



Report for:	Health and Wellbeing Board 30th September 2014	Item Number:	
Title:	Haringey Better Care Fund (BCF) Plan		
Report Authorised by:	Charlotte Pomery, Assistant Director of Commissioning		
Lead Officer:	Marco Inzani, Commissioning Lead: Better Care Fund		
Ward(s) affected: All	Report for Key Decision		

1. Describe the issue under consideration

- 1.1 The Better Care Fund is a single pooled budget to support health and social care services to work more closely together in local areas, introduced in the Comprehensive Spending Review in June 2013.
- 1.2 In August 2014, NHS England asked all local authorities and Clinical Commissioning Groups to resubmit their Better Care Fund (BCF) Plan templates by 19th September 2014. The stated purpose of the resubmission was to give the Local Government Association and NHS England greater assurance that plans will deliver the required activity and outcomes for the integration of health and social care for Haringey and to achieve the priority target for reducing emergency admissions.
- 1.3 As required by NHS England, the Health and Wellbeing Board is being asked to endorse the revised Plan which was submitted on 19th September as a vision to improve the health, wellbeing and independence of Haringey people through the delivery of integrated health and social care services. The report will be taken to Cabinet in October 2014 which will be asked to note the revised BCF Plan.



2. Cabinet Member introduction

- 2.1 The BCF in Haringey supports greater integration of health and social care for local residents, focusing in its first year on older people with frailty and in its second year on people with mental health needs. It builds on work already underway to improve outcomes for people with health and care needs and to join up services so that they are easier to access and to use.
- 2.2 Whilst the target to be achieved through the BCF Plan has been revised to include a reduction in all emergency admissions by 3.5%, the initiatives and schemes being implemented across health and social care are those already in development. The schemes are designed to prevent a need for admission by building greater independence, to avoid hospital stays by ensuring there are services available in the community and to improve responses following a hospital stay. The integration of services outlined in the BCF is important to improving people's experiences and to reducing the fragmentation of services currently in place.

3. Recommendations

- 3.1 The Health and Wellbeing Board is asked to:
 - a. endorse the revised BCF Plan submitted on 19th September 2014 as a vision to improve the health, wellbeing and independence of Haringey people through the delivery of integrated health and social care services. The BCF Plan is attached at Appendix 1 and 2.
 - b. note the revisions made to the Plan as required by NHS England. A summary of changes made to the Plan is attached at Appendix 3.

4. Alternative options considered

- 4.1 The BCF Plan is part of a national programme to ensure integration of health and social care. It builds on work locally to integrate services to improve the user experience and to achieve better outcomes.

5. Background information

- 5.1 The vision for the Better Care Fund is "By April 2019, we want people in Haringey to be healthier and to have a higher quality of life for longer. We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible."
- 5.2 The original Haringey Better Care Fund (BCF) was submitted in April 2014 and the vision has not changed since then. The Council and Haringey Clinical Commissioning Group (CCG) have started the process of implementation to ensure that integrated services are in place by April 2015.



- 5.3 In July 2014, NHS England and the Local Government Association (LGA) announced a change in policy for the BCF with a requirement to meet a reduction in all emergency hospital admissions by a minimum of 3.5%, with a proportion of the BCF budget being linked to performance on the metric. Guidance and revised templates were released in August 2014 that required all Health and Wellbeing Board (HWB) areas to resubmit plans by Friday 19th September 2014 to meet the revised policy direction and to give greater assurance that BCF plans would deliver the required performance. Due to the timing of the Haringey HWB, it has not been possible to meet as a Board in advance of the submission.
- 5.4 The new requirements from NHS England include an imperative to meet a reduction in all emergency hospital admissions by a minimum of 3.5%, with a proportion of the BCF budget being linked to performance on that metric. A 3.5% reduction in admissions target is no longer based on avoidable admissions for older people but on all emergency admissions. Achievement of the target will result in 705 fewer admissions to hospital with a potential saving of £1.2m. The focus on this target for performance related incentives above all others is a new feature of the revised Plan. There was no discretion for local areas to negotiate a different indicator and the level of target was set with reference to recent performance trajectories and those of peer areas.
- 5.5 It has been agreed that if total emergency admissions are not reduced by 3.5%, NHS funding will be used to fund the extra acute activity in line with strengthened principles on the protection of Adult Social Care. There will therefore be no financial impact for the Council should the performance target not be achieved.
- 5.6 The changes that have been made to the Plan, set out in Appendix 2, compared to the April 2014 submission, are otherwise not substantive and require greater assurance to be given that the performance and other targets would be achieved.
- 5.7 To meet the target of a 3.5% reduction in emergency admissions, and based on national and local evidence, the following schemes have been proposed:
- **Scheme 1: Admissions Avoidance.** The Admission Avoidance Scheme identifies people most at risk of an emergency admission to hospital and via a Care Co-ordinator based in an Integrated Primary Care Locality Team develops a care plan containing the support needed, either from self-care or from safe and effective services (including the Dementia Day Centre and the Mental Health Recovery College), to keep them well and independent and prevent an admission. When there is an acute risk of a hospital admission a Rapid Response Team will deliver this service within a few hours of being called.
 - **Scheme 2: Effective Hospital Discharge.** The Effective Hospital Discharge Scheme delivers three key services: step down care via a non-acute facility to enable people to convalesce prior to returning home; a volunteer led



befriending and home visiting service for people aged over 50 prior to hospital discharge; and a Multi-Disciplinary Team reablement package to patients following a hospital discharge. The reablement package includes personal care and support that encourages service users to carry out activities themselves in order to restore independence.

