


Individual Mayoral Decision	
17 March 2016	
Report of: Luke Addams, Acting Director of Adult Services	Classification: Unrestricted
The Better Care Fund in Tower Hamlets: Review of Progress to Date and Proposed Programme for 2016-17	

Lead Member	Councillor Amy Whitelock Gibbs, Cabinet Member for Health & Adult Services
Originating Officer(s)	Steve Tennison Senior Strategy, Policy and Performance Officer – Integration Lead
Wards affected	All wards
Key Decision?	No
Community Plan Theme	A healthy and supportive community

Executive Summary

This report outlines progress with the Better Care Fund (BCF) programme in 2015-16 and seeks the agreement of the Mayor to the proposed Better Care Fund programme for 2016-17. It covers a more detailed report presented to, and endorsed by, the Integrated Care Board on 18 February 2016 and the Health and Wellbeing Board on 15 March 2016. It also covers a provisional legal agreement under section 75 of the NHS Act 2006 (Appendix 2).

Recommendations:

The Mayor is recommended to:

1. note progress with the Better Care Fund (BCF) programme in 2015-16, as set out in the report to the Integrated Care Board attached as Appendix 1.
2. note that the final form of the BCF programme is subject to ratification by NHS England, and that this is not expected to occur until mid-May 2016.
3. note that much of the proposed programme for 2016-17 is a continuation of the 2015-16 programme.
4. agree the proposed BCF programme for 2016-17, as summarised in paragraph 3.11 and approve the proposed agreement under section 75 of the NHS Act 2006 (Appendix 2), subject to any final amendments required following the NHS assurance process.
5. agree that, pending the agreement of the BCF programme and plan by NHS England, council-led schemes should be guaranteed funding until the end of June 2016, unless determined otherwise by the Director of Adult Services in consultation with the Mayor, as the Chair of the Health and Wellbeing Board.
6. agree that any final amendments to the s75 agreement should be delegated to

the acting Corporate Director of Adult Services, following consultation with the Mayor and Corporate Director of Law, Probity and Governance, to execute any necessary documents to give effect to this decision.

7. note that day-to-day governance of the BCF programme in 2016-17 will be delegated to the CCG's Complex Adults Programme Board, on which the council will be represented.
8. note that a comprehensive review of the BCF programme will take place in 2016-17, as part of wider reviews of joint working between the council and the CCG.

1. REASONS FOR THE DECISIONS

- 1.1 There is a need to review and update the Better Care Fund programme and associated section 75 agreement that was adopted in 2015-16. There is also a need to report on progress with the programme during 2015-16.
- 1.2 The government's BCF policy framework makes BCF available to Health and Well-Being Boards to be spent in accordance with the local Better Care Fund plan. However, as the HWBB is not legally able to commit resources, its decisions need to be ratified by the council and the CCG. The recommendations in the present report reflect this situation.

2. ALTERNATIVE OPTIONS

- 2.1 The 2015-16 schemes were scrutinised when developing the present proposed programme. As many are new initiatives that only commenced in 2015, while others are ongoing activity experiencing a high level of demand, there is a large amount of continuity in the programme proposed for 2016-17.
- 2.2 To ensure the future effectiveness and value for money of the programme it is proposed that a comprehensive review of BCF should take place in 2016-17. This will dovetail with other service reviews and the joint review of commissioning by the council and the CCG.

3. DETAILS OF REPORT

- 3.1 The aim of the Better Care Fund (BCF) is to deliver better outcomes and secure greater efficiency in health and social care services through better integration of provision. The BCF programme needs to be agreed jointly by the council and Tower Hamlets CCG. The jointly agreed programme is then incorporated in a formal agreement under Section 75 of the NHS Act 2006
- 3.2 The BCF programme was overseen in 2015-16, on behalf of the Health and Well-being Board, by the Integrated Care Board (ICB), which is comprised of representatives from the CCG, the council and health provider organisations. The ICB endorsed the proposed programme for 2016-17 at its meeting on 18 February 2016.
- 3.3 The report to the ICB and a draft of the s75 agreement were also submitted to the Health and Wellbeing Board meeting on 15 March 2016.
- 3.4 On 23 February 2016, NHS England and the Local Government Association issued Technical Guidance on the Better Care Fund in 2016-17. In developing BCF plans for 2016-17, local partners are required to develop, and agree, through their relevant Health and Wellbeing Board (HWB):
 - a short, jointly agreed narrative plan, including details of how they are addressing the national conditions for the Better Care Fund;
 - confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;

- a scheme level spending plan demonstrating how the fund will be spent;
- quarterly plan figures for the BCF national metrics.

