TO:	Health and Wellbeing Board
FROM:	Claire Jackson, Interim Director of Commissioning (Operations), BwD CCG Sayyed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA
DATE:	26th September 2017

SUBJECT: Better Care Fund 2017-19 Submission

1. PURPOSE

The purpose of this report is to:
- Provide Health and Wellbeing Board (HWBB) members with an overview of Better Care Fund (BCF) Plan submission for 2017-19.
- Request that Health and Wellbeing Board (HWBB) members formally ratify this plan.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Formally ratify the BCF 2017-19 plan for Blackburn with Darwen

3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund plan. The management of the plan is undertaken by Executive Joint Committee Group.

The Blackburn with Darwen BCF plan for 2017/19 was submitted on 11th September 2017, following an update on planning requirements to HWBB members in June 2017.

Health and Wellbeing Board members have received quarterly updates on 2016-17 BCF performance and the planning requirements for 2017-19 at previous meetings.

4. RATIONALE

Better Care Fund

The case for integrated care as an approach is well evidenced. Rising demand for services, coupled with the need to reduce public expenditure, provides a compelling argument for greater collaboration across health, care and the voluntary sector.

The Spending Review set out an ambitious plan so that by 2020 health and social care is integrated across the country. Every part of the country must have a plan for this in 2017. This is also reflected in the NHS Planning Guidance 2016/17-2020/21 Delivering the Forward View. The Better Care Fund remains a key policy driver to support integration of health and care services at a local level.

5. KEY ISSUES

a) 2017-19 planning requirements – BCF Plan and iBCF

Key changes to the policy framework since 2016-17 include a requirement for plans to be developed for a two-year period 2017-2019, rather than a single year; and the number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four.

The 4 national BCF conditions for 2017-2019 are:
- That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWB, and by the constituent LAs and CCGs
- A demonstration of how the area will maintain, in real terms, the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation
- That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement
- All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care

Plans will also be expected to evidence:
- Delivery of seven day services across health and social care
- Improved data sharing between health and social care; and
- A joint approach to assessments and care planning

There are a number of associated metrics within the BCF plan, including:
- Reducing non-elective admissions (General and Acute);
- Admissions to residential and care homes;
- Effectiveness of reablement; and
- Decreasing Delayed Transfers of Care

In addition, local authorities now benefit from additional Improved Better Care Fund (iBCF) allocations for social care announced in the Spring Budget 2017. This has been provided for the purposes of:
- Meeting adult social care pressures and demands
- Stabilising the social care provider market
- Reducing pressures in the NHS – including supporting more people to be discharged from hospital when they are ready (reducing DToC)

b) Blackburn with Darwen BCF Plan 2017-19 Submission

The Blackburn with Darwen BCF Plan for 2017-19 was submitted to the Better Care Fund central team on the 11th of September 2017 following sign off by the Chair of the HWBB on the 7th of September 2017 and agreement via the joint commissioning group.

The 2017/19 BCF plan builds on progress of the previous two years BCF Plans and further supports the vision for integrated care to deliver effective, efficient, high quality and safe integrated care to enable the residents of Blackburn with Darwen to Live Longer and Live Better.

Our vision is based on building a whole health and care system which:
- Promotes self-care and resilience by building and utilising community assets and engaging in the co-production of care
- Manages people's needs in the community, unless there is an absolute medical/care need for them to be in hospital/residential care
- Creates integrated care and preventative services within neighbourhoods, based on GP registered populations
- Demonstrates an improvement in the experience and outcomes of individuals accessing services, through an evidence base which includes service user voice
- Links to wider strategies around the social determinants of health and seeks to address the health harms related to housing within the local area
- Integrates support around the needs of the individual through a personalised approach to care
- Provides high quality evidence based holistic care, continuity of care and a named care co-ordinator for

anyone with multi-morbidity and/or aged over 75.

Our integrated plans continue to align with our Healthier Lancashire & South Cumbria Sustainability and Transformation (STP) and the Pennine Lancashire Transformation Programme's Locality Delivery Plan; 'Together a Healthier Future'.

Detailed Scheme Breakdown:
The BCF plan outlines how services will be further integrated in 2017-19 to meet the national conditions.

