

STRATEGIC ITEM

Committee: Health and Wellbeing Board

Date: 19 April 2016

Wards: All

Subject: Merton Better Care Fund Plan

Lead officer: Adam Doyle Adam Doyle, Chief Officer, MCCG , Simon Williams Director of Community and Housing

Contact officer: Murrae Tolson, Assistant Director Integration MCCG

Recommendations:

- A. That the Merton Better Care Fund plan and submission template, as attached to this report, is approved and submitted to NHS England.
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PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to present the final draft of the Merton Better Care Fund Plan to the Health and Wellbeing Board for review and approval before submission to NHS England.

The deadline for submission of the final plan is 25th April.

The plan builds on approved plans for 2015-16 and reviews progress in the first year of the BCF as the basis for developing the 2016-17 Merton BCF plan.

1. BACKGROUND

- 1.1 The Better Care Fund is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation.
- 1.2 The local flexibility to pool more than the mandatory amount remains. From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund. In 2016-17, it is important that Better Care Fund plans are aligned to other programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services.
- 1.3 In place of the 2015/16 performance fund are two new national conditions, requiring local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the high levels of DTOC across the health and care system, and to ensure continued investment in NHS commissioned out-of-hospital services, which may include a wide range of services including social care.

2. DETAILS

- 2.1 Merton 2015/16 BCF delivered the foundations for integration in Merton. Whilst the 2015/16 BCF plan aimed for a 0.4% reduction of non-elective admissions, for the period April – Dec, a 2.4% reduction was realised.
- 2.2 The 2016/17 BCF plan needs to deliver an enhanced local community response through a joint health and social care infrastructure delivered by community services, mental health services, primary care, social care and voluntary sector partners. This is a key enabler for the local Sustainability and Transformation plan.
- 2.3 In order to develop this response, Merton stakeholders have committed to integrate health and social care services by 2020 through a Multi-speciality Community Provider (MCP) as the vehicle for integration. Building on the 2015/16 BCF plan and budget of £12.2m, the 2016/17 BCF plan lays the foundations for further integration through a substantially greater pooled budget of £91.4m.
- 2.4 There is currently a signed section 75 in place between the CCG and local authority. This will be updated to reflect amendments to the 2016/17 pooled budget and include a ring-fenced risk pool with supporting risk and gain sharing arrangement.
- 2.5 The CCG and local authority will ringfence an amount of £1,015k from the BCF pool and retain this as part of the risk share agreement. These funds will be retained and remain uncommitted with the terms of managing the fund set out in the Section 75 between the CCG and the Local Authority. These funds will be released at the end of the year, should the CCG meet the NEL QIPP target and spent as agreed by the Health and Wellbeing board. However, if the CCG do not meet the NEL QIPP target, the fund will be used to cover the cost of any additional activity which results from BCF schemes not having the expected impact in reducing demand.
- 2.6 Reporting and monitoring the 2016/17 BCF budget will reflect the current service line reporting for health and social care services and therefore individual scheme investments may be subject to cost improvement and QIPP plans. This enhanced transparency of reporting has been agreed in order to allow:
 - 2.6.1. Greater understanding of commissioned services and expenditure across health and social care provision.
 - 2.6.2. Greater freedom for resourcing interim and permanent health and social care reablement packages of care.
 - 2.6.3. Joint understanding of current resources for potential inclusion in future population based capitated budgets.
- 2.7 The key priority for the 2016/17 BCF plan is to strengthen the relationships and collaboration between multiple providers in Merton through 3 interlinked projects and a DTOC action plan:
 - 2.7.1. Integrated health and social care assessments
 - 2.7.2. Seven day working
 - 2.7.3. Improved communication enabled by information technology
 - 2.7.4. Action plan to address DTOC.

- 2.8 Integrated health and social care assessments and seven day working will be an integral part of the East Merton Model of Care.
- 2.9 Whilst the BCF programme will focus on improved communication between health and social care providers enabled by information technology, this project will form part of the wider IT strategy as part of the CCG transformation plan.
- 2.10 The Merton Adults programme board has been established to act as the BCF Programme Board and will report to the CCG's Governing Body and the Council's Cabinet via the Merton Health and Wellbeing board
- 2.11 The Merton Operational Integration group is re-constituted from the previous Merton Model group. The group have responsibility for delivering the BCF projects and DTOC action plan.

2. ALTERNATIVE OPTIONS

A condition of the minimum NHS contribution to the Fund (£5,508k) being released into pooled budgets is contingent on local partners developing a joint spending plan that is approved by NHS England. The alternative to not submitting a plan is therefore that the CCG withholds the NHS minimum contribution to the fund.

3. CONSULTATION UNDERTAKEN OR PROPOSED

The 2016/17 BCF plan builds on stakeholder engagement conducted as part of the 2015/16 BCF engagement activities and user engagement conducted as part of the CCG community services procurement.

The Merton Adults programme board, Merton CCG Transformation committee and Merton CCG EMT have reviewed and agreed the 2016/17 BCF plan.

