

# 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

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### 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 Directors 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 that 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.

# Appendix A

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>									
<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.