

MUNICIPAL YEAR 2016/2017

MEETING TITLE AND DATE Health and Wellbeing Board 12 th July 2016	Agenda – Part: 1	Item:
	Subject: Better Care Fund: For information - The 2016-17 Better Care Fund plan	
	Wards: All	
REPORT OF: Bindi Nagra, Asst. Director, Health, Housing and Adult Social Care, LB Enfield, and Graham MacDougall, Director of Strategy and Partnerships Enfield CCG	Cabinet Member consulted: Cllr. Doug Taylor, Leader of the Council	
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1. EXECUTIVE SUMMARY

This report provides an update on the completion of 2016/17 Better Care Fund (BCF) plan including:

- a summary of the investment plan and the scheme / project changes
- the NHS England submission and assurance rating
- governance arrangements and delivery of the plan

Also included in the report is:

- an update on the implementation of audit recommendations
- BCF Quarter 4 2015/16 data and performance information

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- **Note** that subject to final confirmation by NHS England on July 7th, the local plan is 'fully approved'
- **Receive and note** the contents of the final narrative plan submitted to NHS England
- **Note** the schemes / projects included in the 2016/17 plan and the investments / disinvestments compared to 2014/2015
- **Note** the progress made to date with the audit recommendations
- **Receive and note** the contents of the 2015-16 Quarter 4 end of year data and performance return to NHS England.

3.0 2016-17 BCF PLAN AND NHS ENGLAND (NHSE) ASSURANCE RATING

3.1 The BCF Plan

3.11 As a reminder, whilst the majority of the national conditions for BCF plans remain the same as 2015/16, the £1 billion payment for performance framework has been removed and replaced by 2 new national conditions:

- Agreement to invest in NHS commissioned out-of-hospital services (which may include a wide range of services including social care services), or retained pending release as part of a local risk sharing agreement.
- Agreement on clear and focused, local action plans and agreed targets to reduce delayed transfers of care (DTOCs)

3.12 To summarise, the allocations for Enfield are as follows:

- Revenue funding from CCG - £19,185,445
- Local Authority contribution (Disabled Facilities Capital Grant) - £2,540,000

Total - £21,725,445 (2015-16 total was £20,586,000)

The allocation includes the following:

- Protection of Adult Social Care Services - £6,055,000
- Care Act monies - £734,000
- Funding held as a contingency as part of a local risk sharing agreement - £1,500,000

3.13 For 2016-17, the majority of the BCF schemes build on the existing 2015-16 activity. However some new schemes have been included in the following areas:

- The existing Integrated Care programme now includes new schemes:
 - GP integrated care local incentive scheme – funding for GPs to support complex and ‘at risk’ patients
 - Integrated Locality Team Management – funding for a joint post to manage and further develop the integrated locality team services
 - Resources to provide dementia nursing care, stepdown service and continuing healthcare support to the new build nursing home
- The existing Mental Health schemes include an additional project, which is to set up a pilot that will provide trained MH practitioners integrated into GP teams to support the management of patients presenting with MH issues.

- A new Children’s Services project to support young people with severe and enduring mental health issues - an enhanced support service to support ‘Future in Mind’ implementation.
- 3.14 For further information, the detailed scheme plan is attached – please see appendix 1. A copy of the narrative plan is also attached – see appendix 2
- 3.15 The narrative plan includes the local vision for health and social care services, the evidence base that supports the case for change and an agreed approach to financial risk sharing and contingency. Our plan is in line with and supports all the following national conditions:
- Maintain provision of social care services
 - Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions (physical and mental health) to acute settings and to facilitate transfer to alternative care settings when clinically appropriate
 - Better data sharing between health and social care, based on the NHS Number
 - A joint approach to assessment and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
 - Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
 - Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care
 - An agreed approach to financial risk sharing and contingency

3.2 NHSE Submission and assurance rating

- 3.21 The Enfield submission has now been signed off by the Chair of the HWB and senior officers on behalf of both the Council and the CCG.
- 3.22 Feedback received from NHS England has been very positive in terms of the quality and comprehensiveness of the plan throughout the assurance processes. Draft assurance ratings were issued on 12th June and the rating for Enfield was ‘Approved with Support’. It was noted that there were no fundamental areas of concern and that we had a strong plan that was viewed as being under development
- 3.23 Final ratings will be confirmed on July 7th and NHS England has advised that Enfield’s rating is expected to be ‘fully approved’.

