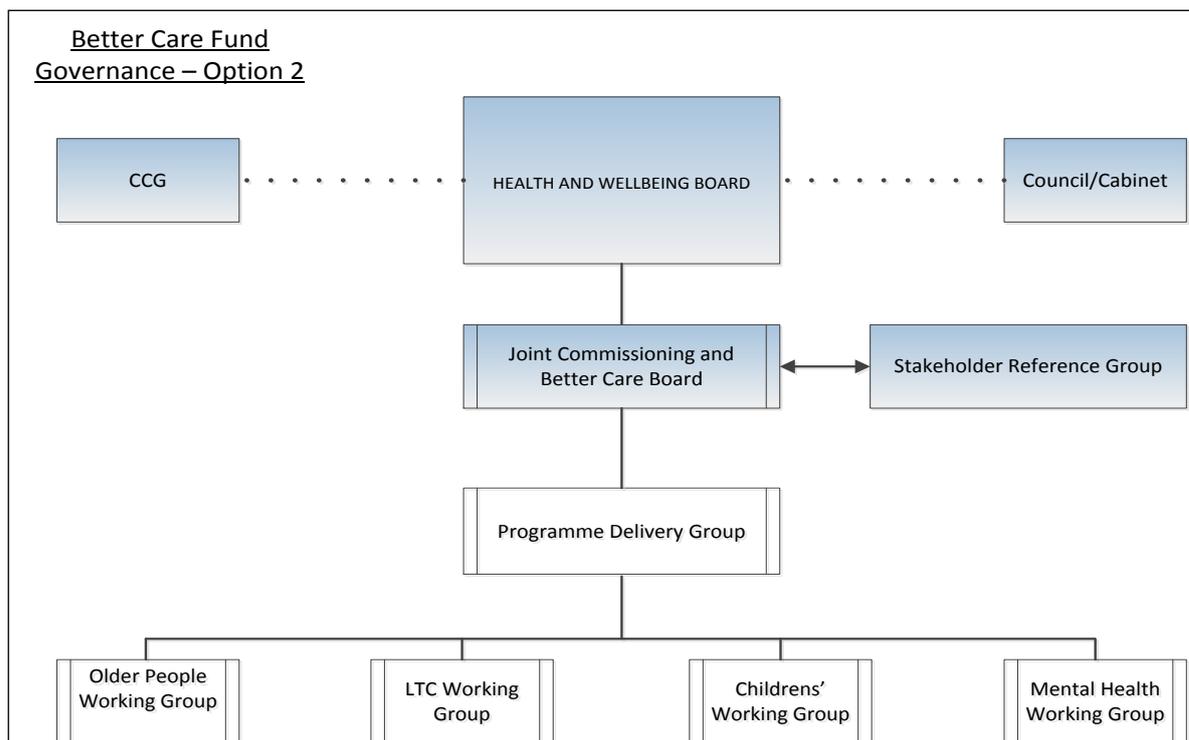
This Option is illustrated in Figure 2 below:

Figure 2: Proposed Governance Option 1:



4.2.2 **Option 2** – a new Joint Commissioning and Better Care Board be established as a Sub Board of the HWB, to take forward the implementation of the BCF plan and design a blue print of what fully Integrated Services will look like across health and social care in Enfield. The new Sub-Board will replace the current Joint Commissioning Board, the Integration Sub-Board and its Working Group (which will be deleted). Annex 2 (attached) sets out a Draft Remit and Membership of this Board Option. Full Terms of Reference will be developed and presented to the next business meeting of the HWB.

