

**NOTICE OF MEETING**

<b>Meeting</b>	Health and Wellbeing Board
<b>Date and Time</b>	Thursday, 29th June, 2017 10.00 am
<b>Place</b>	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
<b>Enquires to</b>	Members.services@hants.gov.uk

John Coughlan CBE  
Chief Executive  
The Castle, Winchester SO23 8UJ

**FILMING AND BROADCAST NOTIFICATION**

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

**AGENDA****1. APOLOGIES FOR ABSENCE**

To receive any apologies for absence received.

**2. DECLARATIONS OF INTEREST**

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

**3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)**

To confirm the minutes of the previous meeting

Approx.  
Timings  
10:00am

<b>4. DEPUTATIONS</b>	
	To receive any deputations notified under Standing Order 12.
<b>5. ELECTION OF VICE CHAIRMAN</b>	10:05am
	For the Board to elect a Vice Chairman, as required by the Hampshire County Council Constitution at the first meeting of the Board following the Annual General Meeting in each year.
<b>6. CHAIRMAN'S ANNOUNCEMENTS</b>	
	To receive any announcements the Chairman may wish to make.
<b>7. HAMPSHIRE DOMESTIC ABUSE STRATEGY</b>	10:10am (10 mins)
	To receive a presentation from the Director of Public Health regarding the Hampshire Domestic Abuse Strategy and priority actions.
<b>8. IMPROVED AND INTEGRATED BETTER CARE FUND UPDATE</b> (Pages 11 - 20)	10:20am (15 mins)
	To receive a report of the Director of Adults' Health and Care regarding the Improved and Integrated Better Care Fund 2017-2019.
<b>9. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE</b>	10:35am (15 mins)
	To receive an update from the Director of Public Health regarding findings of the Hampshire Joint Strategic Needs Assessment (JSNA).
<b>10. HAMPSHIRE CLINICAL COMMISSIONING GROUP PARTNERSHIP</b>	10:50am (10 mins)
	To receive a presentation providing an introduction to the Hampshire Clinical Commissioning Group Partnership including the new structure, governance arrangements and key priorities going forward.
<b>11. HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN</b>	11:00am (15 mins)
	To receive an update from the lead Officer on the Hampshire and Isle of Wight Sustainability and Transformation Plan.
<b>12. HEALTH AND WELLBEING BOARD BUSINESS SUB GROUP UPDATE</b> (Pages 21 - 28)	11:15am (5 mins)
	To receive an update from the Chairman of the Business Subgroup on the progress of the sub group.

**13. ANY OTHER BUSINESS**

To consider any other Business Members of the Board wish to raise.

11:20am  
(5 mins)

**14. DATE OF NEXT MEETING**

To note that the next meeting of the Health and Wellbeing Board is due to take place on 5 October 2017.

**ABOUT THIS AGENDA:**

**On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.**

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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# Agenda Item 3

AT A MEETING of the HEALTH AND WELLBEING BOARD held at The Castle, Winchester on Thursday, 23 February 2017.

## **PRESENT**

Chairman:

- p Councillor Liz Fairhurst (Executive Member for Adult Social Care, Hampshire County Council)

Vice-Chairman:

- p Dr Barbara Rushton (Chair, South Eastern Hampshire Clinical Commissioning Group)

- p Graham Allen (Director of Adults' Health and Care, Hampshire County Council)
- Paul Archer (Director of Transformation & Governance, Hampshire County Council)
- a Dr Sallie Bacon (Director of Public Health, Hampshire County Council)
- Councillor Brian Bayford (Executive Member for Health and Housing, Fareham Borough Council)
- a Dr David Chilvers (Chair, Fareham & Gosport Clinical Commissioning Group)
- p Steve Crocker (Director of Children's Services, Hampshire County Council)
- p Councillor Anne Crampton (Cabinet Member for Community Wellbeing, Hart District Council)
- Julie Dawes (Acting Chief Executive, Southern Health NHS Foundation Trust)
- Dr Nicola Decker (Chair, North Hampshire Clinical Commissioning Group)
- a Julie Maskery (Director of Transformation and Performance, Hampshire Hospitals NHS Foundation Trust)
- a Dominic Hardy (Director of Commissioning Operations, NHS England Wessex)
- p Christine Holloway (Chair, Healthwatch Hampshire)
- a Michael Lane (Police and Crime Commissioner)
- p Councillor Keith Mans (Executive Lead Member for Childrens Services and Deputy Leader, Hampshire County Council)
- p Dr Sarah Schofield (Chair, West Hampshire Clinical Commissioning Group)
- a Councillor Patricia Stallard (Executive Member for Health and Public Health, Hampshire County Council)
- a Nick Tustian (Chief Executive, Eastleigh Borough Council)
- a Dr Andrew Whitfield (Chair, North East Hampshire and Farnham Clinical Commissioning Group)
- a Phil Taverner (Test Valley Community Services, representing the Voluntary Sector)

Also in attendance:

Councillor Roger Huxstep, Chairman of Hampshire Health and Adult Social Care Select Committee (standing observer)

139. **BROADCASTING ANNOUNCEMENT**

The Chairman announced that the press and members of the public were permitted to film and broadcast the meeting. Those remaining at the meeting were consenting to being filmed and recorded, and to the possible use of those images and recording for broadcasting purposes.