3.5 The timetable associated with the Technical Guidance is as follows:

- **2 March:** Local areas to submit a BCF Planning Return template to NHS England detailing the technical elements of the Plan (This is a first 'checkpoint' to submit key information in draft format and an opportunity to flag any concerns or issues.).
- **21 March:** First submission of full narrative plans for Better Care, alongside a second submission of the BCF Planning Return template.
- **25 April:** Final submission, once formally signed off by the Health and Wellbeing Board.
- **13 May:** Local area confirmation of BCF plan by NHS England
- **30 June:** Deadline for signed Section 75 agreements to be in place in every area

3.6 The Technical Guidance was not available at the time the report to the Integrated Care Board was produced, and there is a need to take into account its implications more fully. It is not anticipated that the Technical Guidance will necessitate substantial changes to be made to the BCF programme proposed to the Integrated Care Board. However, there is always the potential for NHS England to require changes to the borough's proposals. On the other hand, there is a pressing need for continuation funding to be agreed for schemes being rolled forward into the new financial year from 2015-16.

3.7 In the light of the Health and Well-Being Board discussion, the Mayor and the CCG are now being asked formally to sign off the BCF programme for 2016-17 and the associated section 75 agreement (draft enclosed as Appendix 2). That is to say, it is proposed to continue to deliver the ongoing schemes within the proposed programme from 1 April 2016 and to make any necessary amendments subsequently, in the light of feedback from NHS England.

3.8 To minimise any disruption from the late NHS England timetable, it is proposed that any final amendments to the programme should be delegated to the relevant Chief Officers within the council - i.e. the Director of Adult Services - and the CCG, subject to consultation with the Mayor and Chair of the Health and Wellbeing Board.

3.9 When considering the proposed programme, the Mayor is asked to refer to Section 3 of the report to the 18 February meeting of the Integrated Care Board for a review of progress of approved schemes in 2015-16. Section 4 of the report to the ICB proposes a change to the governance arrangements for the BCF, whereby a Complex Adults Programme Board will replace the Integrated Care Board as the body with responsibility for oversight of the programme. Consideration will be given during 2016 to increasing the role of members in overseeing the programme and internal reporting arrangements.

3.10 The overall component structure of the BCF in 2016-17 is similar to that in 2015-16. There is one significant change, however. Prior to the 2016-17 BCF

funding announcement, there were two capital grants included in the BCF: Social Care Capital Grant and the Disabled Facilities Grant. These have now been integrated into one grant, the Disabled Facilities Grant. The full implications of this change need to be reviewed by the council, in particular whether there are types of scheme, previously funded by SCCG, which may require funding in 2016-17. The grant itself needs to be used in line with the criteria of the Better Care Fund, but the Department of Health is also encouraging local areas 'to think strategically about the use of home aids/adaptations, use of technologies to support people in their own homes and take a joined-up approach to improving outcomes across health, social care and housing.' In the present report and the draft Section 75 agreement, the full £1,572,542 is shown being used for housing grant purposes, but this needs to be confirmed.

- 3.11 There is one further proposed amendment to the overall programme set out in the paper to the Integrated Care Board, which arises from the technical guidance published on 23rd February. This allows for the performance pool from 2015-16 to be used as a local risk share. Given that the local incentive scheme within the BCF fulfils this function, there is no additional requirement for further CCG funds for community services to be included in the pooled budget. Consequently, the overall programme has been reduced by £1,100,800 leaving an overall programme of £21,462,617. The revised proposed programme is as set out in the table below:

	Scheme	15/16 BCF	Changes for 2016/17	16/17 Allocation
Integrated Teams	Integrated Community Health Team	£7,336,499	Possible changes following mobilisation of CHS contract but not for 1617	£7,336,499
	Primary Care Integrated Care Incentive Scheme	£1,020,746	No material changes, additional CCG contribution to reflect full budget for the NIS	£1,200,000
	Reablement and Rehabilitation Joint Working Pilot	£2,350,000	Potentially based on reablement review. Assume steady state	£2,413,871
	Integrated Health and Social Care CHC	£866,000	Increase due to NI changes	£895,500
	7 day working at the social work team RLH	£1,200,000	Increase due to NI changes	£1,230,800

Mental Health	RAID	£2,106,420	Not in 1617. Evaluation expected soon, maybe changes in 1718	£2,106,420
	Recovery College	£110,000		£110,000
Independence	Independent Living	£646,000	Reduction in line with underspend projection	£649,000
Other	Contribution to PMO	£50,000	No longer required due to TST programme	£0
	Peer researcher	£25,000	No longer required	£0
	Community Geriatrician	£150,000	Incorporated into Integrated Community Health Team	£0
Mandated	DFG and Capital	£1,629,000		£1,572,542
	Care Act	£733,000		£733,000
	Carers	£697,000		£697,000
	Performance Pool	£1,091,313	Preserve for local incentive scheme of £1m	£1,000,000
New schemes	Autism Service	£330,000	Following LBTH request in December 2015 and new guidance	£330,000
	BME Dementia	£55,000		£55,000
	Dementia Café	£25,000		£25,000
	Social Worker Input into the Memory Clinic	£50,000		£50,000
	LBTH Enablers	£176,000		£208,000
	Community Equipment Service	£0	7 Day CES Team	£154,985
Total		£20,596,978		£20,767,617

NON RECURRENT	Strategic Development	£852,000	Refreshed following CCG BC process: Personalisation Falls Prevention Mental Health in Primary Care Community Geriatrician	£695,000
Grand Total		£21,448,978		£21,462,617

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The Better Care Fund (BCF) is a combination of central government funding streams that used to flow to the Council and the NHS. The aim of the BCF is to facilitate an integrated approach to service procurement and delivery as well as ensure the social care budget is protected in terms of vital services to the community. The 2016-17 BCF guidance has placed a stronger emphasis on the protection of social care services which is being reflected in the proposed 2016-17 BCF allocation. The majority of the project funding is proposed to be spent on the services that interface with health and particularly on joint assessment and review teams
- 4.2 During 2015-16 the integration agenda has been pursued more on joint assessment and reviews. The rest of the funding was spent on covering the costs of social care services interfacing and impacting health services. The Council and the CCG are currently undertaking a joint commissioning review to assess the areas and level of integration, including the budgetary implications.
- 4.3 There is a need to address the partners' BCF risk sharing arrangements in detail and review it regularly. The current 2016-17 proposed allocation tries to address any potential shift in demand but going forward the risk share should be reviewed regularly and reflected in the allocation. Failure to review the risk regularly may lead to extra base budget pressures for the Council

5. LEGAL COMMENTS

Better Care Fund

- 5.1 The Care Act 2014 places a duty on the Council to exercise its functions by ensuring the integration of care and support provision with health provision, promote the well-being of adults in its area with needs for care and support and contribute to the prevention or delay of the development by adults in its area of needs for care and support. The 2014 Act also amended the National Health Service Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the NHS Mandate to include specific requirements relating to the establishment and use of an integration fund.
- 5.2 The Government provides funding to local authorities under the Better Care Fund to integrate local services. The funding is through a pooled budget which is made available upon the Council entering into an agreement with a relevant NHS body under section 75 of the NHS Act 2006. Such agreements may be entered into where arrangements are proposed which are likely to lead to improvement in the way that prescribed NHS functions and prescribed health-related functions of the Council are exercised.
- 5.3 In order to receive the Better Care funding, the Government requires the Council to set out its plans for the application of those monies. The Government published a policy framework for the 2016/17 Better Care Fund

programme in January 2016 which indicated that plans should be agreed by the Council's Health and Wellbeing Board ("**HWB**"), then signed off by the Council and CCG. This is consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies and the joint strategic needs assessment. The 2016/17 policy framework sets out the requirements for the plan to demonstrate how the area will meet certain national conditions, for example the delivery of 7-day services.