Figure 3: Proposed Governance Option 2:



- 4.2.3 The chosen new Sub-Board will meet monthly to provide appropriate levels of leadership with a view to shaping the integration agenda and overseeing implementation and delivery of the Joint Better Care Fund Plan. To ensure that the delivery of integration is happening at the pace and scale required, a Programme Delivery Group (PDG) will be established by the Sub Board and will set out the mechanisms for managing the BCF programme. The PDG will establish Working Groups to drive forward key programmes and engage providers and stakeholders where appropriate.
- 4.2.4 The chosen option will be supplemented and aided in decision making by the implementation of a Stakeholder Reference Group. Annex 3 contains draft Remit and Membership of the Group.
- 4.2.5 The HWB will remain the accountable body for the BCF Plan and Programme and any decisions outside of an agreed delegation of authority will need to be referred to the HWB. The Terms of Reference (when agreed) and governance structure will be reviewed after six months of operation.

4.3 OPTIONS APPRAISAL

Both options to be considered by the HWB have advantages and disadvantages in their selection. These are highlighted in the table below for consideration and to aid decision making by the HWB.

Option (s)	Description	Pros	Cons
Option 1	Establish an Integration Board	<ul style="list-style-type: none"> • Commissioning is bigger and broader than integration and should remain separate • Brings together key decision makers around Integration as well as BCF • Embeds the BCF in the whole system approach • Provides visibility across partner organisations • Powerful decision makers • Provides a clearer remit for JCB decisions • Resources can be jointly managed 	<ul style="list-style-type: none"> • Leaves JCB as stand alone (and may need to be re-defined). • Will need to manage potential conflict of interests with providers
Option 2	Establish a new Joint Commissioning and Better Care Board	<ul style="list-style-type: none"> • Clearer remit than current JCB • Some potential synergies with joint commissioning function of BC 	<ul style="list-style-type: none"> • Too big to be effective • Membership does have not enough vision for change • Conflict of interest with providers • Confusing commissioning with programme delivery aspirations

In light of the above appraisal, The BCF working group formed a view that option 1 was their preferred way forward.

It is important to note that although Enfield's health and care system has already identified and implemented opportunities for integration locally, we still need to take time to develop a definitive vision and blue print for the integration of the health and care system in its entirety. In view of this, it is important that the Executive Management Team from the CCG and the Council, under the auspices of the HWB, continue to meet on an ad-hoc basis to discuss the subject of integration in order to develop thinking; build partnerships and take time out to continue the process of understanding what a fully immersed and integrated system would look like; the benefits for the Enfield community and what the steps are to realise the vision.

5. ALTERNATIVE OPTIONS CONSIDERED

Do nothing – this is not a viable option and should not be considered. If we do not move forward with the integration agenda locally and implement our joint strategic plan as a partnership with governance arrangements that encourage and bolster our plans, then we are unable to deliver the efficiencies identified in our plan and maybe at risk of removal of the payment by performance element of the funding.

6 REASONS FOR RECOMMENDATIONS

We are recommending that the Better Care Fund Programme sits under the new governance Board selected by the HWB. The selected new Sub-Board will be part of the HWB governance structure.

7 COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

7.1 Financial Implications and Financial Governance

The Better Care Fund provides a sum of monies to be pooled between the LBE and CCG. Section 75 of the NHS Act 2006, allows local authorities and NHS bodies to operate pooled budgets (directly replacing section 31 of the Health Act 1999). The actual allocation of the BCF for the pooled budget in Enfield from 2015/16 will be £20.586m. The pooled budget will include plans to protect local social care services (£5.6m) and support unavoidable demographic/demand in growth for 2015/16 (the contingency of £1.5m).

Plans for the use of the pooled monies have been agreed between NHS Enfield CCG and the Local Authority and approved and signed off by each of these parties and Enfield's HWB in September 2014. To access the BCF, these local plans set out how the pooled funding will be used and the ways in which the national and locally agreed targets attached to the performance-related element of the funding will be met.

The Enfield Better Care Fund Programme is to be managed via the Section 75 regulations and a draft schedule of the Section 75 Schedule will be brought to the next business meeting of the H&WBB. The HWB will also consider wider opportunities for integration and explore the additional pooling of LBE and CCG budgets in the coming months.