Building capacity within the voluntary sector (VCF)

Building capacity in the voluntary sector includes the provision of Information Advice and Guidance, developing community assets and providing low level housing support. In addition to improving health and wellbeing outcomes, this is a means to reduce dependence on statutory provision and manage demand across the system. Since 2015 the council and the CCG have jointly commissioned three phases of Voluntary Sector Delivery as part of its integrated approach under the Better Care Fund.

i. Phase 1: Information Advice and Guidance

This project runs from April 2015 to present date. A comprehensive review process is currently underway which will guide commissioning intentions beyond March 2018 when the current contract period is due for review. The service specification for Phase 1 set out its purpose for a consortium based commissioning approach to deliver services for information, advice and guidance within the Borough of Blackburn with Darwen including a single point of contact.

ii. Phase 2 Integrated Carer Services

The aim of the service is to deliver information, advice and guidance to all age carers who live in Blackburn with Darwen, or who care for someone who does.

Over the next year they will:

- Provide a more in depth service to those Carers with more complex needs, and those who face barriers to full participation in the assessment process.
- Facilitate access to positive activities, enabling a break from caring.
- Work in partnership with health and social care organisations, and other agencies, to raise awareness of Carer needs and liaise with key professionals including GPs and schools.
- Advocating Carer rights, both individually and as a population.

iii. Phase 3 Keeping Well and Healthy Homes

Keeping Well:

The delivery of the Your Support Your Choice + project began in June 2017 and aligns the Age UK 'Here to Help', MIND 'Achieving Self Care' and Care Networks 'care navigator' to support community capacity and resilience, improve wellbeing through self-care and offer targeted approach to reduce demand on health and social care.

It also aims to reduce A& E attendances, unplanned admissions and re-admissions and presentation to specialist statutory services i.e. police by improved joined up collaborative provision between third sector and statutory provision and wider system change. The project will allow us to review referral pathways into INT's and track patients journeys.

Healthy Homes:

The Healthy Homes service was commissioned in 2017 for one year in response to an analysis of ongoing needs linked to the housing stock within BwD and aims to;

- Provide awareness raising, advice and signposting to reduce health harms relating to housing in Blackburn with Darwen (BwD)
- Refer residents onwards to relevant housing and health partners for more specialist support, as required
- Further encourage self-referrals through marketing the service across BwD residents and professionals.
- Promote self-help and resilience to sustain healthy and safe homes

<u>Co-ordination of Dementia services</u>

The CCGs across Pennine Lancashire continue to work with service providers to ensure a consistent approach to dementia diagnosis and support.

During 2017-19 pathways will be further reviewed and streamlined to reduce waiting times and improve patient experience, specifically this will include;

- A review/standardisation of the Memory Assessment Service including alignment to Integrated Neighbourhood Teams
- Working with Primary Care to review inappropriate referrals
- Updating of Electronic Referral forms and Referral to Assessment within 0-6 weeks (National Guidance)
- Continuing to provide a post diagnostic service for people with dementia and their carers
- Piloting of Alzheimers Connect within Pennine Lancashire

<u>Integrated Neighbourhood Teams (INTs)</u>

- Teams of health and social care practitioners, alongside voluntary sector partners, will continue to work together to provide a consistent approach to meeting resident's needs, with a specific focus on falls, frailty, over 75s and end of life care. The longer term ambition is to deliver a consistent approach across all ages and the relevant networks have been established to take this forward.

- Partnership arrangements across GP Federations, Local Authority, Health Commissioners, Health Providers and Voluntary Sector in Blackburn with Darwen will be formalised to support emerging New Models of Care developments, exploring opportunities for joined up local leadership and governance arrangements, alignment of budgets and shared outcomes.

- General Practitioners will remain at the foundation of the Neighbourhood offer through the alignment of the wider primary care and community teams, continuing to be the prime point of contact. Unwarranted variation will be reduced through simplified referral protocols and pathways and information sharing across teams, services and organisations. Neighbourhood care will be responsive to meet different segments of the population.

- A pilot is being developed with primary care to identify those patients who are within the last 12 months of life and who require a co-ordinated approach to their care.

- Strong relationships have been formed with both primary and secondary mental health services. Work is ongoing to embed mental health support within INTs whilst supporting service users to access pathways into specialist provision as required.

- Opportunities to embed volunteer and Community Connector support within INTs are being developed as a means to promote prevention strategies and drive an asset based approach to meeting needs.

- The reablement offer will continue to provide a more intensive and rehab focused service to individuals stepping up and stepping down through the INTs, avoiding the need for hospital admission or bed based intermediate care.