140. **APOLOGIES FOR ABSENCE**

Apologies were received from:

- Cllr Patricia Stallard, Executive Member Health and Public Health. Cllr Ray Bolton attended as substitute.
- Dr Sallie Bacon, Director of Public Health. Simon Bryant attended in her place.
- Dr David Chilvers, Chairman Fareham & Gosport Clinical Commissioning Group. His substitute Dr Paul Howden also gave apologies.
- Dr Andrew Whitfield, Chairman North East Hampshire and Farnham Clinical Commissioning Group. His substitute Dr Peter Bibawy attended in his place.
- Dominic Hardy, Director of Commissioning Operations, NHS England (Wessex). His substitute Dr Liz Mearns attended in his place.
- Michael Lane, Police and Crime Commissioner (PCC) for Hampshire. The PCC did not have a nominated substitute.
- Nick Tustian, Chief Executive of Eastleigh Borough Council. Patricia Hughes, Chief Executive of Hart District Council the substitute also gave apologies.
- Julie Maskery, Hampshire Hospitals NHS FT. Fiona Dalton, Chief Executive of University Hospital Southampton NHS FT attended as substitute.
- Phil Taverner, Voluntary Sector representative. The substitute for the voluntary sector was a vacancy.

141. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal Interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

142. **MINUTES**

The Minutes of the Health and Wellbeing Board meeting held on 6

December 2016 were confirmed as a correct record and signed by the Chairman.

143. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman highlighted that Board Members would have received by email the latest Health and Wellbeing Board Bulletin, prepared by the Health and Wellbeing Board Manager.

Included in the bulletin was an item from the South Downs National Park Authority (SDNPA). The SDNPA was organising a sub-regional conference on 9 May 2017 in Midhurst, West Sussex, primarily aimed at policy makers and partners, to promote the role of the National Park in Health and Wellbeing. They would welcome attendance from members of the Health and Wellbeing Board at the conference.

Board Members had also been forwarded an invitation to an event regarding young people's substance misuse services taking place on 27 February 2017.

144. **UPDATE ON THE BETTER CARE FUND 2017-2019**

The Board received a report from the Director of Adults' Health and Care (see Item 5 in the Minute Book) regarding the Better Care Fund.

The Board heard that:

- Officers from the County Council were working with a nominated Better Care Fund lead from each Clinical Commissioning Group on the plan

Board Members commented:

- That it would be important to work closely with neighbouring Health and Wellbeing Boards, particularly for the Portsmouth City Council, Southampton City Council and Isle of Wight Council areas, as there would be issues that would need addressing at a pan Hampshire level e.g. Delayed Transfers of Care

The Chairman announced an amendment to the recommendations as presented in the report, and the revised version was agreed as follows:

RESOLVED:

That the Health and Wellbeing Board:

- a) Note the current position with regard to the Better Care Fund policy and guidance
- b) Consider the requirements associated with the Better Care Fund 2017-19 and confirm the intended approach
- c) For the Chair of the Health and Wellbeing Board to approve the plan for submission on behalf of the Health and Wellbeing Board, prior to a Deed of Variation to the current Section 75 agreement being signed, so

that Hampshire meets expected National Conditions for a jointly agreed plan.

145. **JOINT STRATEGIC NEEDS ASSESSMENT 2017**

The Board received a report and supporting presentation from the Director of Public Health (see Item 6 in the Minute Book) regarding the Hampshire Joint Strategic Needs Assessment (JSNA).

The Board heard that:

- The public health team would work with relevant groups to provide the data that they need arising from the JSNA e.g. to support commissioning

Board Members commented:

- That it was helpful to make the needs assessment data available to inform service planning, and to use it to identify areas where the Board could focus attention

RESOLVED:

That the Board agree the proposal for a web-based JSNA, the future arrangements for updating and developing the JSNA and the programme of work identified to date.

146. **DISTRICTS HEALTH AND WELLBEING FORUM UPDATE**

The Board received a report from the Chairman of the Districts Health and Wellbeing Forum (see Item 7 in the Minute Book) providing an update on the work of the Forum.

The Board heard that:

- The District Health and Wellbeing Forum was operating as the Health and Wellbeing Board sub group for the 'Healthy Communities' strand of the Joint Health and Wellbeing Strategy
- The Forum considered that the allocated priority of 'Education and motivation to choose a healthy lifestyle' was too broad, and proposed instead to focus on the wider determinants of health and reducing health inequalities, via the functions districts have (e.g. planning, housing, leisure)

Board Members commented:

- That it was important for the Clinical Commissioning Groups to link in with the Districts Health and Wellbeing partnerships/forum.

RESOLVED:

a) That the Hampshire Health and Wellbeing Board members continue to work to clarify their shared objectives and priorities for action.

b) The Hampshire Health and Wellbeing Board quickly forms other subgroups and agrees delivery priorities, action plans and group memberships.

c) The Hampshire Health and Wellbeing Board comments on the proposed objective and actions for the Forum.

147. **BUSINESS SUB GROUP UPDATE**

The Board received a report and supporting presentation from the Director of Adults' Health and Care (see Item 8 in the Minute Book) providing an update on the work of the Business sub group of the Health and Wellbeing Board.

