

HEALTH AND WELLBEING BOARD

27 June 2017

BETTER CARE FUND

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Summary

This report provides a summary of the Better Care Fund achievements to date, and updates the Board on the timescale for production of the 2017 – 2019 BCF plan, as well as information about the Department for Communities and Local Government (DCLG) grant.

1. Budget and Policy Framework

- 1.1 The Better Care Fund (BCF) is an ambitious programme spanning both the NHS and local government. It is the only mandatory policy to facilitate integration between health and care to deliver person centered and coordinated services.
- 1.2 The BCF encourages integration by requiring CCGs and Local Authorities to enter into pooled budget arrangements and agree an integrated spending plan.
- 1.3 The Better Care Fund (BCF) in Medway is a joint plan between NHS Medway Clinical Commissioning Group (the CCG) and Medway Council, with Medway NHS Foundation Trust (MFT) as a key stakeholder.
- 1.4 A pooled budget for the Better Care Fund is administered in accordance with a Section 75 agreement between the CCG and the Council.
- 1.5 In the first two years of the BCF, the total amount pooled nationally was £5.3bn for 2015/16 and £5.8bn for 2016/17. This equated to £17.6m and £18.2m respectively for Medway.
- 1.6 The next BCF planning phase will cover two years, 2017 – 2019. A revised BCF policy framework was issued on 31 March 2017, however, the final planning template, full guidance, funding details, and approval and submission dates have not yet been received (as of report drafting).
- 1.7 It is proposed that the draft BCF plan for 2017-19 will be presented at the September meeting of the Health and Wellbeing Board, subject to receipt of

further guidance, confirmation of local funding, and the BCF planning template.

- 1.8 A letter to Chief Executives was received from the Department of Health (DH) and Department for Communities and Local Government (DCLG) on 22 March 2017 concerning the announcement in the Spring Budget that councils will receive an additional £2 billion over the next three years for social care. £1 billion of this will be provided in 2017-18 through BCF.

2. Background

- 2.1 Until the Spring Budget announcement, it is important to note that BCF funding was not new money, but a transfer of money from the NHS to local authorities. The funding can be used to support existing or new services or develop transformation programmes, where such programmes are of benefit to the wider health and social care system and positive outcomes for service users have been identified.
- 2.2 The new grant has a number of conditions attached, to ensure that the money is spent on adult social care services and supports improved performance at the health and social care interface. These include:
- (i) The 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 market.
 - (ii) A recipient local authority must:
 - a) Pool the grant funding into the BCF.
 - b) Work with the relevant clinical commissioning group (CCG) and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and BCF Policy Framework and Planning Requirements 2017-19.
 - c) Provide quarterly reports as required to the Secretary of State.
- 2.3 Medway's Joint Commissioning Management Group (JCMG) was established to lead on all elements of joint commissioning, including BCF and has enabled the sharing of information to inform local plans across the system and provided the flexibility to adapt to changes in need, performance or circumstance. This joint approach also ensures that the separate CCG and Council governance processes are fully informed e.g. the Health and Wellbeing Board, Medway CCG's Governing Body, Medway Council's Health and Adult Social Care Overview and Scrutiny Committee and Cabinet.
- 2.4 A number of innovative programmes have been initiated through the Medway BCF to reduce the pressure across the health and social care system. These include:
- The introduction of a new Care Navigation Service in May 2015.
 - The reconfiguration of Medway's equipment service into one cohesive offer: Medway Integrated Community Equipment Service – MICES from July 2016.
 - The introduction of Home First, Medway's 'discharge to assess' initiative in April 2016 which enables the migration from a bed-based health and care economy towards one which is needs-based.

- The commissioning of a new Intermediate Care and Reablement service in October 2016,
- Working with the Acute Trust and the community providers to develop the next stage of community discharge services, which will provide community-based support for assessments out of the acute setting from May 2017.

2.5 BCF initiatives also aim to improve the experience of those Medway residents in receipt of support from the health and social care system. Much effort has been made to ensure that respective parts of the health and social care system do not work in silos:

- There is evidence of improving connectivity across the health and social care system through regular liaison with the BCF programme and Partnership Commissioning.
- The Care Navigator service is now fully embedded and has been expanded to include discharges from IDT, engagement with the Home First service, and has the potential to impact positively on aspects of the Patient / Family Choice process which is a key cause of delayed discharge.
- Support for community-based programmes such as MEGAN and DERiC has been enhanced.
- We are working with Carers and Carer organisations in Medway to understand how the co-production of a new carer's strategy can be achieved.

