Health and Wellbeing Board Wednesday 26th July 2017	Tower Hamlets Health and Wellbeing Board
Report of: Joint Commissioning Executive	**Classification:** Unrestricted
Improved Better Care Fund 2017-19 – New Adult Social Care Monies	

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1. RECOMMENDATIONS

1.1 To note the current position concerning the development of the Improved Better Care Fund programme for 2017-19.

1.2 To approve the approach being followed and the proposed programme summarised in Appendix 2.

1.3 To agree that oversight of the final programme should be delegated to the Joint Commissioning Executive.

1.4 To agree that, subject to agreement by the Joint Commissioning Executive, the proposed contingency provision should be allocated to further initiatives.

1.5 To agree that, subject to the finalisation of the proposals, schemes should be initiated with immediate effect.

2. BACKGROUND

2.1. In June 2013, the Government Spending Round set out plans for new funding arrangements, now referred to as the Better Care Fund (BCF). The aim of the BCF is to deliver better outcomes and secure greater efficiency in health and social care services through better integration of provision, and to accelerate health and social care integration across the country.

2.2. The majority of BCF resources is allocated to the CCG, the exception being the Disabled Facilities Grant, which is allocated to the Council by the Department for Communities and Local Government. Access to 'core' BCF resources is dependent on the production of a Better Care Fund Plan that is submitted to NHS England jointly by the CCG and the council.

2.3. Improved Better Care Fund (IBCF) is additional funding that is allocated direct to the Council. Its purpose is 'to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred by them' in relation to 'meeting adult social care needs; reducing pressures on the NHS, including supporting more people

to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.'

2.4. An initial tranche of IBCF was announced in the Government's 2015 Spending Review. This was allocated in the council's medium term financial plan 2017-20, which approved significant additional investment in adult social care to meet demographic growth, inflationary pressures, the costs of the ethical care charter and additional investment into safeguarding and Mental Capacity Act/Deprivation of Liberty Standards assessments. (It is worth noting that this tranche of money was top-sliced from existing resources - the New Homes Bonus - and Tower Hamlets was a net loser financially.) Subsequently, the government provided additional funding in the 2017 budget, as shown in the table below.

Tower Hamlets	**2017-18 Additional funding for adult social care (£m)**	**2018-19 Additional funding for adult social care (£m)**	**2019-20 Additional funding for adult social care (£m)**
2015 Spending Review	1.6	7.7	12.8
2017 Budget	7.0	4.2	2.1
Total	8.7	11.9	14.9

2.5 As can be seen from the table, the additional resources announced in the 2017 budget tail off rapidly, whilst those announced in the Spending Review of 2015 rise over the three year period. As the 2015 spending review allocations were taken into account in the council's Medium-Term Financial Strategy, the Health and Well-Being Board is only asked to consider the additional resources announced in the government's 2017 budget.

2.6 The IBCF is not subject to the same governance rules as the 'core' BCF. For example, there is no need to wait for NHSE approval before spending the grant. The new monies came about following extensive lobbying by the Local Government Association and the Association of Directors of Adult Social Services (as well as many other groups) regarding the crisis point which had been reached in adult social care, particularly the sustainability of both domiciliary and residential/nursing care markets. The government Determination, which governs the usage of the IBCF, states that:

> 'part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care …. as soon as plans for spending the grant have been locally agreed with the Clinical Commissioning Groups involved in agreeing the Better Care Fund plan.'

2.7 Thus, the sign-off process and timetable is different from the 'core' BCF and associated Section 75 agreement, even though the IBCF funding will be pooled within the Section 75. The much delayed main BCF guidance for the period 2017-19 was finally published in July 2017 and the borough is now producing a BCF Plan for submission to NHS England.

2.8 The current revised BCF section 75 agreement recognises that the Partners to that agreement wished to extend the use of Pooled Fund to include funding streams from outside of the Better Care Fund, and work is proceeding on that basis for 2017-18. The current draft agreement includes authority for the Joint Commissioning Executive to authorise a Lead Commissioner to enter into any contract for services necessary for the provision of services under an Individual Scheme, within the limitations of delegated authority for its members.