The Board heard:

- That six sub groups were being established to support the work of the Board: four based on the themes in the Joint Health and Wellbeing Strategy, the Business sub group, and a group focused on Co-production and Community Participation
- Chair's had been identified for five of the six sub groups, and a Board sponsor if the Chair was not a member of the Board

RESOLVED:

That the Health and Wellbeing Board:

- a) Note the progress of the Business Subgroup.
- b) Agree the 2017 Business Plan including the proposed subgroup structure and the key priority themes identified.
- c) Hold a 'stakeholder event' to introduce the Board's work programme and also to gain information about local activities and resources currently in place which could support the delivery of this.
- d) Review membership of the Health and Wellbeing Board between now and the next Board in June to ensure all relevant organisations are represented.
- e) Develop a business case regarding the on-going support of the Health and Wellbeing Board.

148. **HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN**

The Board received a presentation from the lead for the Hampshire and Isle of Wight Sustainability and Transformation Plan (see Item 9 in the Minute Book).

The Board heard that:

- The health and care system faced significant long term challenges e.g. predicted increase in complexity of conditions
- Strategic priorities are not being met e.g. Delayed Transfers of Care
- There isn't a quick fix for these issues, a significant re-think is required

- The Sustainability and Transformation Plan aimed to transform services in order to meet these challenges

RESOLVED:

That the Health and Wellbeing Board notes the update on the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP).

149. **DATE OF NEXT MEETING**

The Chairman announced that the next meeting of the Board was due to take place on 29 June 2017 at 10:00am.

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Chairman, 29 June 2017

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Decision Maker:</b>	Health and Wellbeing Board
<b>Date:</b>	29 June 2017
<b>Title:</b>	Improved and Integrated Better Care Fund Update
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Karen Ashton

**Tel:** 01962 845612

**Email:** karen.ashton@hants.gov.uk

#### 1. Executive Summary

1.1. The purpose of this paper is to provide a briefing on the current position relating to the Integration and Better Care Fund 2017 – 2019 and the Improved Better Care Fund 2017 – 2019.

1.2. This paper seeks to:

- set out the background
- update on progress for agreeing the investment plan
- identify key issues
- confirm next steps.

#### 2. Contextual information

2.1. Although the Better Care Fund technical guidance is now considerably delayed for the 2017-2018 year, the policy to promote integration of health and social care in England through the use of the Integration and Better Care Fund (BCF) is being maintained for two further years<sup>1</sup>. Publication of the technical guidance is expected in July 2017.

2.2. In March the Chancellor announced in the Spring Budget 2017<sup>2</sup> that councils will receive additional funds over the next three years for social care. Identified as the Improved Better Care Fund (IBCF), this additional funding is to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.

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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/607754/Integration\\_and\\_BCF\\_policy\\_framework\\_2017-19.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf)

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/598252/EN\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/598252/EN_FINAL.pdf)

- 2.3. This additional grant comes with a number of conditions, to ensure that the money is spent on adult social care services and supports improved performance at the health and social care interface. The grant will be pooled into the Better Care Fund, to support a continuing agreement with the local NHS.
- 2.4. The Department of Health (DH) and Department for Communities and Local Government (DCLG) are developing, in consultation with the Association of Director of Adult Social Services (ADASS), Local Government Association (LGA), NHS England and NHS Improvement (NHSI), a set of metrics – including, but broader than, Delayed Transfers of Care – to assess patient flow across the NHS and social care interface.
- 2.5. Following the development of the metrics the Care Quality Commission (CQC) will carry out targeted reviews in around 20 areas, starting as soon as is practical from May 2017. These reviews will focus on the interface of health and social care and not cover wider council social care commissioning. They will include underperforming and stronger performing systems to lead to a tailored response to ensure those areas facing the greatest challenges can improve rapidly.
- 2.6. In the longer term, the Government has committed to publishing a Green Paper explaining proposals for establishing a fair and more sustainable basis for funding adult social care, in the face of the future financial and demographic challenges the country faces.

### **3. Update on progress for agreeing an investment plan**

- 3.1. All five Clinical Commissioning Groups (CCGs) and Hampshire County Council (the Council) have met to consider both the core BCF and IBCF for 2017 – 2019.
- 3.2. The policy guidance for the core BCF reports a 1.79% inflation in 2017/18 CCG allocations and 1.9% inflation in 2018/19. Locally CCGs are confirming their planning assumptions. This resource is committed to contracted services the contribute to the out of hospital care model including commissioned community health services and domiciliary care.
- 3.3. For the IBCF, the Council circulated a briefing note in April 2017 that confirmed the funding will be added to existing spending plans to ensure it reaches the frontline quickly and intentions to spread the additional investment across the designated three areas of:
  - meeting adult social care needs
  - reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready
  - stabilising the social care provider market
- 3.4. All investments will take account of the short-term allocations, shown above, and spending plans for 2018/19 and 2019/20 will reflect the reducing levels of additional support being provided. A summary proposal that takes account of discussions in the multiple Accident & Emergency (A&E) Boards at local

system level, was presented to nominated CCG leads. The discussions identified a number of principles that will apply to the final application of funds:

- The funding decisions will be signed off by the Council as per the guidance and will be subject to separate assurance in the first quarter of 2017/18 (as per national guidance)
- The funds will be directed at delivery of social care, including social care for the benefit of health
- The distribution of funds between the three categories of spend is fixed, the application of funds within each category, particularly in respect of the support for the NHS is flexible to target resources accordingly
- The measurement of delivery is determined by the DCLG requirements i.e. number and hours of domiciliary care packages, number of residential placements

3.5 Some areas of priority for spend have been identified that do not have a financial value assigned at this stage. These areas will be subject to review.

3.6 CCGs have been given the opportunity to consider the proposed distribution of funds to allow for further discussion within the category of support for the NHS.

