

HEALTH AND WELLBEING BOARD

3 JULY 2018

BETTER CARE FUND UPDATE

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Summary

This report presents an update on Medway's Better Care Fund plan.

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. The pooled BCF budget for 2018/19 is £24,350,408, incorporating the improved Better Care Fund (iBCF) funds of £5,151,562.00 and Disabled Facilities Grant allocation of £2,017,933. This excludes the amount of the pooled budget in respect of the Transforming Care programme.

2. Background

- 2.1 It is important to note that BCF funding was not new money, but a transfer of money between the NHS and 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 iBCF grant was new funding and this 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; and
 - 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 between the Council and the Clinical Commissioning Group, including BCF. This 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 Overview and Scrutiny Committee and Cabinet.

2.4 The BCF plan for 2017-19 was drafted by the Council and CCG in partnership and drew on existing consultation and needs analysis. This was presented to the Health and Wellbeing Board and received approval on 12 September 2017. Our plans received formal national and regional assurance in November 2017 and full funding was released to Medway.

3. Advice and analysis

3.1 Highlights from 2017/18 and developments for 2018/19

3.1.1 A number of innovative programmes have been initiated through the Medway BCF in order to reduce the pressure across the health and social care system. These include:

- The introduction of a new Care Navigation Service in May 2015. Further developments to expand and recommission this service are in motion for 2018/19.
- The introduction of Home First, Medway's 'discharge to assess' initiative in April 2016 which enabled the focus to move from a bed-based health and care economy towards one which is needs-based.
- The reconfiguration of Medway's equipment service into one cohesive offer: Medway Integrated Community Equipment Service (MICES) was launched in 2016 and work has recently started to recommission MICES in 2019.

- The commissioning and launch of a new Intermediate Care and Reablement service in October 2016.
- The discharge to assess residential unit was commissioned in May 2017 enabling patients to recover in a more conducive setting with reablement to support and improve the speed of their recovery. In the first six months, 50% of patients admitted, returned to live in their own homes, avoiding long term care in a residential/nursing setting.
- Trust Assessments were adopted across our intermediate care and discharge to assess pathways, enabling same day admissions, improving the flow out of Medway Maritime Hospital.
- The development of plans to move towards the next stage of community discharge services, based on a series of tests for change, which will improve our understanding of local needs and how these can be most effectively met, with the aim to increasingly move health, care and support services into communities in line with the Medway Model.

3.1.2 Quarterly monitoring reports are submitted nationally in relation to the BCF and iBCF funding streams. Officers also participate in national and regional BCF events which highlight learning and development opportunities.

3.1.3 Funding for 2018/19 was set out and agreed for existing schemes in the BCF plan. Unallocated funding is detailed in section 4 below and priorities for this will be considered at the Joint Commissioning Management Group meeting on 28 June.

3.2 Lessons learnt from joint commissioning of services elsewhere in the country

3.2.1 One of the key lessons drawn from around the country is to ensure that the service user is at the centre of all service redesign and commissioning. For example joint work between health and social care began in earnest in 2002, covering the population of Torbay and led to the legal establishment of a Care Trust in December 2005. This is an NHS body, from which Torbay Council commissions its adult social care services. The service model is based on integrated multi-disciplinary teams, which work closely with primary care, and specialist health services to manage the care of the populations they serve. This has seen the average number of occupied beds fall from 750 in 1998/99 to 502 in 2009/10 as well as a saving of approximately £250,000 in management costs by establishing the Care Trust in its first year. The experiences of a fictitious Mrs Smith, an 80-year old user of fragmented service, was used to focus energies around integration, and to explain the approach from a users perspective.

3.2.2 In Medway, through robust and targeted engagement we similarly continue to base any strategy on the vision for and benefits being sought for service users / patients. In particular is the fictitious case of 'Dorothy' who is driving forward integration on a strategic level across a wider footprint as part of the Kent and Medway Sustainability and Transformation Plan as well as forming part of our Local Care workstream. This helps us to create a compelling narrative as well as ensure the voice of the service user / patient is central to the service design and overall delivery.

- 3.2.3 In Greenwich, Greenwich Integrated Care was launched in April 2011, between the Community Health Services, the Acute Trust and the Local Authority. Integrated health and social care teams provide a whole system response to intermediate care, hospital discharge, urgent care and community rehabilitation. This allowed opportunities to commission jointly, especially as they had an integrated vehicle to be able to do that. The Greenwich team took the time to develop a new pathway that they could own, again ensuring joined-up care was improving the whole system for the end-user.
- 3.2.4 The Council has worked in partnership with the Clinical Commissioning Group and the Community and Acute Health Trusts to create Home First, a simplified system of pathways to ensure prompt and efficient discharge from the acute setting back into the community. Now we are building on this alongside our partners through using a 'trusted assessor' methodology to improve the pathway more as well as making sure that the right package of care is provided.
- 3.2.5 Portsmouth aimed to implement its use of the Better Care Fund through its 'Better Care Portsmouth' initiative. This meant a shift towards prevention and early intervention services as well as enhancing its rehabilitation and reablement services to maximise service user / patient function and independence. This therefore reduced the pressure on the services at the acute hospital by providing for more complex care in the community so more of a person's needs can be met without being admitted to hospital.
- 3.2.6 In Medway, Home First also performs this function through streamlining patients based on needs across four main pathways, thereby maximising efficiency and reducing pressure on the acute environment. Intermediate Care Beds have also been set up at Platters Farm and the Britannia Unit to enable assessments to be undertaken in the community rather than in a hospital-setting. Finally, our intermediate care and reablement service, as part of Home First pathway, has meant that more people are receiving their care in their own homes.

4. Financial outturn for 2017/18 and proposed funding for 2018/19

4.1 2017/18 Outturn

- 4.1.1 The total Better Care Fund for 2017/18 (excluding iBCF and Disabled Facilities Grant) was £16,860,561. There was a £366k underspend against the 2017/18 Better Care Fund. This underspend was shared equally between Medway Council and Medway CCG.

4.2 2018/19 Planned Spend

4.2.1 The Better Care Fund for 2018/19 (excluding iBCF and Disabled facilities grant) is £17,180,912. An initial draft of the allocation includes 2017/18 allocations and updates for known changes. There is currently around £600k unallocated funding, which will be discussed and allocated at the Joint Commissioning Management Group meeting on 28 June 2018.

4.2.2 The proposed projects, subject to agreement, are as follows:

- Establishing a Home First Plus service for patients with long-term condition, to support same day discharge and prevent community admissions. This will be piloted from December 2018 through to March 2019 to assess the impact on improving flow out of Medway Martine Hospital.
- The Care Navigator service is to be expanded across the whole of Medway.
- The joint commissioning of Home Care and Residential/Nursing services.

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.

5.2 The majority of services within the BCF Plan are currently operational, and risks already assessed and owned. In the case of new services or major variations to existing services, business cases will be developed to ensure that they are fully costed, outcomes clearly stated and risks fully assessed. Business plans and Project Initiation Documents (PIDs) will be agreed by the Joint Commissioning Management Group. These plans will include robust mobilisation plans for each project, including key milestones, impacts and risks.

6. Financial implications

6.1 The finances of the BCF are contained within a Section 75 agreement.

6.2 The financial implications for the Council are set out in the report.

7. Legal implications

7.1 There are no legal implications for the Council arising from this report.

8. Recommendation

8.1 The Board is requested to note the update on the Better Care Fund set out within the report.

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Appendices

None

Background papers

None