

## Report of the Chair to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 26<sup>th</sup> September 2017.

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### **Subject: Chair's Highlight report**

Integration and Better Care Fund Narrative Plan 2017-19  
Integration and Change Board and Executive Commissioning Board updates  
Health Protection Group update  
Joint Health and Wellbeing Strategy update

### **Summary statement:**

The Health and Wellbeing Board Chair's highlight report summarises business conducted between Board meetings. The September report brings the Narrative Plan of the Integration and Better Care Fund 2017-19 as the main item, and various updates.

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### **Portfolio:**

Health and Wellbeing

### **Overview & Scrutiny Area:**

Health and Social Care

## **1. SUMMARY**

The Health and Wellbeing Board Chair's highlight report summarises business conducted between Board meetings. The September report brings the Narrative Plan of the Integration and Better Care Fund 2017-19 as the main item, with updates on the following:

Integration and Change Board and Executive Commissioning Board – updates from meetings

Health Protection Group

Joint Health and Wellbeing Strategy

## **2. BACKGROUND**

As the report covers multiple items the background to each item appears with the update in Section 3 below.

## **3. OTHER CONSIDERATIONS**

### **3.1 Better Care Fund**

#### **3.1.1 Background**

The Better Care Fund (BCF) is the only mandatory policy to facilitate integration across the health and wellbeing sector. It brings together health and social care funding to support more person-centred, coordinated care and provides a mechanism for joint health and social care planning and commissioning.

The Spring Budget 2017 announced an additional £2 billion to support adult social care in England paid directly to local government for adult social care services – the Improved Better Care Fund (iBCF). This money is included in the iBCF grant to local authorities (LAs) and is now included in Bradford's BCF pooled funding and plans. (see Section 4).

At its 25<sup>th</sup> July meeting the Board received a progress update on the Better Care Fund planning and assurance process. This followed the publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government. The two-year timescale for the policy framework allows alignment with NHS planning timetables and gives areas the opportunity to plan more strategically.

The Board resolved to:

1. Note the position in relation to the local area progress in refreshing the local Narrative Plan and Planning Template for 2017/18 and 2018/19.
2. Note the establishment of the Executive Commissioning Board.
3. Note the requirement to submit the revised Better Care Fund Plan by the 11<sup>th</sup> September 2017.

4. Agree that delegated authority be given to the Chair of the Health and Wellbeing Board/Leader of City of Bradford Metropolitan District Council in consultation with a nominated representative of the three CCGs to authorise submission of the Better Care Fund Plan on behalf of the Health and Wellbeing Board.

### **3.1.2 September 2017 update**

The Bradford Better Care Fund narrative plan for 2017-19 (see Appendix A) builds on the plans previously developed for the local care economy in 2015-16 and 2016-17. In those plans we set out some core principles that describe how we intend to integrate service delivery in response to a particular set of needs for our population.

Since the development of the original Better Care Fund plan our local health economy has developed and is moving towards an accountable care model of service delivery, working collaboratively with our main provider community. This plan supports the delivery of our wider objectives and strategies around health and social care as outlined in the Bradford District and Craven Health and Wellbeing Plan.

The plan has been developed in collaboration with Partners, Elected Members, and Providers. The BCF Plan 17/19 builds upon the plans developed for the local economy and specifically builds upon the shared vision across the partnership of enabling people to be 'Healthy, Happy and at Home'. The Better Care Fund plan sets out a joint vision and a set of expectations for health and social care which will shape our commissioning intentions for the foreseeable future.

In Bradford City and Districts, over 60,000 people living with two or more long term conditions are more likely to experience problems with the coordination and integration of their care, and are more likely to have unplanned admissions to hospital or avoidably move into a care home. We know that living in a deprived community or poor quality housing has a significant impact on the likelihood of people experiencing 2 or more long term conditions.

Earlier onset of multi-morbidity is linked to deprivation. In Bradford 45% of people live in the 20% most deprived areas in England. The plan aims to develop innovative proposals that can tackle the growing demand for services in the District and increase the resilience by radically reshaping our models of care, recognising that person and community-based approaches can increase people's self-efficacy and confidence to manage their own health and care, improve health outcomes and experience and build community capacity and resilience, among other outcomes.