3.3 Governance and delivery of the local plan

- 3.31 In recent months, the governance arrangements supporting the plan have been strengthened. This has been necessary to ensure that closer monitoring occurs, particularly in relation to the delivery of outcomes of funded schemes, financial activity, data reporting and performance, and in response to audit

recommendations. To achieve this, colleagues across the council and CCG are working in close partnership.

- 3.32 The outcomes of this will result in the production of regular updates to outline progress, performance, expenditure against funded schemes and forecast spend by year end, plus the required reporting to key stakeholders.
- 3.33 Part of the review of governance includes an agreement by the Integration Board to review its Terms of Reference. With changes taking place at regional level e.g. North Central London and Sustainability and Transformation Plans (STP's), it is an opportunity for partners represented on the Integration Board to consider what might work best in this context. This includes the development of a local strategic plan for 2017, to support Health and Social Care Integration for 2020. Colleagues will be contacted to discuss their views about this.
- 3.34 In addition, NHS E and ADASS have recently published their ongoing offer of support to local areas which will be explored in conjunction with these discussions. Meanwhile, any further procurement of external facilitation is on hold.

4.0 AUDIT REPORT RECOMMENDATIONS AND ACTION TAKEN TO IMPROVE BCF IMPLEMENTATION

- 4.1 An action plan has been produced combining the recommendations from the following 3 audit reports:
- Ernst Young (EY) Deliverability Review - August 2015
 - PA Consulting Supporting Enfield to Accelerate Personalised, Co-ordinated Care - December 2015
 - Pricewaterhouse Cooper (PwC) LBE internal audit - December 2015
- 4.2 Very good progress has been made in implementing the actions, with the majority complete. Key areas of improvements can be summarised as follows:
- Governance and partnership working** – as noted above a review of the BCF programme governance and remit/membership of the sub groups has taken place, including ensuring that the BCF implementation reports to the Joint Commissioning Board.
- Programme and project management** – a revised business plan template has been produced which focuses on: scope and objectives, fit with the NHSE national conditions and BCF performance indicators, outcomes, benefits and milestones and breakdown of costs. Both delivery of outcomes and spend will be regularly monitored.
- Service delivery** - recommendations relating to the meeting of the NHSE national conditions and Key Lines of Enquiry (KLOE's) were reviewed as part of the BCF planning process for 2016/17. This is to ensure that we are meeting necessary funding requirements.

5.0 NHS England quarterly data reporting

- 5.1 The NHS England quarter 4 data report (for the period January to March 2016) was submitted on May 27th. A copy is attached for information – see appendix 3

5.2 The report helpfully summaries the key successes for 2015/16 and challenges for 2016/17, which are noted as follows:

Successes 2015-16:

- Admissions to residential and nursing care continued to reduce throughout the year and our target, already very ambitious, was exceeded
- Seven day working is in place across health and social care and our integrated locality teams are working well to bring a multi-disciplinary approach to supporting people who need our help. The community-based rapid response services work together to help / support and treat people in their own homes to avoid unnecessary hospitalisation and facilitate safe and timely discharge at the weekend and out of hours.
- Our enablement service continues to deliver excellent outcomes with over 71% discharged with no further need for support.

Challenges 2016-17:

- Non- Elective Admissions (NEA's). The work undertaken in 2015/16 to reduce admissions for older people (65+) needs to be extended into pediatrics and our 50+ population, as these have shown themselves to be areas of increased pressure during 2015-16. Noted that the extension to the 50+ population and the Older People's Assessment Unity (OPAU) dealing with under 65s commenced during Quarter 4 2015-16.
- The increase in the number of people whose discharge from hospital was delayed in 2015-16 has been identified with particular issues including: a) non acute mental health discharge and support arrangements, b) shortage of residential/nursing stepdown provision, c) patient choice (for residential/nursing care). An action plan is in place and has been implemented with a 45% reduction in delays achieved in January 2016 compared to September 2015. This remains an area of priority for 2016-17. This is supported by the System Resilience Groups and focused around our two main acute providers.
- To develop, with the Enfield Integration Board and key stakeholders, a shared vision and strategic direction for the integration of health and social care in Enfield.

5.3 The 2016-17 first quarter report is not yet available and will be brought to the next HWB.

End of Report.