#### 4. Finance

4.1 £ 22,066,423 of the anticipated core BCF value for 2017/18 (£87,213,539) including £1,533,670 (1.79%) inflation is allocated to social care. A further £10m, is designated to fund Disabled Facilities Grants (DFGs) and allocated centrally to Housing Authorities. For Hampshire Districts and Boroughs Table 1 sets out the distribution. The remaining £54,452,947 will contribute to NHS commissioned community health services. The delayed technical guidance will confirm these financial assumptions.

Funding for the Better Care Fund 2016-17			
Local Authority	Disabilities Facilities Grant	Council	BCF contributions to District Councils for DFG
Hampshire	£10,694,169	Basingstoke & Deane	£1,170,322
		East Hampshire	£1,264,549
		Eastleigh	£989,455
		Fareham	£646,280
		Gosport	£677,493
		Hart	£627,025
		Havant	£1,495,231
		New Forest	£971,750
		Rushmoor	£899,653
		Test Valley	£1,030,556
		Winchester	£921,855

Table 1: Distribution of DFG allocation across Hampshire Housing Authorities

4.2 The £2 billion<sup>3</sup> of additional IBCF funding announced by the Chancellor in the spring Budget equates to £37.1 million for Hampshire over three years, to be pooled alongside the core BCF. Table 2 below the allocation each year

Table 2: Allocation on IBCF 2017 - 2020

Local Authority	2017-18 Additional funding for adult social care announced at Budget 2017	2018-19 Additional funding for adult social care announced at Budget 2017	2019-20 Additional funding for adult social care announced at Budget 2017
<b>Hampshire</b>	<b>17,010,142</b>	<b>13,437,051</b>	<b>6,697,875</b>
<b>Neighbouring Local Authority allocations:</b>			
Isle of Wight	3,254,171	2,175,088	1,081,256
Portsmouth	3,997,256	2,537,715	1,258,181
Southampton	4,981,651	3,161,704	1,567,547
<b>Total HIOW</b>	<b>29,243,220</b>	<b>21,311,558</b>	<b>10,604,859</b>

- 4.3 Whilst additional IBCF temporary funding does provide a three year window for stabilising existing provision and for targeted investment that will help relieve system pressures, during this period and beyond and is welcome, it does not negate the underlying intense financial pressure and constraint within the social care system.
- 4.4 In the short term the funding will be added to existing spending plans, allocated in the three specific areas as outlined above to ensure it reaches the frontline quickly. All investments will need to take account of the short-term allocations, shown above, and spending plans for 2018/19 and 2019/20 will reflect the reducing levels of additional support being provided. The detail of proposals has been circulated to CCG partners. Appendix A. sets out summary proposals for the IBCF. Further discussions at a local level via A&E Boards will confirm the detail of invest to save schemes for the social care funding to the NHS pressures.
- 4.5 The approach will need to build further on the work already being undertaken collectively across the NHS and Local Authority to improve the way people enter, move through, and are discharged from the county's hospitals taking account of recognised best practice outlines in the High Impact Changes<sup>4</sup>. This includes investing in the social care elements, on an "invest to save" basis, to develop / maintain schemes across Hampshire that both improve outcomes:
- **Early discharge planning** - planning begins before admission. In emergency/unscheduled care, robust systems are put in place to develop plans for management and discharge, allowing expected dates for discharge to be set within 48 hours of a patient entering hospital

<sup>3</sup> <https://www.gov.uk/government/publications/the-allocations-of-the-additional-funding-for-adult-social-care>

<sup>4</sup> <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

- **Systems to monitor patient flow** - robust patient flow models for health and social care, including electronic patient flow systems providing live data to enable teams to identify and manage problems and to plan services around the individual
- **Multi-disciplinary/ discharge teams (inc. the voluntary and community sector)** - co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, is promoting effective discharge and good outcomes for patients
- **Home First/Discharge to Access** – providing short-term care and reablement in people’s homes or using ‘step-down’ beds to bridge the gap between hospital and home means that people no longer need to wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow
- **Seven-day service** – successful 24/7 working in social care within hospital settings is improving the flow of people through the system and across the interface between health and social care, meaning that services are more responsive to people’s needs
- **Trusted assessment** - using trusted professionals to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way
- **Focus on choice** - early engagement with patients, families and carers underpinned by a robust protocol, with a fair and transparent escalation process, is essential so that people can consider their options. Making the most of voluntary sector support will be integral to helping patients to consider their choices and reach decisions about their future care
- **Enhancing health in care homes** - offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, is helping to reduce unnecessary admissions to hospital as well as improve hospital discharge

4.6 The investment will initially be monitored through a return to the DCLG signed off by the Hampshire County Council Section 151 officer (Carolyn Williamson - Director of Corporate Resources).