- The ambition of the Neighbourhood Health and Wellbeing care is for clear and seamless transition across social care/community and acute/specialised services. When hospital admission has taken place, the resources will be in place for a timely, safe discharge followed by a period of intensive support at home and/or rehabilitation and reablement.

- Plans are progressing to develop consistent leadership arrangements to support neighbourhood delivery across health, care and the voluntary sector. It is anticipated that these arrangements will be formalised by Spring 2018 and will enable a more flexible approach to the needs of localised populations whilst maintaining a consistent offer.

Intermediate Care including Integrated Discharge Service and Home First

- Implement the Pennine Lancashire Intermediate care Strategy and establish the 'home first' principle

- Albion Mill, a new build development for Blackburn with Darwen, will support the delivery of fully integrated intermediate care bed provision within the local community. The building is set to open in 2018 with the aim of promoting independence, enabling maximum recovery from a period of acute illness or crisis, avoiding the need for long term residential care, avoiding hospital admission and reducing length of stay.

The provision will support both step up and down care and will deliver;

- Active recovery allowing a period of active convalescence before commencing therapy
- Residential rehabilitation therapy and reablement, supporting people to regain skills and independence before returning home
- Sub-acute nursing, therapy and reablement, for people with additional medical needs, supporting people recovering from illness to regain independence before returning home

By 2020 we will expect that at least 50% of the intermediate care bed based support will be utilised for step up purposes, a shift from our current model where over 90% is step down from hospital.

- Additional Home First social work, reablement, domiciliary and crisis care capacity will be funded through iBCF allocations to support both a discharge to assess model and assess to admit, facilitating step up and step down between community and acute services. Home First will optimise current 'fast track' reablement pathways and enable immediate assessment and 3-5 day wrap around service, for patients with more complex needs. The service will undertake assessment at home rather than within hospital setting, immediately following discharge or prior to admission 7 days per week. It is anticipated that the service will be aligned to IHSS, voluntary sector and Carers offer with a view to future integration across health and social care.

- A further allocation of iBCF funding has been agreed across Pennine Lancashire health and care providers to deliver a single leadership function across the existing Integrated Discharge Service. The role will be responsible for the full implementation of system wide Trusted Assessment, consistent and effective use of integrated discharge pathways across Pennine Lancashire and the development of a single performance dashboard. This will result in consistent multi-agency communication and an enhanced 7 day discharge offer.

Intensive Home Support Services (IHSS)

- IHSS will form an essential part of the development of the Home First offer, providing an immediate response able to meet the nursing and medical needs of residents on discharge from hospital.
- The service will align to neighbourhood health and wellbeing teams who will co-ordinate the longer term delivery of care and support. The service will provide connectively and coordination across all areas, through a case management approach

Over the period of the BCF plan, the existing resources within Intensive Home Support and additional social care resources (Home First Service), will be resigned as a fully integrated Intermediate Care at Home service which is reflected in the Pennine Lancashire Out of Hospital Business Case.

Care Navigation Hub/Directory of Services (DoS)

- The current model of delivery will be reviewed in line with the drive towards 7 day service provision across Pennine Lancashire and alongside the review of NHS England Urgent Care Standards.
- The hub will be aligned to the wider discharge and admission avoidance initiatives.

c) National Metrics

Non Elective Admissions (NELs)
The BCF target for reducing emergency admissions reflects the BwD CCG Operating Plan for 2017-19. The BCF plan includes reductions from 2016-17 to 2017-19.

The Integrated Neighbourhood Teams, Intensive Home Support, Intermediate Care, Voluntary Sector and Carers schemes identified within the plan will support the avoidance of hospital attendance and admissions.

Admission to residential and care homes
The plan is to maintain the existing rate of admissions to long term care. This will be reflected in overall admissions per 100,000 of the population due to the growing demographic pressure across our 65+ population.

The Intermediate Care schemes described within the BCF plan demonstrate the strategies developed to avoid the need for long term care wherever possible. Reablement and therapy are key to both the bed based and home based offer and provide intensive rehabilitation as a means to enable individuals to maximise recovery and remaining living as independently as possible.

Effectiveness of Reablement

Reablement performance is already strong in Blackburn with Darwen with between 86.8% - 94% of people maintaining independence after 91 days.

The target for 17-19 is to support increased numbers of people through the pathway whilst maintaining outcomes at the current level. This maintains performance at the top quartile for the North West and Nationally.