4. TIMETABLE

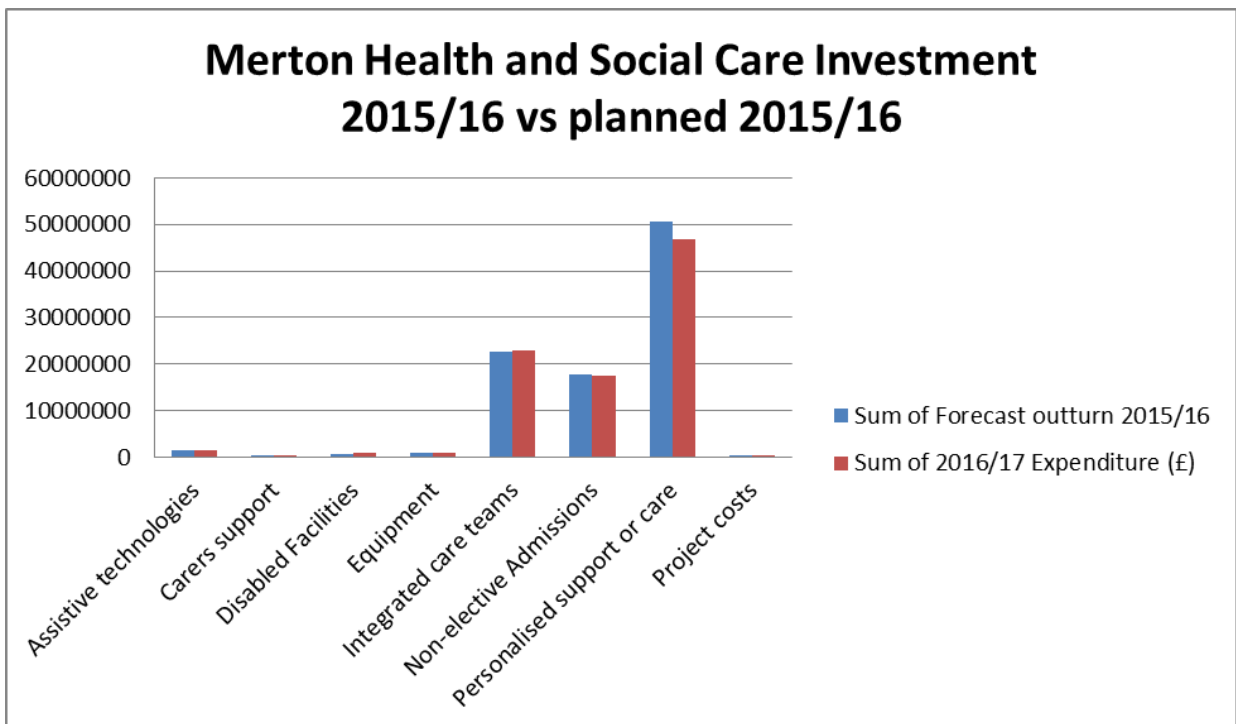
The deadline for submitting the BCF plan is the 25th of April 2016.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The commitment of the partner commissioning authorities in financial terms is set out the plan and can be summarised as follows:

| Merton BCF HWBB Funding Sources | BCF budget (000) | Gross contribution (000) |
|---|-------------------------|---------------------------------|
| Local Authority Contribution(s) | | £ 36,581 |
| Merton Local authority | £ 36,581 | |
| CCG Minimum Contribution | | £ 11,580 |
| CCG transfer to local authority | £ 5,508 | |
| CCG (min) Out of hospital | £ 6,072 | |
| Additional CCG Contribution | | £ 42,073 |
| Merton CCG additional investment in Out of hospital | £ 24,659 | |
| Merton CCG cost of NEL admissions | £ 17,414 | |
| Capital Funding | | £ 990 |
| Disabled Facilities Grant | £ 990 | |

The combined budget will be spent on the following areas:



6. LEGAL AND STATUTORY IMPLICATIONS

No specific implications.

7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Merton Better Care Fund plan inherently aims to address the needs and improve the outcomes for Merton residents included in two of the nine protected characteristics under the Equality Act 2010, namely age and disability. The Better care Fund does not appear to have any adverse effects on people who share Protected Characteristics. However a formal equality impact assessment will need to be undertaken early in the planning phase to assure that the proposed programmes do not inadvertently disadvantage any sub-groups with protected characteristics.

The 2016/17 BCF plan is not about introducing new services, but about simplifying the existing processes and pathways to achieve a more responsive, better quality response for people with support needs. The BCF plan is in alignment with the vision of Merton's Health and Wellbeing Board to improve health and social care outcomes for the population of Merton by:

- Ensuring commissioned services are tailored to the needs of individual patients;
- Addressing the diverse health needs of Merton's population; and
- Reducing geographical, age and deprivation-related variation.

The vision for services as set out in the 2015/16 BCF plan remains the key principle of service delivery for 2016/17 and encompasses a wide range of stakeholders and services including:

- Patients, services users and carers,
- GPs and Primary Care,
- Key workers in health and social care,
- Community Health,
- Reablement,
- Mental Health, incl. dementia and memory clinics,
- End of Life services,
- and Voluntary Sector Services (including Carers Support).

The key priority for the 2016/17 BCF plan is to strengthen the relationships and collaboration between multiple providers in Merton through 3 interlinked projects and a DTOC action plan:

- a. Integrated health and social care assessments
- b. Seven day working
- c. Improved communication enabled by information technology
- d. Action plan to address DTOC.

Within the scope of the BCF programmes, it is likelier than not that inequalities will be addressed and reduced, and a positive impact will be evidenced on both years spent in good health and reducing the gap in life expectancy, that parity of esteem will be ensured for both mental and physical health management including dementia, and that patient's right to choice and privacy will be respected. It is recognised that a significant amount of engagement is required to bring all partners on board and ascertain what support people need to prevent admission or long term care and empower front line staff to make these changes.

8. CRIME AND DISORDER IMPLICATIONS

None

9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None specific to this report

10. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Merton DRAFT BCF plan vo.3

Merton BCF template submission

11. BACKGROUND PAPERS

Better Care Fund 2016/17 Policy Framework:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

Better Care Fund 2016/17 Planning Requirements:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/annex4-bcf-planning-requirements-1617.pdf>