## 5. Performance

5.1. Both the core BCF and the IBCF require demonstration of national conditions and success being measured by nationally determined metrics. For the core BCF these national conditions for 2017 - 2019 are:

- Plans to be jointly agreed;
- NHS contribution to adult social care is maintained in line with inflation;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
- Managing Transfers of Care

5.2 For IBCF is intended for adult social care and will not be subject to the same approval from NHS England as the overall BCF plan. Councils will be required to provide quarterly returns and that Local Authority Section 151 Officers will have to sign off the additional benefit of the funding (as with the precept). Councils will be

allowed to spend the money as soon as they have agreed its use with CCGs and subject to the following grant conditions:

- The grant can only be used for meeting adult social care needs, reducing pressures on the NGS, including supporting people to be discharged from hospital and supporting the local social care market providers
- The recipient authority must:
  - pool the grant into the local BCF unless the authority has written Ministerial exemption.
  - work with relevant CCGs and providers to meet National Condition 4 (managing transfers of care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017 – 2019; and
  - Provide quarterly reports to the Secretary of State

5.3 Performance metrics for the core BCF have been reduced to cover:

- Delayed transfers of care;
- Non-elective admissions (General and Acute);
- Admissions to residential and care homes; and
- Effectiveness of re-ablement

5.4 Performance for the IBCF for the first quarter is being measured on:

- Number of packages of care
- Hours of domiciliary care
- Numbers of residential placement

5.5 It should be noted that given we are changing our approach to support people in new ways including increased re-ablement and use of technology enabled care support (TECS), these prescribed measures would not effectively demonstrate benefits we are aiming to achieve. Outcomes such as people being supported to live independently without packages of care, with reduced care hours and in their own homes would be more appropriate. These comments have been made through regional and national contacts.

5.6 Both schemes will be monitored quarterly. The Q1 return for the IBCF required on 21 July 2017 will be managed via the DCLG pending final publication of BCF technical guidance.

## **6. Legal Implications – Section 75 Agreements**

6.1 It is a requirement for local authorities and CCGs to establish one or more pooled funds for delivery of the schemes activity. An existing Section 75 agreement will require updating via a Deed of Variation once agreements have been finalised.

## **7. Key Issues**

7.1. The most pressing issue for the system at the present time is that there is “buy in” to the overall approach and that this approach supports the collaborative delivery of the wider system vision.

7.2. The absence of the technical planning guidance has to some extent created a planning hiatus. For the core BCF partners have proceeded on the basis of “steady state”.

7.3. For the IBCF the understanding about the conditions of the grant funding and agreement about the proposed spend is essential. This will provide the foundations for future development of integrated delivery.

## **8. Future direction and next steps.**

8.1. In the longer term, the Government is committed to establishing a fair and more sustainable basis for funding adult social care, in the face of the future demographic challenges the country faces. Plans to put forward proposals to put the state funded system for meeting the care and support needs of older people on a more secure and sustainable long-term footing in a Green Paper later this year have been reported.

8.2. It is clear that integration of health and social care remains a high priority. The core BCF and IBCF are components of the Sustainability and Transformation Programme relating to New Models of Care.

8.3. In the meantime, to ensure that the resources available create maximum value it is important that systems come together through the joint commissioning discussions to understand both the use and the benefits for local people and organisations are understood in the face of an even more challenging financial landscape.

## **9. Recommendations**

9.1 Note the current position with regard to the Better Care Fund policy and guidance.

9.2 Consider and confirm the proposed application of the IBCF.

9.3 Note that a Deed of Variation to the current Section 75 agreement will be required, so that Hampshire meets expected National Conditions for a jointly agreed plan.