3. FUNDING PROPOSALS

3.1 Local authority managers, in conjunction with colleagues from the health service, have developed a number of possible IBCF initiatives. The suggestions received varied widely and cover all three of the specified purposes, namely:

- ensuring that the local social care provider market is supported
- reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- meeting adult social care needs

3.2 A condition of receipt of BCF is the implementation by local authorities and CCGs of each of the best practices set out in the High-Impact Change Model for reducing delayed transfers of care that has been developed by the Local Government Association, NHS England and NHS Improvement (see Appendix 1). These will need to be addressed in the BCF Plan.

3.3 It is intended to continue to refine the proposed schemes over the coming weeks in order to secure the best outcomes.

3.4 Appendix 2, below, summarises, at a high level, the initiatives currently under consideration for funding via the IBCF. Work is continuing on the development of many of the proposals, including the production of more precise costings. In almost all instances, expenditure in 2017-18 will only cover part of the year.

3.5 The HWBB is asked to approve the approach being followed and the proposed programme and financial allocations summarised in Appendix 2. In particular, it is asked to authorise those initiatives which exceed the delegated authority for council chief officers under the council's financial scheme of delegation. It also asked to agree that oversight of the final programme should be delegated to the Joint Commissioning Executive, in line with powers conferred under the revised BCF section 75 agreement, and that, subject to the finalisation of the proposals, schemes should be initiated with immediate effect.

3.6 The Board is also asked to note that the present proposals include a contingency provision for service developments linked to the roll out of a new operational model for Adult Social Care; a contingency for home care providers and provision for the implementation of transformation initiatives. The Board is further asked to agree that, subject to agreement by the Joint Commissioning Executive, the contingency provisions should be allocated to further initiatives.

4. FINANCE COMMENTS

4.1 As detailed in Appendix 2, planning is underway for the 2017-18 Improved Better Care Fund (IBCF). The Tower Hamlets IBCF allocations are set out in the Table below paragraph 2.4.

4.2 The original tranche of IBCF funding has been allocated in the council's Medium Term Financial Strategy. The second tranche is over three years and non-recurring. The 2017-18 original approved IBCF allocation of £1.6m has been allocated in the council's base budget.

4.3 The proposed schemes in Appendix 2 require further work to ensure that these do not create future budget pressures and/or can demonstrate that on-going costs can be funded through the efficiencies generated.

4.4 Work is underway on identifying additional schemes that meet the grant requirements. It is currently projected that all 2017-18 funding will be fully utilised in-year. In the event of slippage, further guidance is required to confirm if funding can be rolled forward into future years.

4.5 All expenditure will be monitored and reported in line with guidance, including the updating of the section 75 pooled budget agreement to reflect the additional IBCF funding.

4.6 All recommendations within this report will need to be delivered in the context of the Council's Medium Term Financial Strategy.

5. LEGAL COMMENTS

5.1 The proposals in this report are consistent with the Council's duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness by virtue of section 3 of the Local Government Act 1999. This is known as its Best Value Duty

5.2 Governance arrangements for Adult Social Care and Health integration initiatives under the BCF has been subject to specific contractual arrangements between relevant partners and the council pursuant to s75 of the National Health Service Act 2006 powers. Overall specific projects have developed on a case by case basis and, in the main, required Council officers and partner agencies to refer to their own individual governance structures and schemes of delegation for political approval. Member level agreement is sought from the Health and Wellbeing Board to endorse the direction of travel on a wide range of partnership working around the health and social care integration, given the strategic role the Board plays in the integration of health and social care services.

5.3 The revised s75 agreement will, once ratified, permit the Joint Committee Executive to 'review and agree all BCF and joint commissioning business cases' [cl.2.1.6 of sch 2] and authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an individual scheme within the limitations of delegated authority for its members [cl.5.1.2 of Sch 2].

5.4 The Board will therefore be required to recommend the adoption of the revised clauses to the s75 agreement to permit the IBCF monies to be included within the pooled fund and to the delegation of decisions to the Joint Executive Commission. The may also agree to delegate authority to the relevant Council chief officer, namely the Corporate Director, Health, Adults and Community, to ratify the amended s75 agreement in respect of those terms.