Contracting

- 5.4 Pursuant to section 75 of the National Health Service Act 2006, the NHS Bodies and Local Authorities Partnerships Arrangements Regulations 2000, the s75 Agreement provides for the establishment of funds made up of contributions from the Council and NHS CCG out of which payments may be made towards expenditure incurred in the exercise of their functions; for the exercise by NHS CCG of the Council's functions and for the exercise by the Council of the NHS CCG's functions in writing. In addition, the s75 Agreement covers specific objectives in relation (including but not limited) to:
- 5.4.1 agreed aims and outcomes of the partnership including the Council and NHS CCG's respective legal and regulatory responsibilities, and the client groups for whom the services will be delivered under the arrangement
 - 5.4.2 agreed aims and outcomes of the partnership including the Council and NHS CCG's respective legal and regulatory responsibilities, and the client groups for whom the services will be delivered under the arrangement
 - 5.4.3 operational arrangements for managing the partnership including performance and governance structures encompassing the resolution of disputes, conditions for renewal and termination of the partnership, provision and mechanisms for annual review, the treatment of VAT, legal issues, complaints and risk sharing
 - 5.4.4 the respective financial contributions and other resources provided in support of the partnership including arrangements for financial monitoring, reporting and management of pooled, delegated and aligned budgets
 - 5.4.5 linking in with existing governance arrangements including the role and function of the Integrated Care Board
 - 5.4.6 achieving best value from Service Providers and principles in connection with the management of staff; and
 - 5.4.7 flexibilities for the Council and NHS CCG in being permitted to add relevant service provisions and deciding future budgets for existing services within the remit of the s75 Agreement.

- 5.5 The s75 Agreement must be consistent with the 2016/17 Better Care Fund Plan approved by HWB and entering into it formalises the arrangements agreed by the Council and NHS CCG in accordance with the statutory, regulatory and guidance frameworks.

Wellbeing Principle and Equalities Duties

- 5.6 The Care Act 2014 places a general duty on the Council to promote an individual's wellbeing when exercising a function under that Act. Wellbeing is defined as including physical and mental health and emotional wellbeing and in exercising a function under the Act, the Council must have regard to the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist. The wellbeing principle should therefore inform the delivery of universal services which are provided to all people in the local population, including services provided through the Better Care Fund.
- 5.7 The Equality Act 2010 requires the council in the exercise of its functions to have due regard to the need to avoid discrimination and other unlawful conduct under the Act, the need to promote equality of opportunity and the need to foster good relations between people who share a protected characteristic (including age, disability, maternity and pregnancy) and those who do not.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The 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; the adaptation of the domestic accommodation of people with disabilities to enable them to live at home, and the training of staff in the use of assistive technology.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The 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 and that the allocation of resources supports efficiency improvements, as well as better outcomes for service users. It also seeks to reduce the historic problem of financial savings in one sector being achieved at the expense of additional costs in the other, through better joint planning and shared priorities

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

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

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 As in 2015-16, the section 75 agreement will specify pooled funds within the BCF, commissioning arrangements and the arrangements for risk share, including how overspends and underspends will be dealt with for each pooled fund.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 The Better Care Fund has no direct implications for crime and disorder reduction

11. SAFEGUARDING IMPLICATIONS

- 11.1 The Better Care Fund is particularly concerned with the improvement of services to vulnerable adults. BCF funded services are delivered in accordance with the council's safeguarding policies and procedures, which are fully compliant with the Care Act.

Linked Reports, Appendices and Background Documents

Linked Report

- Report to Integrated Care Board, 18 February 2016 - The Better Care Fund in Tower Hamlets: Review of Progress to Date and Summary of Changes for 2016-17 (see Appendix to present report)

Appendices

- Report to Integrated Care Board, 18 February 2016 - The Better Care Fund in Tower Hamlets: Review of Progress to Date and Summary of Changes for 2016-17
- Draft section 75 agreement between London Borough of Tower Hamlets and NHS Tower Hamlets Clinical Commissioning Group

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- None

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