IBCF 2017 - 20									
Allocation					2017/18 £17.0m 2018/19 £13.4m 2019/20 £ 6.7m				
Local systems CCG per capita proportion agreed 14-15 - for information only	2017/18	2018/19	2019/20	Total £	F&G 15%	SE 16%	N 16%	NE 12%	W 41%
	£	£	£	£	£	£	£	£	£
<b>Meeting Adult Social Care Needs</b>									
Learning Disability - meeting new emergent cost on national living wage sleep in rates. (Estimate Ref JH)	1,300,000	1,500,000	1,700,000	4,500,000					
Adult Mental Health - Crisis intervention	500,000	500,000		1,000,000					
Prevention & demand management initiatives.(Ref GS 28 04 17)	750,000	TBC	TBC	750,000					
Social Care Transformation: (Ref GS 28 04 17).	1,600,000	TBC	TBC	1,600,000					
Integrated working with SHFT: (Ref GS 28 04 17)	TBC	TBC	TBC	0					
Digital improvement and implementation (Ref GA 15/05/17)	1,000,000	1,500,000	1,500,000	4,000,000					
<b>Total Meeting Social Care Needs</b>	<b>5,150,000</b>	<b>3,500,000</b>	<b>3,200,000</b>	<b>11,850,000</b>	<b>1,775,500</b>	<b>1,898,000</b>	<b>1,898,000</b>	<b>1,422,000</b>	<b>4,856,500</b>
<b>Stabilise the social care provider market</b>									
Carer Support - three phase programme for providers.(Ref NG 01 06 17)	150,000	150,000	150,000	450,000					
Learning Disability - least restrictive practice - increasing provider capability	750,000	1,500,000	0	2,250,000					
Existing demand and price pressure in care market (Ref PA 14/06/17)	4,570,000	3,250,000	2,200,000	10,020,000					
Additional equipment in house residential homes(Ref email KD 06/06/17)	20,000		0	20,000					
			0	0					
<b>Total Stabilise the social care provider market</b>	<b>5,490,000</b>	<b>4,900,000</b>	<b>2,350,000</b>	<b>12,740,000</b>	<b>1,917,500</b>	<b>2,044,600</b>	<b>2,044,600</b>	<b>1,465,200</b>	<b>5,268,100</b>
<b>Reduce pressures on the NHS</b>									
<b>Early Discharge Planning</b>									
Additional short term beds @ HHFT site. Estimated cost	1,000,000			1,000,000					
HCC additional non-chargeable short term beds. Estimated cost	0	1,000,000		1,000,000					
Joint initiatives within the FPH	300,000	300,000	300,000	900,000					
Fully implement whole system approach to Acute & Community Hospitals (Ref Email GA 18/05/17)	70,000			70,000					
RBCH interim care team (Ref Email DB 24/05/17)	200,000			200,000					
<b>Total</b>	<b>1,570,000</b>	<b>1,300,000</b>	<b>300,000</b>	<b>3,170,000</b>					
<b>Systems to Monitor Patient Flow</b>									
SC investment - joint admission prevention scheme - county wide time (Ref KJ & IC)	1,150,000	2,600,000		3,750,000					
Bluebird Care / JET short term (Ref KJ/KA 09/06/17)	150,000			150,000					
<b>Total</b>	<b>1,300,000</b>	<b>2,600,000</b>	<b>0</b>	<b>3,900,000</b>					
<b>Multi-disciplinary / Discharge Teams</b>									
Increase system capacity for SE Hants (Ref GA 15/05/2017)	150,000	150,000		300,000					
System response to Medically Fit For Discharge Details TBC (Ref GA 31/05/17)	350,000	350,000	350,000	1,050,000					
<b>Total</b>	<b>500,000</b>	<b>500,000</b>	<b>350,000</b>	<b>1,350,000</b>					
<b>Home First / Discharge to Assess</b>									
TEC - expansion and implementation. (ref GS 28 04 17)	TBC	TBC	TBC	0					
Re-ablement hubs: assess feasibility studies and business case development.(Ref GS 280417)	TBC	TBC	TBC	0					
CRT enhancement - transitional care team (Ref Discussed at A&E Board 4 May 2017)	500,000	500,000	500,000	1,500,000					
Seasonal pressures - higher cost care (Ref GA / DC May 2017)	1,500,000			1,500,000					
<b>Total</b>	<b>2,000,000</b>	<b>500,000</b>	<b>500,000</b>	<b>3,000,000</b>					
<b>Seven Day Service</b>									
Embedding improvement in hospital team model - HCC (Ref GA 31/05/17)	100,000	100,000	0	200,000					
<b>Total</b>	<b>100,000</b>	<b>100,000</b>	<b>0</b>	<b>200,000</b>					
<b>Trusted Assessor</b>									
Embedding improvement in hospital team model (Ref GA 31/05/17)	150,000	0	0	150,000					
CHC: Support for day 29 Refunds Guidance implementation (Ref Mtg 05 05 17)	250,000	0	0	250,000					
<b>Total</b>	<b>400,000</b>	<b>0</b>	<b>0</b>	<b>400,000</b>					
<b>Focus on Choice</b>									
				0					
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>					
<b>Enhancing Health in Care Homes</b>									
Dementia care	500,000			500,000					
<b>Total</b>	<b>500,000</b>	<b>0</b>	<b>0</b>	<b>500,000</b>					
<b>Total Reduce Pressures on the NHS</b>	<b>6,370,000</b>	<b>5,000,000</b>	<b>1,150,000</b>	<b>12,520,000</b>	<b>969,000</b>	<b>2,396,000</b>	<b>3,046,000</b>	<b>1,662,000</b>	<b>4,447,000</b>
<b>TOTAL SPEND PROPOSED</b>	<b>17,010,000</b>	<b>13,400,000</b>	<b>6,700,000</b>	<b>37,110,000</b>	<b>4,662,000</b>	<b>6,338,600</b>	<b>6,988,600</b>	<b>4,549,200</b>	<b>14,571,600</b>
<b>Total Allocation</b>	<b>17,010,000</b>	<b>13,400,000</b>	<b>6,700,000</b>	<b>37,110,000</b>					

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	no
<b>Maximising well-being:</b>	yes
<b>Enhancing our quality of place:</b>	no

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

1.2. The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

1.3. Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

1.4. Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

#### **1.5. Equalities Impact Assessment:**

This is an update, impact assessments will be undertaken when particular decisions are due to be taken.

### **2. Impact on Crime and Disorder:**

2.1. This is an update, impact assessments will be undertaken when particular decisions are due to be taken.

### **3. Climate Change:**

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

3.2. How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is an update, impact assessments will be undertaken when particular decisions are due to be taken.

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee/Panel:</b>	Health and Wellbeing Board
<b>Date:</b>	29 June 2017
<b>Title:</b>	Report of the Health and Wellbeing Board Business Subgroup
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Sue Lee  
Email: [susan.lee@hants.gov.uk](mailto:susan.lee@hants.gov.uk)  
Telephone: 07551152760

#### 1. Summary

1.1 A Business Subgroup has been established to support the Health and Wellbeing Board's business planning process and to coordinate the implementation of the HHWB business plan. The business subgroup comprises the chairs of each HWB subgroup. The purpose of this report is to outline progress against the business plan agreed at the HWB meeting on 23rd February 2017.

#### 2. Detail

##### 2.1 HWB Business Plan 2017/18

2.1.1 A Business Plan for 2017/18 has been developed (see **Appendix A**). Picking up on themes from the review undertaken of the HWB last year, the business plan focuses on putting in place the right structure and arrangements to enable the Board to achieve stated priorities and objectives going forward.

2.1.2 The Business Plan incorporates links and relationships with a wide range of other strategic forums and partnerships and also addresses the HWB's key deliverables including oversight of the development of the Joint Strategic Needs Assessment, development of the new Hampshire Health and Wellbeing Strategy 2018 onwards.