Our design principles are to:

- Develop a model of care and support that is effectively; person-centred, personalised, integrated, empowering. It will be co-produced in partnership with carers, citizens and communities and supported by mobilisation of front line staff, volunteers and a commitment to community engagement
- Transform the way our system currently operates so there is a greater focus on the prevention of ill health, and upholding of rights, mental capacity and risk as a

positive force resulting in reductions in premature death and dependency, and improvement in health, health inequalities and wellbeing

- Shift the balance from avoidable hospital admissions to personalised health, housing and social care models which are led and managed by the person as an expert of their own experience and delivered out of hospital
- Ensure that there is a high degree of replicability in our work, which provides a benefit much wider than the district and enables us to critically reflect, learn and further develop our understanding of the issues.

The narrative update reflects the change to the Policy Framework for the Better Care Fund to cover a two year period (2017-19) to align with NHS planning timescales. The main change from last year is the inclusion of additional local authority social care grant funding (the iBCF), which now forms part of the overall Bradford Better Care Fund.

The four National Conditions that we are required to meet through our BCF plan are:

- I. 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;
- II. 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;
- III. 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; and
- IV. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

### **3.1.3 Tracking and reporting performance**

Bradford currently ranks 2<sup>nd</sup> best of all Local Authorities on the new national composite measure for the Better Care Fund. As in previous years, 2015-16 and 2016-17, Bradford and District will agree and report on:

- Delayed transfers of care;
- Non-elective admissions;
- Admissions to residential and care homes; and
- Effectiveness of reablement.

In addition, we will agree and report metrics in the following new areas that contribute to the new national composite measure for the BCF:

- Emergency admissions, weekend discharges; and
- Emergency admission, length of stay.

We will also monitor and report on the following iBCF indicators:

- Numbers of packages of care commissioned to facilitate hospital discharges;
- Number of hours of home care commissioned to facilitate hospital discharges;
- Number of admissions to intermediate care beds to facilitate discharge; and
- Admissions to residential and care homes to facilitate hospital discharges.

### **3.1.4 Governance, feedback and submission**

Strong governance arrangements are in place at overall plan level through to individual scheme level. Schemes have fund managers who have responsibility for the outcomes of schemes in line with the stated vision and BCF outcomes. The plan was submitted to the NHS Regional Team and to the assurance consultants for pre-submission feedback.

Initial feedback has been that the plan is of a very high quality and there are no concerns with the Bradford plan for the assurance submission. Based on the strength of our plan, we are delighted that the BCF Regional Team have invited us to present at the NHSE BCF Expo, as an exemplar of health and social care integration.

The Plan has been agreed on behalf of the Bradford and Airedale Health and Wellbeing Board under delegated authority by the Chair on 5<sup>th</sup> September 2017 as well as by the Chief Officer on behalf of the Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups and the Strategic Director of Health and Wellbeing on behalf of Bradford Metropolitan District Council. The Plan was duly submitted to NHS England on the 11<sup>th</sup> September 2017.

## **3.2 Working group updates**

### **3.2.1 Executive Commissioning Board**

This is a summary report of the Executive Commissioning Board (ECB) which is a strategic 'commissioner only' group. The terms of reference are attached (see Appendix 2).

1. The inaugural meeting of the Executive Commissioning Board was held 7<sup>th</sup> July 2017 and a second meeting took place (as scheduled) on the 4<sup>th</sup> August 2017. The main items that were discussed are as follows:

1.1 Terms of reference – these define the purpose and structure of the ECB. The main aim of ECB is to provide system leadership, clinical insight and strategic alignment to the integration of commissioning across health and social care.

1.2 Agreeing the scope – the main areas that will be considered within the portfolio of integrated commissioning across health and social care are:

- Mental Wellbeing, including dementia
- Long term support, including Learning disability, ADHD and autism

- Early Intervention for maternity, women and children
- Continuing Health Care, including personalisation
- Public Health (certain functions only)
- Carers (all age)
- Better Care Fund (BCF)

1.3 ECB were assured that the submission of the BCF due on the 11<sup>th</sup> September 2017 was on track.

1.4 At the meeting in August there were presentations highlighting how reporting and decision making operates both within the CCG and within the local authority.