3. Analysis of key BCF programmes

3.1 It is acknowledged nationally that the development of person centred coordinated care is a new approach for many areas and it would be difficult to use the correct performance measures from the beginning. As we enter the third year of BCF, the JCMG is developing a comprehensive dashboard for performance measurement. We are able to see some positive signs of change and improvement within the Medway social care and health system, supported by BCF initiatives and will continue to monitor and evaluate these schemes in 2017-18. These are:

3.2 Delayed Transfer of Care (DToC)

Medway has an integrated, multidisciplinary DToC process which provides weekly senior challenge. The contribution of this effort was recognised by the CQC Inspector in 2017 when announcing that Medway Foundation NHS Trust was emerging from Special Measures noting "*Medway has one of the lowest delays to transfer of care in the country.*"

3.3 The validated data to February 2017 indicated that delays to transfer of care as a result of adult social care were running at 3.3 per 100,000 population, compared with national figures of 14.0.

3.4 Integrated Discharge Team (IDT)

In addition to the regular daily discharge challenges, there is a cohort of patients with more complex requirements affecting their discharge that are dealt with by the Integrated Discharge Team (IDT), which is a multi-

disciplinary team drawn from across the wider health and social care system, designed to put in place support to ensure a timely and safe discharge from hospital for those people who require additional support for that to happen. The team comprises 13 staff from Medway Council, along with staff from KCC ASC and Medway Community Healthcare (MCH).

3.5 Home First

Home First is a multiagency response service that supports hospital discharge for people that are medically stable and have reablement potential. The significant difference with this model is that the reablement is delivered in the client's home setting and not, as has traditionally been done, in a hospital ward or community bed.

3.6 The pilot service operated between April and September 2016. Medway's Home First service has been highlighted at regional and national BCF network events as good practice and Medway was recently invited to East Sussex to present the model. The new Intermediate Care and Reablement Service (IC&RS) commenced on 1 October 2016 with Home First as an embedded part of the new IC&RS, which aims to extend the reablement opportunity to people requiring additional non-acute support to get them ready to go home.

3.7 Home First provides reablement in people's own home. There is capacity for up to 35 people a week to go home via this route. The IC&RS is a bed based service. People referred to the IC&RS discharge pathway spend, on average, 21 days receiving support. During this time progress towards independence is constantly monitored and if the multi-disciplinary team providing the reablement identify there is an obvious need for additional on-going support once the person returns home this is organised while they are still receiving reablement.

4. Development of BCF Plan for 2017 – 2019

4.1 Due to the general election on 8 June, there is uncertainty to the date of publication for final BCF guidance, though officers are beginning to prepare a Medway plan based on the draft guidance received in April 2017. It is estimated that the draft Medway BCF plan will be brought to the September meeting of the Health and Wellbeing Board for the Board to endorse the Plan.

4.2 The draft planning guidance received at the end of April 2017 states that there will be four national conditions which must be met:

- 1: A jointly agreed plan.
- 2: NHS contribution to social care is maintained in line with inflation.
- 3: Agreement to invest in NHS-commissioned out-of-hospital services.
- 4: Implementation of the High Impact Change Model for Managing Transfers of Care.

4.3 The additional funding for adult social care announced by the Chancellor represents an increase in the Improved BCF (iBCF) allocations announced as part of the 2016/17 settlement and for Medway represents an additional £4.0m in 2017/18. The table below illustrates the original iBCF allocation, alongside the additional funding:

Grant allocations	2017/18 £	2018/19 £	2019/20 £
iBCF (February 2016)	0	2,325,313	4,688,023
Additional ASC Funding (March 2017)	3,962,308	2,826,249	1,406,772
Total iBCF	3,962,308	5,151,562	6,094,795

5. Risk management

- 5.1 Risk management is an integral part of the BCF plan and there is an embedded risk management plan within the Section 75 pooled budget agreement which has previously been endorsed by this Board.
- 5.2 The pooled fund for 2017 – 2019 will be managed through the creation of a new S75 agreement.
- 5.3 A full analysis of risk will be undertaken as part of the BCF planning process and reported at the September Health and Wellbeing Board, along with a draft performance dashboard.

6. Consultation

- 6.1 There is no requirement to consult on the totality of the iBCF arrangements as consultations on the relevant constituent parts of the programme will take place as required.

7. Financial implications

- 7.1 The final expenditure within the BCF for 2016/17 was £18.5m which represented an overspend of £218k. This overspend was shared equally between the CCG and Council.
- 7.2 Once the allocation for 2017/18 is known further work will be undertaken to build on the existing finance plan to develop a final plan of 2017/18 expenditure within the BCF.
- 7.3 Work is currently underway to develop a plan for the additional iBCF allocation for 2017/18.

8. Legal implications

- 8.1 There are no legal implications arising from this report.

9. Recommendations

- 9.1 The Board is requested to note the report and note that a draft BCF plan for 2017-19 will be presented to the September Health and Wellbeing Board for the Board to endorse.

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Appendices

None.

Background papers

None.