8 LEGAL IMPLICATIONS

- 8.1 Under section 195(1) of the Health and Social Care Act 2012, there is a duty on a HWB to 'encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner', for the purpose of 'advancing the health and wellbeing of the people in its area'.

The Local Authority (Public Health, HWBs and Health Scrutiny) Regulations 2013 govern the functioning of the HWB. Regulation 3 (2) amends Section 101(2) of the Local Government Act 1970 to read: 'Where any functions may be discharged by a HWB by virtue of any enactment, other than section 196(2) of the 2012 Act (other functions of HWBs) then, unless the local authority which established the Board otherwise directs, the Board may arrange for the discharge of any of those functions by a sub-committee of the Board.'

The proposals set out in this report would appear to fall within the above provisions.

The Better Care Fund (BCF) Frequently Asked Questions guidance notes that have been issued by NHS England states that 'the accountable body will be the organisation from where the money originated, but the existing statutory section 75 arrangements will still apply for the delivery of services.'

9 KEY RISKS

- 9.1 The full risk register contained within the BCF plan and previously agreed by HWB, has been uploaded to the Council's risk management programme and will be managed by the chosen sub board.

10 IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

10.1 Healthy Start – Improving Child Health

The main thrust of the BCF is to integrate health and care further which will have a positive impact on the whole health and social care economy in Enfield.

10.2 Narrowing the Gap – reducing health inequalities

The BCF is a means to ensure closer working between health and social care so that adults living in the Enfield community are offered a range of services to keep them well and healthy in their own home or in a community setting, including those with long term conditions.

10.3 Healthy Lifestyles/healthy choices

Further integration of health and care services will produce better outcomes for people living in the Enfield community. It will ensure that people are at the heart of decision making with health and social care outcomes that are focused on keeping people healthy and well in the community. In particular, it asks that health and social care services are co-ordinated around the individual.

10.4 Healthy Places

By working in partnership, the BCF will ensure that we make Enfield a healthier place and address health inequalities faced by our adults living in the community.

10.5 Strengthening Partnerships and Capacity

Development of the BCF is an opportunity for closer working between health and social care and our partners holistically across the economy of Enfield. It calls for clear leadership, accountability and assurance so that the partnership works for the benefit of all adults. We are being asked to commission and work in an integrated way. This will of course strengthen partnerships and capacity to deliver services that meet the need of our adults living in the community.

11 EQUALITIES IMPACT IMPLICATIONS

Equalities Impact Assessments will need to be undertaken as necessary at the point of any service reconfigurations or planned changes.

12. PERFORMANCE MANAGEMENT IMPLICATIONS

- 12.1 As defined by the conditions of the BCF, we are developing a performance framework that is focussed on understanding our baseline in terms of key activity and developing an outcomes framework to focus activity that promotes choice, control, empowerment, reablement, recovery, self-resilience and independence.

ANNEX 1 - Draft Remit and Membership – Integration Board

The Integration Board will act as the key management body for the BCF and Integrated Care programmes and will operate with delegated powers from the HWB. Any decisions outside the terms of the delegated authority will require a formal decision being subject to ratification by the HWB.

The Integration Board will act as a formal sub-board of the HWB and will have delegated powers to manage the programmes within the budget and programme limits set by the HWB up to a financial value of £250,000. Any decisions above this limit will require to be referred to the HWB.

A 'Finance & Activity Sub-Group' of the Board will be established. The Integration Board will determine these functions.