5.5 The Board will also be required to authorise funding for those schemes above the financial limits of delegated authority of the relevant Council chief officer, namely the Corporate Director, Health, Adults and Community. The Board has powers, set out in their terms of reference to authorise such schemes, as an executive decision-making body of the Council.

5.6 It is important that a distinction is made between health functions, social care functions and local authority health related functions because of the prohibition set out in s22 Care Act 2014 on the Local Authority providing health services. This does not prevent the Local Authority from entering into agreements under s75 National Health Service Act 2006 with Partners for the joint delivery of Local Authority health related functions or the pooling of funds to meet the cost of provision. Nor does it prevent the transfer of staff to ensure that the functions are effectively delivered, provided arrangements for staff comply with expectations set out in schedule 18 NHS Act 2006.

5.7 However, the Health and Wellbeing Board should ensure that, within any arrangements, the health and social care functions are clearly distinguished so as to ensure that accountability for those functions remains with the relevant body and a clear line of responsibility exists for the effective delivery of those functions, should legal challenges arise during the course of the scheme. In addition, this distinction will be important if future funding arrangements vary.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The Improved Better Care Fund is concerned with better integrating health and social care services to people with a diverse range of illnesses and conditions. These include people with mental health and drug and alcohol problems, and, in particular, elderly people at risk of being admitted to, or able to be discharged from, hospital, with appropriate support. It also funds services concerned with Reablement - supporting people to learn or relearn skills necessary for daily living following ill-health or disability, and the training of staff to support them to provide appropriate support to service users.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The Improved Better Care Fund is concerned with achieving best value in the health and social care economy, by ensuring that services are provided most appropriately across the system. In a number of instances, proposed initiatives are intended to support efficiency improvements, as well as better outcomes for service users. The IBCF also funds social care activity that reduces pressures on the NHS, not least, via the provision of support to people that enables them to be discharged from hospital as soon as they are ready.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 The Improved Better Care Fund has no direct implications for the environment.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The IBCF programme will be monitored within the council. It will be incorporated into the BCF Section 75 agreement.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The Improved Better Care Fund has no direct implications for crime and disorder reduction. However, a number of initiatives are designed to support vulnerable people who are disproportionately likely to come into contact with the police.

Appendices

- Appendix 1
- Appendix 2

Appendix 1

Main Themes of High-Impact Change Model for Reducing Delayed Transfers of Care

Change 1: Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow expected dates of discharge to be set within 48 hours.

Change 2: Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4: 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 wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5: Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6: Trusted Assessors. Using trusted assessors 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.

Change 7: Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8: 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, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Appendix 2

Initiative	Indicative Full Year Budget (£)	High Impact Change Model	IBCF Criteria
Social Care Market Sustainability			
Increasing nursing home provision in the borough, as part of a broader approach to ensure the sustainability of the local social care market – secure an additional 10 places immediately	500,000	Focus on Choice Enhancing Health in Care Homes	Market Sustainability
Raising standards in local social care providers (domiciliary care) and the provision of specialist occupational therapy input to Tower Hamlets Day Services, including training in Reablement and occupational therapy interventions.	171,000	Home First/Discharge to Access	Market Sustainability
	671,000		
Reducing pressures on the NHS			
Mental health resilience for people at risk of self-neglect, self-harm/ suicide and anti-social behaviour	100,000	Multi-Disciplinary/Multi-Agency Discharge Teams	Reducing pressures on the NHS
Enhancing assistive technology provision to facilitate rapid discharge from hospital, and supporting people to remain at home, via a mobile service, operating seven days a week.	81,000	Early Discharge Planning Seven-Day Service	Reducing pressures on the NHS
The enhancement of the Hospital Social Work Team, by increasing social worker and occupational therapist capacity; improving links with Reablement provision.	378,000	Early Discharge Planning Multi-Disciplinary/Multi-Agency Discharge Teams	Reducing pressures on the NHS
Increasing the borough's Extra Care Sheltered Housing capacity	60,100	Early Discharge Planning Focus on Choice Enhancing Health in Care Homes	Reducing pressures on the NHS
Implementation and Development Manager	82,000	Early Discharge Planning. Systems to Monitor Patient Flow. Multi-Disciplinary/Multi-Agency Discharge Teams Home First/Discharge to Access	Reducing pressures on the NHS
The development of improved provision for people with an acquired brain injury	200,000	Multi-Disciplinary/Multi-Agency Discharge Teams	Reducing pressures on the NHS
The development of training for frontline staff across	75,000	Focus on Choice	Reducing pressures on the NHS