## **2.2 HWB Subgroups**

2.2.1 Subgroups are now set up around each of the priorities in the Joint Health and Wellbeing Strategy as follows:

- Resilience for young people (Starting Well)
- Obesity and physical activity (Living Well)
- Social isolation (Ageing Well)
- Wider determinants of health and wellbeing (Healthy Communities)

2.2.2 Each subgroup has a nominated chair (taken from a diverse range of agencies) and a multi-agency membership. There is representation from public health and districts on each subgroup in order to promote coordination and consistency.

2.2.3 Each subgroup has developed terms of reference. To avoid unnecessary overlap and duplication, a mapping exercise has been undertaken to identify any existing forums and/or work streams that could be linked into to support delivery of the HWB priority theme. In some cases, this has meant that an existing forum now acts as the HWB subgroup with the existing forum having reviewed terms of reference and objectives so that activities appropriately link.

2.2.4 A more detailed update on the subgroups will be provided in the workshop session taking place after the business section of the meeting.

## **2.3 Membership of the Health and Wellbeing Board**

2.3.1 The Business Subgroup was tasked with reviewing membership of the Health and Wellbeing Board to ensure all relevant sectors are represented. Membership is being reviewed and potential gaps identified including Fire and Rescue, police, business community, transport, environment, planning, etc.

2.3.2 The Business Subgroup is still considering whether some sectors would be more effectively involved at local level e.g. via the District HWB Forum or centrally via the Health and Wellbeing Board and/or subgroups.

2.3.3 The Business Subgroup will complete the review and will bring back recommendations to the HWB for discussion in October. However, any

changes to current membership must be approved by Hampshire County Council and so these recommendations will then be received and considered by the County Council for a final decision.

## **2.4 Board Support Arrangements**

2.4.1 As the Health and Wellbeing Board now has a new subgroup structure and Business Plan, there are resource implications in terms of ongoing support of the Board. A costed proposal has been presented to the Director of Adults' Health and Care, who will be sharing the costed proposal with CCG partners. If agreed, the current support arrangements will go onto a permanent footing from June 2017 and these will include additional administrative support.

## **3. Recommendations**

3.1 The Board is asked to agree the following recommendations:

- a) To note progress regarding the implementation of the Hampshire Health and Wellbeing Board Business Plan.
- b) The Business Subgroup to complete the review of board membership and to bring back recommendations to the HWB in October. The HWB to make recommendations to the County Council for a final decision.
- c) To note the progress regarding permanent HWB business support arrangements.

**CORPORATE OR LEGAL INFORMATION:**

**Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	No
Corporate Improvement plan link number (if appropriate):	
<b>Maximising well-being:</b>	Yes
Corporate Improvement plan link number (if appropriate):	
<b>Enhancing our quality of place:</b>	No
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

This report does not propose any decision therefore an impact assessment has not been undertaken.

### **2. Impact on Crime and Disorder:**

2.1. No impact anticipated.

### **3. Climate Change:**

- a) How does what is being proposed impact on our carbon footprint / energy consumption? No impact anticipated.
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? No impact anticipated.

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## Health and Wellbeing Board Business Plan 2017

### *Working together for a healthier Hampshire*

No.	Objective	Actions required	Owner	How	By when
1.	<b>Clear, effective governance of the Health and Wellbeing Board</b>	Set up a Business subgroup - to comprise board manager (chair), 5 subgroup chairs.	HWB manager to chair	Identify potential chairs – monthly meeting initially	January 2017 – completed
		Set up subgroups each addressing one of the HWB published strategic priorities.	Business Subgroup	Meeting of the Business Subgroup	February 2017
		Identify a HWB sponsor for each published priority and chairs for each subgroup and (if different).	HWB chair	Report and decision at the February HWB meeting	23 <sup>rd</sup> February 2017
		Produce a business plan focussing on Board development and the delivery of the HWB published priorities.	Business Subgroup	Meeting of the Business Subgroup	February 2017
		Develop and implement a topic based meeting programme for the year.	Business Subgroup	Meeting of the Business Subgroup	June 2017
		Establish links with other strategic forums/partnerships - clarify communication and information sharing needs.	Business Subgroup	Briefings at other forums re the HWB and possible areas of mutual interest	April 2017
		Review the HWB Operating Framework against the LGA HWB Self Assessment tool.	Business Subgroup	Task and finish (TFG) group	May 2017
		Produce and publish an annual report in April 2018.	Business Subgroup	TFG – member agencies to provide submissions	May 2017

No.	Objective	Actions required	Owner	How	By when			
2.	<b>Effective information and communication and improved visibility of the Board</b>	Produce a HWB communication plan focusing on:	Business Subgroup (Jane Vidler nominated to lead this work stream)	Task and finish group chaired by HWB manager	March 2017			
		- Visibility of HWB and its role						
		- Publication/launch of the JNSA, Joint Health and Wellbeing Strategy, annual report						
		- Support workgroups on specific themes						
		Establish a multi-agency HWB communication network – local authority, NHS, Districts, Healthwatch, CVS, etc.				Business Subgroup	Meetings every 6 months chaired by Jane Vidler HCC Comms.	May 2017
		Review and update the Health and Wellbeing Board web pages.				Business Subgroup	Task and finish group	May 2017
		Develop a Hampshire HWB branding and logo.				Business Subgroup	Meeting of the Business Subgroup	May 2017
		Development of local publicity material/products and roll out of				Business Subgroup	Task and finish group	July 2017
Themed campaigns in 2017 linked subgroup priority themes (isolation, resilience, obesity)	Business Subgroup	Coordinated by the HWB comms network	Staged throughout 2017					
Publish a quarterly Stakeholder HWB Newsletter	Business Subgroup	Coordinated by Jane Vidler and HWB Comms Network	Quarterly					

