

**HEALTH AND WELLBEING BOARD**  
**8 November 2017**

<b>Title:</b>	Better Care Fund: Update on Approval of the Submitted Plan		
<b>Report of:</b>	Strategic Director for Service Development & Integration		
<b>Open Report</b>	<b>For Information</b>		
<b>Wards Affected:</b> ALL	<b>Key Decision:</b> No		
<b>Report Author:</b> David Millen, Integrated Care Delivery Manager	<b>Contact Details:</b> Tel: 0208 227 2370 E-mail: david.millen@lbbd.gov.uk		
<b>Sponsor:</b>	Anne Bristow, Strategic Director, Service Development & Integration		
<b>Summary:</b>	<p>At its meeting on 6 September 2017 (minute 23), the Health &amp; Wellbeing Board received an update on progress on developing a Better Care Fund plan, in partnership with Havering and Redbridge. Submission was due the following week, to meet the national timelines. The Board had previously delegated authority to the Strategic Director, Service Development &amp; Integration, for this submission at its July meeting.</p> <p>Submission has been made and confirmation has now been received from NHS England that the plan is approved. However, in its September discussion the Board supported the case for a target for social care related discharge delays in the range 44-45 days total per month. This was not in line with NHS England's expectations of 'maintenance' from the previous year, because of their selection of a restricted three month baseline window. As expected, this triggered concerns on NHS England's part, and they threatened to rate the plan as non-compliant, with possible impacts on the funding available to social care through the Improved Better Care Fund. This was despite the case that was made (and previously set out to the Board) that a more stringent target risked unsafe discharges.</p> <p>In response, the CCG and Council proposed a compromise whereby the difference between the current social care performance and the NHS England target, would be shared between the two organisations within the same overall envelope (transferring some of those days to joint and/or NHS delays).</p>		
<b>Recommendation(s)</b>	<p>The Health and Wellbeing Board is recommended to:</p> <p>(i) Note that submission of the plan has taken place, and approval received;</p>		

- (ii) Note the steps taken to ensure the Better Care Fund plan's compliance with NHS England requirements, particularly the redistribution of the social care target between social care and health; and
- (iii) Note the continuing uncertainty in the scope and criteria of the November 'review' by NHS England, the need for a sustained focus on performance, and the potential for inclusion in the review programme should performance drop.

**Reason(s)**

This report seeks to support the Health and Wellbeing Board of Barking and Dagenham in its role as principal point of governance of the Better Care Fund. This is of particular importance, given the recent requirement by NHS England that areas meet a particular trajectory for reducing delayed transfers of care which in many cases nationally was at variance from what been both agreed locally and, for high performing areas such as Barking and Dagenham, the previously published policy requirement that 'maintenance' of existing performance be the basis for planning. To meet the required trajectory, we have agreed the attribution between health delays and social care delays which better meets our local circumstances, but it is recognised that this will need close monitoring given the consequences of any failure to meet this target.

We would also note for the Board, the latest position in relation to the November review process and our local position, that would be undertaken by DCLG and NHS England. Reviews will focus upon 'performance' and the use of additional monies delivered through the new social care grant, forming part of the BCF pooled fund between the Council and the Clinical Commissioning Group for Barking and Dagenham. Whilst we have not been identified as the cohort of HWBB areas for initial inclusion there is a potential for such inclusion should performance slip and based upon August/September outturn, this performance area needs a sustained focus.

# 1 Introduction and Background

- 1.1 All HWBB areas were required, as part of their Better Care Fund plan submission, to submit a plan for Delayed Transfers of Care. Within our three-borough plan submission we provided a target based upon one of 'maintenance', where we would maintain our existing strong comparative performance across the past year. With on-going delays in issuing national guidance, and with submission deadline of 11 September, a significant proportion of the current year had already elapsed.
- 1.2 In order to be both proactive and to properly consider the development of a shared narrative Better Care Fund Plan, we undertook dialogue with NHS England and met with them to explore our understanding and approach. This resulted in positive and supportive encouragement. However, late additional guidance added further stringent requirements to the delayed transfers of care target-setting. The Board had a discussion on this point at its September meeting. We determined, in common with some other areas, that given the timescales, our historic strong performance on social care delays, that we would submit our original plan and, in doing so, identify our concerns about attempting to improve on that target.
- 1.3 In the re-submission of our DToC target, we were clear that we have concerns about both the trajectory and the process that has been applied. However, we also had a desire to ensure that we are able to focus upon the delivery of our plans and that an inability to progress these would be unhelpful. We noted our past strong performance, over an extended period, and the plans that we had made to maintain that. Crucially, we reiterated our concern about the singular focus upon fast discharge, without balancing this with the need to maintain safe discharge. We have stressed that our primary duty must be to ensure safe discharge, illustrated by reference to the outcomes of two local Safeguarding Adults Reviews which have looked into these issues.
- 1.4 When initially raised with NHS England, none of these concerns appear to have been considered. The first letter that we received about our draft submission was a clear threat to the funding received to maintain social care services through the Improvement Better Care Fund, as well as pre-existing social care investments routed via the CCG within the Fund.
- 1.5 After some discussion, it was agreed to compromise locally, and the CCG and Council shared between them the additional performance requirement set by NHS England. This splits the 14 monthly days of delay between health and social care (4 to social care, 10 to NHS), and thereby ensures that the overall total delays meets NHS England requirements. The agreed adjustment with CCG colleagues alleviates in part, these issues, bringing permissible social care delays to just under 40. The Board is invited to note the compromise position, given its previous support for the approach proposed to maintain the overall 2015/16 average performance.
- 1.6 The Council is liaising with the Local Government Association, the Association of Directors of Adult Social Services, and London Councils (via its Chief Executives'

group) to lend its support to the national expressions of dissatisfaction at the approach taken by NHS England to this assurance process.