Primary Care, Social Services and Community Health Services on dealing with medically unexplained symptoms			
Additional support to vulnerable clients at risk of falls, including people who hoard to the detriment of their personal safety and wellbeing	300,000	Focus on Choice	Reducing pressures on the NHS
Extend the Dementia pathway into the post diagnostic period via a quick response service to manage the consequences of a dementia diagnosis from the Memory Clinic	111,800	Multi-Disciplinary/Multi-Agency Discharge Teams Focus on Choice	Reducing pressures on the NHS
	1,387,900		
Meeting adult social care needs			
A health and social care partnership project to prevent suicide in vulnerable young adults transitioning from children's services or vulnerable adults moving to new accommodation or across boroughs.	229,000	Multi-Disciplinary/Multi-Agency Discharge Teams	Meeting adult social care needs
The empowerment of people with mental health problems, older people, care leavers, young disabled adults, parents with learning disabilities, people who misuse substances and offenders.	39,900	Focus on Choice	Meeting adult social care needs
Tackling Mental Health and Antisocial Behaviour (Community Anti Social Behaviour Multi-Agency Risk Assessment Case Conference and ASB Specialist Mental Health Worker)	120,000	Multi-Disciplinary/Multi-Agency Discharge Teams	Meeting adult social care needs
Additional social work support to strengthen social work assessment as part of the continuing healthcare process, with a view to developing a new model in the medium term.	164,500	Early Discharge Planning Multi-Disciplinary/Multi-Agency Discharge Teams	Meeting adult social care needs
Reducing isolation among vulnerable older people through improved transport services and better access to information and well-being activities.	131,000	Focus on Choice	Meeting adult social care needs
Additional social workers in primary care/GP surgeries to enable support to be provided to more people on the integrated care pathway	269,500	Early Discharge Planning Multi-Disciplinary/Multi-Agency Discharge Teams	Meeting adult social care needs
The co-location, on a test and learn basis, of a social care information and advice officer within the Single	205,000	Seven-Day Service	Meeting adult social care needs

Point of Access Service being developed by Tower Hamlets Together.			
Improving the Reablement service, including reducing the waiting list	149,000	Early Discharge Planning Home First/Discharge to Access	Meeting adult social care needs
A crisis intervention safeguarding project, working in custody suites and in response to police referrals to identify adults at risk of self-neglect, self-harming behaviours or involvement in the criminal justice system due to substance misuse, to support them to access a range of health and voluntary sector resources to reduce the harm posed by their substance misuse problems.	133,000	Focus on Choice	Meeting adult social care needs
Developing Capacity in Adult Learning Disability by establishing a development team to provide training and advice to staff; support the development of a family and carer peer support network and work with local community services, activities and groups to develop awareness, capacity, outreach and the inclusion of adults with learning disability.	171,200	Focus on Choice	Meeting adult social care needs
Commission additional support to address assessment and review backlogs in adult social care	500,000	-	Meeting adult social care needs
Additional social work resources to support the Reablement service and thereby resolve safeguarding and chronic social issues, and support planning interventions following a period of Reablement	94,000		Meeting adult social care needs
Volunteer co-ordinator and front line response person for all appropriate adult requests from the police, with the service operating on a 24x7 basis.	35,000		Meeting adult social care needs
	2,241,100		
Other			
Transformation initiatives.	550,000	Focus on Choice	Meeting adult social care needs
Contingency linked to the rollout of the new adult social care operational model	TBD	Focus on Choice	Meeting adult social care needs
Contingency for home care providers	TBD	Focus on Choice	Meeting adult social care needs
Initiative relating to homeless people leaving hospital	TBD	Early Discharge Planning	Reducing pressures on the NHS
	550,000		

TOTAL	**4,850,000**		