- **Scheme 3: Promoting Independence.** The Promoting Independence Scheme delivers a range of community development interventions to support self-management of health conditions and reduce social isolation. The Scheme also encompassed an integrated service to support palliative care.
- **Scheme 4: Integration Enablers.** The Integration Enablers Scheme includes a number of different services that support the delivery of the other BCF schemes including: Interoperable systems of IT across health and social care; Single Point of Access to a range of services; Seven Day Working in Services; and the Care Act responsibilities of both the Council and the CCG.

6. Comments of the Chief Finance Officer and financial implications

- 6.1 The financial implications for the BCF in Haringey are that a 3.5% reduction in emergency hospital admissions will result in 705 fewer admissions with a potential saving of £1.2M to the wider health economy. To deliver this, the Haringey CCG minimum contribution to the pooled fund of the BCF in 2015/16 is £16.5M and the Council is making a further contribution of £5.6M. Mapping the expected activity and savings generated by the relevant services in each scheme, and in particular: Rapid Response; Reablement; integrated Locality Teams (Care Co-ordination to avoid hospital admissions); integrated Palliative Care; and Neighbourhood Connects (third sector programme to support self-management and reduce social isolation) demonstrates that the expected activity across these services should reduce emergency hospital admissions by 711 in 2015/16 and therefore meet the expected activity for the BCF. If the target is not met then £1.2M will be made available for Haringey CCG to use to meet the over performance in acute activity. As a contingency the BCF plan includes assurances that NHS funding will be used to fund over-performance in acute, in line with the protection of social care.
- 6.2 The following funding sources (**Error! Reference source not found.****Error! Reference source not found.**) have been identified across LBH and Haringey CCG:

Organisation	Funding Stream	14/15	15/16
LBH	Base Budget	£0	£ 5,601,200
CCG	Section 256	£ 5,071,067	£ 5,261,067
CCG	Transformation	£ 513,000	£ 1,540,504
CCG	Readmissions	£0	£1,000,000
CCG	Over 75s Case Management	£ 1,371,430	£ 1,371,430



Organisation	Funding Stream	14/15	15/16
CCG	Community Healthcare	£0	£ 7,300,000
	TOTAL	£ 6,925,497	£ 22,074,201

6.3 The following table (Error! Reference source not found.Error! Reference source not found.) identifies the budget for the different BCF Schemes, according to the source and the potential provider:

Scheme Name	Area of Spend	Commissioner	Provider	Source of Funding	2014/15 (£000)	2015/16 (£000)
1. Admissions Avoidance	Social Care	Local Authority	Local Authority	Local Authority Social Services	-	4,013
	Social Care	CCG	Local Authority	CCG Minimum Contribution	576	620
	Mental Health	CCG	NHS Mental Health Provider	CCG Minimum Contribution	1,095	1,095
	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	-	7,839
	Community Health	CCG	Primary Care	CCG Minimum Contribution	1,371	1,371
2. Effective Hospital Discharge	Social Care	CCG	Local Authority	CCG Minimum Contribution	3,225	3,225
	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	48	693
3. Promoting Independence	Social Care	CCG	Charity/Voluntary Sector	CCG Minimum Contribution	146	336
	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	121	300
4. Integration Enablers	Social Care	Local Authority	Local Authority	Local Authority Social Services	-	1,588
	Social Care	Local	Local	CCG	235	475



Scheme Name	Area of Spend	Commissioner	Provider	Source of Funding	2014/15 (£000)	2015/16 (£000)
		Authority	Authority	Minimum Contribution		
	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	-	169
	Primary Care	CCG	CCG	CCG Minimum Contribution	108	350
TOTAL					6,925	22,074

7. Assistant Director of Corporate Governance Comments and legal implications

- 7.1 The Assistant Director of Corporate Governance has been consulted on this Report.
- 7.2 The NHS England Better Care Fund Revised Planning Guidance July 2014 requires the Health and Wellbeing Board to approve the revised BCF Plan.
- 7.3 The Board is also required to agree a target reduction in total hospital emergency admissions and the minimum target for all areas is 3.5% unless an area can make a credible case as to why it should be lower. The Guidance provides that “if a Health and Wellbeing Board area fails to deliver the agreed ambition to reduce total emergency admissions only a portion of the locally agreed performance money will be automatically released to be spent on the planned activities. The amount released will be linked to the level of performance achieved e.g. achieving 70% of the target reduction will secure 70% of the performance payment. However, “the remaining performance money will not leave the local area, and it will remain within the CCG, intended for use to compensate for unplanned acute activity or spend on NHS commissioned services, in consultation with partners on the Health and Wellbeing Board” (Paragraphs 23 - 24).

8. Equalities and Community Cohesion Comments

- 8.1 Data from the JSNA and GP practice profiles will target the BCF on vulnerable groups with protected characteristics including: Frail Older People; People with Dementia; and Adults with mental health needs. A brief equality screening was undertaken with the North and East London (NEL) NHS Commissioning Support Unit (CSU) Equalities lead who noted: the commitments to accessing various communities through a variety of channels; workforce training and development to include issues facing protected characteristics; services will be personalised and



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focused on individuals' needs; and incorporating equalities monitoring in service redevelopments.

9. Head of Procurement Comments

9.1 N/A

10. Policy Implication

10.1 A Section 75 National Health Service Act 2006 health and social care agreement will be developed following the resubmission of the BCF so that the key principles and processes for any budget changes and decisions are clearly outlined. This ensures that both partners are fully involved in and sighted on any decisions that affect integrated services.

11. Reasons for Decision

11.1 Formal acknowledgement of the Haringey BCF resubmission.

12. Use of Appendices

12.1 Summary of Changes to Haringey Better Care Fund (BCF) Plan

12.2 Better Care Fund – Haringey Planning Template (Part 1)

12.3 Better Care Fund – Haringey Planning Template (Part 2)

13. Local Government (Access to Information) Act 1985

N/A