Key Responsibilities:

- Managing the BCF and integrated Care Programmes
- Delivering and Owning the Vision for Integrated Care
- Communicating the Vision for Integrated Care
- Defining and owning the blueprint for change
- Responsibility for defining and managing the overarching Risk Framework
- Managing by exception the identified Critical Success Factors, benefits and Milestones of the BCF Programmes
- Providing 'whole system' leadership in the oversight & development of integrated Care
- Providing Financial, Quality and Risk Management leadership (subject to delegated authority from the HWB)
- Owning the 'desired outcomes' (end states), benefits and value for Enfield's people and monitoring them in light of safeguarding and quality of care considerations
- Providing regular reporting and monitoring information to the HWB Board particularly where there are perceived high level risks and issues for delivery
- Monitoring the benefits realisation and delivery milestones, via highlight reports, within the Better Care Fund programme and Integrated Care Programmes
- Leading the programme of work through facilitating and developing a positive culture across organisations for improved service integration for those populations identified through the joint Better Care Fund plan
- Individually and jointly communicating key messages across staff partners/people - including supporting the communications campaign and strategy
- Identifying and ratifying quick and sustainable opportunities for further integration of services across Enfield
- Unblocking of any actual or potential barriers to success in partner organisations
- Jointly engaging with stakeholders (both internal and external) in development and implementation of the Programme to ensure awareness and ownership
- Ensuring that appropriate community engagement is taking place and feedback is captured and acted upon swiftly.

Draft Membership of Integration Board

The Board will comprise of a mixture of representatives from NHS and Local Authority commissioning and provider organisations. However, in line with the HWB constitution, Provider representatives shall be members of the Board but not have voting rights.

Chair and voting

The Chair of the Integration Board will be the Chair of the CCG. The Chair will provide regular updates to the HWB. Members of the Board shall have one vote. Decisions will be made by the majority.

Consideration will need to be given to how the Integration Board will share information with the Joint Commissioning Board, Value Based Commissioning, the Council's Transformation Board, Leaver 2017 programmes of work and the CCG's Transformation Programme Group. Consideration will need to be given to how the BCF and Integration Board will share information with other governance arrangements already in place across both LBE and ECCG.

Voting Members

Title	Organisation
CCG Chair (Chair)	ECCG
Director of Health, Housing and Adult Social Care	LBE
CCG Chief Officer	ECCG
Chair	Healthwatch Enfield
Director of Schools and Children's Services	LBE

Non-Voting Members

Title	Organisation
Chief Executive – Royal Free Hospital NHS FT	NHS
Chief Executive – North Middlesex NHS Trust	NHS
Chief Executive - BEH-MHT	NHS
Primary Care Provider Representatives (X2)	NHS
Assistant Director, Adult Social Care - HHASC	LBE
Integration Programme Director (BCF Programme Manager)	CCG/LBE
Assistant Director Strategy and Resources - HHASC	LBE
Director of Strategy and Partnerships	ECCG
Chief Finance Officer	ECCG
Director of Finance	LBE

Reporting

The Integration Board will receive updates from the Programme Delivery Board (which is chaired by the Integration Programme Director) and, in turn, provide updates to the HWB. Individual members will be responsible for updating their own organisations on progress. The Board will establish Working Groups to drive forward key programmes and engage providers and stakeholders where appropriate.

Conflicts of Interest

Given the stated aim of integrated services, it is essential that the perspectives, experience and expertise from all parties is welcomed and encouraged during discussions. However, in some cases, members of the Integrated Board will have a conflict of interest. In such cases it is proposed that:

- Where there is a direct interest (or Direct Pecuniary Interest) then the board member should declare that interest and take no further part in the discussion.
- Where there is an interest which is not a direct financial or contractual interest, e.g. a non-pecuniary interest, then the board member should declare that interest and is permitted to remain in the meeting and participate in the discussion.

Review

The Terms of Reference (when agreed) and governance structure will be reviewed after six months of operation.