2. The October meeting of the ECB will take the following items:

- Understanding Competition and Collaboration in the health and wellbeing sector
- Mental Well-being (driving the strategic implementation of the Health and Well-being Strategy)

### 3.2.2 Integration and Change Board

The Integration and Change Board met on the 21<sup>st</sup> July and considered the development of the operational Health and Wellbeing Plan and performance tracker, a system governance diagram which was agreed, involvement in other Boards and collaborative programmes. The Board received updates from a number of the programme boards and enabler workstreams, specifically:

**Estates enabler** – which updated on potential bids for sustainability and transformation funds in autumn 2017.

**Digital Enabler** – which reported good progress on the implementation of SystemOne, with a development workshop being planned for the autumn and further work happening on patient consent issues. Overall, progress on digital projects has been slower than expected to date but is expected to increase as groups are working well together.

**Integrated Workforce Enabler** – see separate agenda item

**Airedale Accountable Care** – recent focus has been on care models, primary care, integrated care and working with Public Health to identify improvement opportunities in 10 key areas.

**Bradford Accountable Care** – progress and ongoing work on a memorandum of understanding between the members of the Bradford Provider Alliance.

**Children and Young People** – good progress was reported from the Children’s Transformation and Integration Group, and ongoing work to assess benefits and risks to vulnerable children from changes to services as a result of the previous year’s LA budget process.

**Learning Disability** - positive progress reported on transfer of responsibility for secure services from NHS England to Clinical Commissioning Groups (CCGs).

**Early Help and Intervention** – this work is focused on bringing the system together, early

response and use of technology and digital approaches.

The work of the Board will in future be managed by James Drury, Programme Director Integration and Change Board.

### **3.3 Health Protection update**

On the 25<sup>th</sup> July 2017 the Board resolved-

- (1) That a multi-agency health protection assurance group be established as a forum for bringing together the local health protection responsibilities.
- (2) That the group meets quarterly and reports into the Health and Wellbeing Board as required, or as agreed with the board.

Following the discussion about health protection responsibilities, invitations have gone out to key stakeholders inviting them to be members of a new Health Protection Assurance Group. Depending on availability the first meeting is expected to happen towards the end of October or early November.

### **3.4 Joint Health and Wellbeing Strategy (JHWS) update**

The minutes of the 25<sup>th</sup> July Board meeting noted that the next draft of the Strategy would be received in September 2017. Since that meeting there has been engagement on the draft strategy with the Health and Wellbeing Forum of the Voluntary and Community Services sector and with the Council's Health and Social Care Overview and Scrutiny Committee.

Feedback received from these groups will be added to that received through prior engagement with the Bradford CCGs Joint Clinical Board, and from constituent members of the Health and Wellbeing Board itself. Some respondents require further time to gather feedback from their members, organisations or partnerships. A further, near final draft will be produced for the December Health and Wellbeing Board meeting.

**Sections 4 - 9 relate to item 3.1 Better Care Fund Narrative Plan 2017-19**

**4. FINANCIAL & RESOURCE APPRAISAL**

The Better Care Fund (BCF) provides a mechanism for joint health and social care planning and commissioning. It brings together: ring-fenced funds to establish the Better Care Fund that are included in Clinical Commissioning Groups funding allocation from NHS England (NHSE) under NHS Mandate; the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (iBCF).

The Spring Budget 2017 announced an additional £2 billion to support adult social care in England. This money is included in the iBCF grant to local authorities (LAs) and is now included in Bradford’s BCF pooled funding and plans.