The reablement offer will continue to provide a more intensive and rehabilitation focused service to individuals discharged from hospital via the Intermediate Care at Home pathway and to individuals stepping up through the INTs. The provision of an effective reablement service is central to both the INT and Intermediate Care schemes described within the BCF plan and key to achieving a reduction in admissions to hospital, long term care and delayed transfers of care.

Delayed Transfers of Care (DToC)

A 3.5% reduction in Delayed Transfers of Care is proposed as part of the 2017-19 plan. This equates to a reduction of 3633 delayed bed days for 2017-18.

A number of developments are planned to support the reduction of DToC locally, funded through iBCF, which are outlined within the intermediate care section of the plan. They include additional health and care staff to support a Home First approach, joined up leadership function across the Pennine Lancashire Integrated Discharge Service and supporting Continuing Health Care Assessments to take place in an out of hospital setting. The developments will support Pennine Lancashire wide principles to:

- A system wide approach, with opportunity for shared investment and mutual benefit
- A focus on maximising long term independence and reducing long term system cost
- A commitment to retain a focus on developing integrated out of hospital services
- An alignment of resources across funding streams to reduce duplication and avoid cost shunting
- Plans have been developed in collaboration with Health and Local Authority leaders across Pennine Lancashire.

d) BCF Pooled Budget 2017-18

The CCG minimum pooled budget contribution for 2017/18 will be £11,169,000. This is an increase of

£197,000 from 2016/17 requirement. The Local Authority Disabled Facilities Grant, including assistive technology, allocation of £1,600,145 is included within the Better Care Fund pooled budget.

The BCF budget for 2017/18 includes additional resources to support inflation uplifts for social care and health contracts, continued support to the voluntary sector as part of the neighbourhood offer and allocation to support reduction in falls. A detailed budget was approved via the Health and Wellbeing Board on 20th June 2017.

Further allocation of funding has been made available from 1st April 2017 via the iBCF. The funding will be paid directly to Local Authorities who must meet the grant conditions as part of locally agreed plans.

Blackburn with Darwen's iBCF funding is outlined below:

	2017/18	**2018/19**	**2019/20**
Original iBCF	717,301	3,714,497	6,257,725
Additional iBCF (Spring Budget)	3,589,451	2,186,064	1,081,454
Total iBCF funding	4,306,752	5,900,561	7,339,179

The Local Authority and CCG have been working together with East and wider Lancashire colleagues to develop proposals to address the requirements of iBCF across the system. Blackburn Health and Wellbeing Board approved the following allocations at the meeting on 20th June 2017.

Scheme	**Activity**	**Allocation**
Protection of Adult Social Care	Additional resource to support assessment capacity within neighbourhood teams, specialist assessments and transition to adulthood	£2M
Stabilisation of the social care market	National Living Wage and supporting financial stability	£1.8M
Reducing Pressures in the NHS, including reducing delayed transfers of care	Providing additional leadership and management to the existing Integrated Discharge Service Support 'Home First' which will provide immediate assessment at home following discharge from hospital or prior to hospital admission with access to crisis, reablement, therapy and social care. This offer will be aligned to existing neighbourhood and specialist services Alignment of budgets and processes for patients who are likely to be eligible for Continuing Healthcare (CHC), providing assessment in the community where possible rather than a hospital bed	£500K

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. Any further impact due to changes in National Policy or planning guidance will be reported as they arise.

7. FINANCIAL IMPLICATIONS

No further financial implications have been identified. This report outlines budget requirements for 2017-18 Better Care Fund and Improved Better Care Fund which were approved by HWBB members on 20th June 2017.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery have been presented to Health and Wellbeing Board members in previous reports. A Section 75 agreement is in place between the Local Authority and CCG which outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated care delivery locally. The agreement is in the process of being reviewed to reflect updated requirements, including iBCF and will be signed off by the CCG and LA prior to the end of November 2017 deadline.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members as part of the initial plan submission.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality and health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan.

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans.

11. CONSULTATIONS

The details of engagement and consultation with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF plan. Learning from the Pennine Lancashire 'Together a Healthier Future' engagement has informed the refresh of the 2017-19 BCF plan. Consultation and engagement will form part of business case development for any new or redesigned BCF scheme. The BCF plan for 2017-19 has received full engagement of Blackburn with Darwen CCG, Local Authority and key stakeholders.

VERSION:	**V4**
CONTACT OFFICER:	Claire Jackson Sayyed Osman
DATE:	8th September 2017
BACKGROUND PAPER:	Previous BCF reports to HWBB members