- 1.7 The letter to Simon Wheldon, Director of Operations & Delivery at NHS England in response to his initial rejection of the plan, has yet to receive a reply, and is not referenced in the letter granting approval to the plan, which is contained at Appendix 1 for Board members' information.

## 2 Current and recent performance DToC

- 2.1 The latest available and nationally validated data at the time of publication is for August 2017. Overall performance has been good and despite a substantial increase in the total number of delayed days since July, we remain in reasonable performance position as the totals were within the agreed targets, and should preclude our subsequent inclusion within any November review process.
- 2.2 In terms of the performance of individual partners, the NHS met its target, whilst social care exceeded it. Early indications are that September's performance has improved and these two months overall are together within the target range.
- 2.3 Joint performance is a current concern for us as our performance was variable against the target, which was also breached in August. It is recommended that this becomes an area of focus, with detailed work needed to understand the delays attributed to mental health providers, who contribute significantly to both joint and social care delayed days.

Organisation responsible for delayed days	Apr-17	May-17	Jun-17	Jul-17		Aug-17	
				Actual number	Target	Actual number	Target
<b>NHS</b>	135	85	111	152	216.5	190	216.5
<b>Social Care</b>	25	45	9	37	39.9	52	39.9
<b>Joint (NHS and Social Care)</b>	30	33	37	31	31.0	33	31.0
<b>Total number of days</b>	190	163	157	220	287.4	275	287.4
<b>Total (Rate per 100,000 people)</b>	<b>134.18</b>	<b>115.11</b>	<b>108.52</b>	<b>152.06</b>	<b>194.5</b>	<b>190.08</b>	<b>194.5</b>

## 3 November review

- 3.1 NHS England, with the support of the Departments of Health and of Communities & Local Government, intend to undertake a review in November of those areas

whose target performance at this point in the year is below expectations, or who are submitting and standing by a non-compliant plan.

- 3.2 A letter has been received which confirmed that we will not be part of the initial group of areas to be reviewed, based on the plan submission alone. Should a review be prompted by our current performance, then the approach that will be applied is far from clear. We are currently focusing on performance against delayed transfers of care, including weekly operational review meetings to identify early any emerging issues. We are also maintaining links with all points of guidance and forums to ensure that we are sighted upon further developments at the earliest point which will support full consideration of any implications and time required to support any further process.

## **4 Mandatory Implications**

### **4.1 Financial Implications**

**Implications completed by: Katherine Heffernan, Group Finance Manager.**

This report provides an update on the Integration and Better Care Fund (IBCF) plan submitted to NHS England (NHSE) for approval where a re-submission of the DTOC target was requested.

Failure to meet this revised target could have an adverse impact on the additional adult social care grant funding via the iBCF of £7.526m. NHSE and the DCLG would reserve the right to take control of how this funding will be spent in 2018-19 and this in turn would have an impact on the agreed allocation of the grant in the IBCF plan for 2018-19 by the Joint Executive Management Committee.

### **4.2 Legal Implications**

**Implications completed by Dr. Paul Feild Senior Governance Solicitor**

The current picture is that Barking and Dagenham is not within the provisionally earmarked 32 authorities identified as poor performers. Nevertheless, the Board needs to monitor the situation and be best prepared to ensure of the Better Care Fund plans compliance. Should the situation change a full range of options will be considered including appropriate legal advice.

### **4.3 Joint Strategic Needs Assessment**

The purpose of the Health and Wellbeing Board is to promote the health and wellbeing of the residents of Barking and Dagenham. This is achieved by focusing on integration of health and social care, delivery of improved health outcomes and efficiently reduce inequalities for those residents who live in the Borough, including those identified in the 2016 JSNA.

The JSNA set out a number of areas for improvement in the management of long-term conditions, avoiding hospital admission, and keeping people well in the community. The BCF plan that has been submitted sets ambitious plans for

improving the hospital discharge process, avoiding admissions, and improving targeted support to individuals in the community, particularly frail older people and those with long-term conditions. The plan exceeds the JSNA's identified needs around delayed transfers of care.

#### **4.4 Health and Wellbeing Strategy**

The Health and Wellbeing Strategy includes key priorities including prevention, improvement and integration of services, care and support, protection and safeguarding. By focusing on improving out-of-hospital support, integration of services, and helping to get people home from hospital safely and quickly, the BCF plan will aid the Health and Wellbeing Board to deliver the Joint Health and Wellbeing strategy.

#### **4.5 Integration**

The Better Care Fund plan is fundamentally about integrating services more fully, including with partners in Redbridge and Havering, and therefore is central to the Board's statutory aim to promote integration of services.

#### **4.6 Patient / Service User Impact**

The approach taken seeks to balance the impact upon patients and service users, ensuring both timely discharges from acute care but equally, balancing these with the need to ensure that discharges are safe.

#### **List of Appendices:**

The appendices to this item are included in the 'Supporting Documents' pack.

**Appendix 1:** Revised DToC trajectory submitted to NHS England: 2017-18 plans

**Appendix 2:** Approval Letter from NHS England for the Barking & Dagenham Better Care Fund Plan 2017-2018