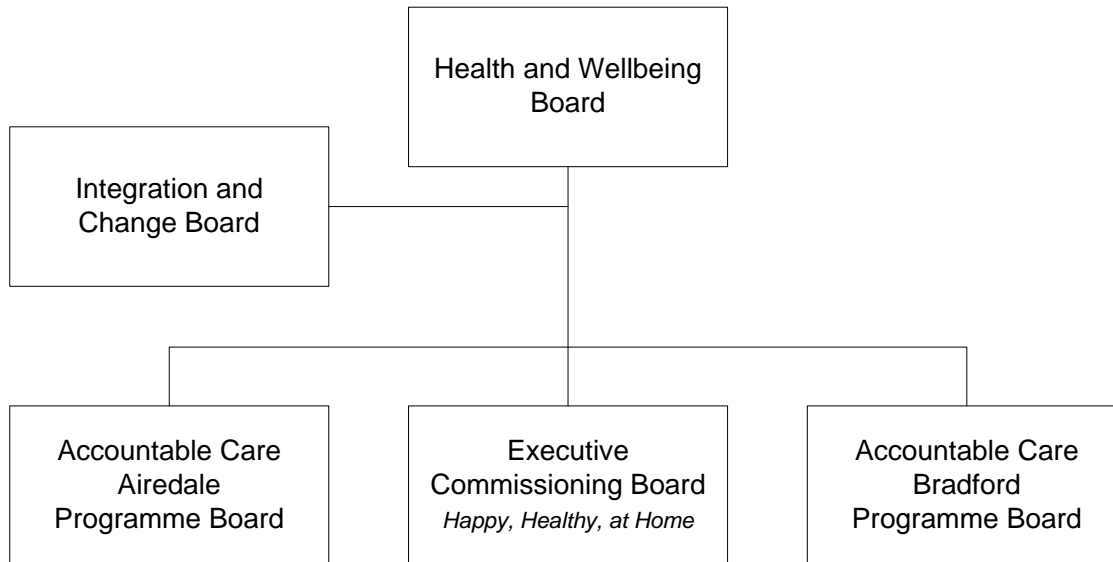
<b>Better Care Fund Spend area</b>	<b>Minimum funding 2017/18 £</b>	<b>Minimum funding 2018/19 £</b>	<b>Main use for minimum funding contributions</b>
<b>CCG Contributions</b>			Consistent with national requirement
<b>NHS Airedale, Wharfedale and Craven</b>	7,048,000	7,182,000	
<b>NHS Bradford City</b>	6,257,000	6,376,000	
<b>NHS Bradford Districts</b>	21,886,000	22,302,000	
<b>Out of Hospital Services</b>	16,394,801	16,706,302	Consistent with National requirement
<b>Disabled Facilities Grant</b>	3,857,621	4,195,774	Consistent with National requirement
<b>Care Act 2014 Monies</b>	1,390,451	1,416,870	Consistent with national requirement
<b>Former Carers’ Break Funding</b>	£941,558	959,448	Carers offer in line with Care Act duties
<b>Reablement Funding</b>	1,528,886	1,557,935	Consistent with national requirement
<b>iBCF</b>	12,045,821	16,435,418	Consistent with national requirement



## 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance of the Better Care Programme is through the Bradford Health and Wellbeing Board which, since April 2013, has functioned as a statutory committee of Bradford Council. The Board operates with major contributions by the Local Authority and the CCGs. Following the Bradford Council LGA Peer Review there is a need to streamline the governance structure supporting integrated commissioning.

### BCF Plan Governance Structure



## 6. LEGAL APPRAISAL

The Better Care Fund in Bradford is managed through a Section 75 Framework Partnership Agreement between the Council and the CCGs. The Framework approach was agreed to best reflect where the Council and the CCG are in terms of developing an integrated commissioning approach in that it provides for a dedicated lead commissioner for each scheme. In the event of under spends achieved through prudent fund management, these will be managed in line with the Section 75 agreement.

## 7. OTHER IMPLICATIONS

### 7.1 EQUALITY & DIVERSITY

The Plan will be assessed under the terms of the Equality Act 2010 in relation to protected characteristics, in particular the characteristics of age and disability.

### 7.2 SUSTAINABILITY IMPLICATIONS

The Better Care Fund Plan is a key delivery mechanism for improving health and wellbeing outcomes, supporting people better and for longer in their homes and local

communities. It will make a significant contribution to the long-term sustainability of the health and wellbeing sector.

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

No direct implications

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

No direct implications

### **7.5 HUMAN RIGHTS ACT**

No direct implications

### **7.6 TRADE UNION**

No direct implications

### **7.7 WARD IMPLICATIONS**

No direct implications

## **8. NOT FOR PUBLICATION DOCUMENTS**

None

## **9. OPTIONS**

No options are provided

## **10. RECOMMENDATIONS**

1. That the submission of the Bradford District Health and Wellbeing Board Integration and Better Care Fund Plan 2017-19 to NHS England on the 11<sup>th</sup> September 2017, and the positive feedback from the NHS Regional Team that the plan is of a high quality be noted.
2. That the Terms of Reference for the Executive Commissioning Board be noted.

## **11. APPENDICES**

1. Bradford District Health and Wellbeing Board Integration and Better Care Fund Plan 2017-19.
2. Executive Commissioning Board – Terms of Reference.

## **12. BACKGROUND DOCUMENTS**

None