ANNEX 2 – Draft Remit and Membership – Joint Commissioning and Better Care Board

Remit

The Board will act as the key advisory body for the Integrated Care Programme, without delegation and with any formal decisions being subject to ratification by the HWB, by:

- Leading and performance managing the delivery of the Better Care Fund 2 year strategic plan.
- Providing Financial, Quality and Risk Management leadership (subject to ratification from the HWB)
- Owning the ‘desired outcomes’ (end states), benefits and value for Enfield’s people and monitoring them in light of safeguarding and commissioning and quality of care considerations
- Ensuring a co-ordinated approach across health and social care commissioning (inc. Public Health) in partnership with the Clinical Commissioning Group and particular reference to BCF commissioned services.
- Leading on the development and implementation of integrated care pathways for agreed conditions in order to reduce bureaucracy and overlaps in integration
- Monitoring implementation of joint commissioning strategies (Stroke, Dementia, Intermediate Care and Re-ablement, and End of Life Care) and receive reports on the development of new joint Strategies (for example, Autism, Mental Health, and Carers).
- Providing leadership and guidance on certain agreed commissioning intentions set out in Joint Commissioning Strategies and the BCF Programme
- Monitoring performance of jointly commissioned services and highlighting cost pressures or risks as they arise.
- Ensuring that robust integrated performance management systems across health and social care are developed that enable the programme to monitor quality, outcomes and expenditure. The initial focus will be on ensuring integrated performance frameworks that measure the impact of joint commissioning strategy implementation are in place.
- Reporting through the Chair to the HWB and CCG on the performance of jointly commissioned services, the further development of integrated services and pathways, and the implementation and development of joint commissioning strategies under the BCF Programme.

Membership

Title	Organisation
CCG Chief Officer	CCG (Chair)
CCG Clinical Lead	CCG
Director of Health, Housing and Adult Social Care	LBE
Assistant Director of Strategy and Resources	LBE
Director of Strategy and Partnerships	CCG

Assistant Director - Commissioning & Community Engagement, Schools and Children's Services	LBE
Chief Finance Officer	ECCG
Director of Finance	LBE
Assistant Director of Public Health	LBE
Head of Commissioning, Procurement, Contracting and Brokerage	LBE
CCG Board Member (Mental Health lead)	CCG
CCG Board Member (Children's lead)	CCG
Primary Care Provider Representatives (X2)	NHS
Head of Mental Health Commissioning	CCG
Head of Children's Commissioning	CCG
Better Care Programme Manager	CCG/LBE

Reporting

The Joint Commissioning and Better Care Board will receive updates from the Integration Programme Board chaired by the Better Care Fund Programme Manager and, in turn, provide updates to the HWB. Individual members will be responsible for updating their own organisations on progress.

The Board will establish Working Groups to drive forward key programmes and engage providers and stakeholders where appropriate.

Chair and voting:

The Chair is the Chief Officer from the CCG. The Chair will provide regular updates to the HWB. Members of the Board shall have one vote and decisions will be made by the majority. Consideration will need to be given to how the Board will share information with the Joint Commissioning Board, Value Based Commissioning, the Council's Transformation Board and Leaver 2017 programmes of work.

Review

The Terms of Reference (when agreed) and governance structure will be reviewed after six months of operation.

ANNEX 3 – Draft Remit and Membership of Stakeholder Reference Group

Remit

- To review, make comments and recommendations regarding the service models developed by the programmes
- To provide a source of professional expertise/assurance available across the programmes.
- Suggest, assure and recommend delivery models for approval in the members' Statutory Organisations
- Ensure active Professional Leadership supporting the agreed service models from all partner organisations
- Ensure that the workstreams and programmes provide appropriate designs and products consistent with the overall clinical models of the Plan
- Test and provide assurance for proposed service changes to understand their appropriateness in meeting the agreed vision for Integration

Membership

Title	Organisation
Chair	ECCG
Chair	Healthwatch Enfield
Medical Director - Royal Free Hospital NHS FT	NHS
Director – Strategy and partnerships	ECCG
Assistant Director - Commissioning & Community Engagement, Schools and Children's Services	LBE
Assistant Director – Strategy and Resources	LBE
Medical Director – North Middlesex NHS Trust	NHS
Medical Director – BEH - MHT	NHS
Director of Public Health	LBE
Better Care Fund Programme Manager	CCG/LBE
Senior Practitioner (Social Care)	LBE
Primary Care Provider Representatives (X2)	NHS
Third Sector Representative	EVA