No.	Objective	Actions required	Owner	How	By when
3.	<b>Co-production and community participation in the work of the Health and Wellbeing Board</b>	Establish a Community Participation and Co-production (CCP) Subgroup.	Business subgroup	Christine Holloway to chair	February 2017
		Produce a community participation and co-production plan.	CCP Subgroup	Work group meetings	March 2017
		Source and examine best practice re co-production and community participation in the work of HWBs	CCP Subgroup	Work group meetings	March –May 2017
		Make recommendations about appropriate approaches to be used as part of its development of the Hampshire JNSA and HWB strategy.	CCP Subgroup	Report to HWB	June 2017
		Map consultation mechanisms currently available across the health and social system – HWB to use these when undertaking specific consultation exercises.	CCP Subgroup	Work group meetings	On-going
		Identify and collect relevant data and service user, CVS and Healthwatch feedback to inform the development of the HWB Strategy.	CCP Subgroup	Collection and analysis of relevant data and feedback	
		Organise HWB stakeholder events to support the development of the JHWB strategy.	CCP Subgroup	Stakeholder events	July-Oct 2017

No.	Objective	Actions required	Owner	How	By when
4.	<b>Delivery of the Health and Wellbeing Board's strategic priorities</b>	Subgroup chairs/business group to identify the membership of work groups – to ensure access to relevant expertise.	Business subgroup	Meeting of Business Subgroup	March 2017
		Public health & district reps to attend all of the work groups - to ensure alignment of respective work streams.	Public Health District Forum	Work group meetings	On-going
		Agree the priority theme the subgroup will focus on in 2017.	Business subgroup & work group chairs	Meeting of Business Subgroup	March 2017
		Terms of reference, key actions and work plan to be produced.	Work group chairs	Initial meeting of the work group	TBC
		Identify key outcomes and success criteria.	Work group chairs	Initial meeting of the work group	TBC
		Identify required data sources. data collection and reporting arrangements.	Work groups chairs	Initial meeting of the work group	TBC
		Hold an event to introduce the HWB work programme and gain information from partners of local activities/resources in place to support delivery of this.	Business Subgroup	Audit, collation and mapping of local activity/resources. Multi-agency engagement event	June 2017
		Work groups to sponsor Public Health to undertake in depth review & analysis linked to priority themes.	Work group chairs	Work group meetings	On-going

No.	Objective	Action	Owner	How	When
5.	<b>Refresh of the Hampshire Joint Strategic Needs Assessment</b>	Briefing of the HWB.	Public Health (Sallie Bacon)	Presentation at the HWB.	23 <sup>rd</sup> February 2017
		Development of the first draft of the 2017 JSNA - a web based resource with supporting database of evidence structured in line with HWB priorities.	Public Health (Sallie Bacon)	Task and finish group	May 2017
		Production of a communication and launch plan.	Public Health (Sallie Bacon)	Task and finish group	May 2017
		Final publication including briefing of the HWB	Public Health (Sallie Bacon)	Business subgroup and Public Health	June 2017
6.	<b>Development of a Joint Health and Wellbeing Board Strategy 2018 onwards</b>	Review of progress against the Strategy and agreement of priorities going forward.	Business Subgroup	Multi-agency event – (future focus, how to embed the new strategy, success criteria?)	September 2017
		Gathering of feedback and views about the content and focus of the new Strategy.	CCP Subgroup	Stakeholder events	July–Oct 2017
		Production of a draft 2018 HWB Strategy and a communication and launch plan.	Business and CCP Subgroups	Task and finish group	December 2017
		Final draft of the 2018 Strategy and communication plan to the HWB for ratification.	Business Subgroup	Workshop at the HWB meeting	March 2018

No.	Objective	Action	Owner	How	When
7.	<b>A well informed and up to date Health and Wellbeing Board</b>	Produce a regular bulletin of national and local developments - circulate to HWB members in advance of Board meetings.	HWB manager	Quarterly bulletin of local and national developments linked to the work of the HWB	On-going
		HWB members to circulate the Bulletin within their organisation and any networks they are linked to.	HWB members		
		Local developments and initiatives to be promoted on the HWB website	HCC Communications team (Jane Vidler) HWB manager		
8.	<b>Development of sustainable board support arrangements going forwards</b>	Produce a costed business case regarding the support arrangements of the HWB from June 2017 onwards.	Business Subgroup	Options paper to the Business Subgroup – agreement of recommendations to take to the next HWB.	Report to HWB in June for a decision

## Hampshire Health and Wellbeing Board Structure January 2017

Health and Wellbeing Board Subgroups	Chair	Organisation
Business	Sue Lee	Health and Wellbeing Board, HCC
Co-production and Community Participation	Christine Holloway	Hampshire Healthwatch
Starting Well	TBC	
Living Well	Sian Davies	Public Health, HCC
Ageing Well	Shantha Dickinson	Hampshire Fire and Rescue
Healthy Communities	Anne Crampton	District Council HWB Forum

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