


Health and Wellbeing Board Tuesday 18 October 2016	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Better Care Fund Quarter 1 Monitoring Return, 2016-17	

Lead Officer	Denise Radley, Director of Adults' Services, LBTH Simon Hall, Acting Chief Officer, Tower Hamlets CCG
Contact Officer	Steve Tennison, Senior Strategy, Policy and Performance Officer – Integration Lead, Tower Hamlets Council
Executive Key Decision?	No

Summary

This report covers for the information of the Health and Well-Being Board the Quarter 1 monitoring return submitted to NHS England for Tower Hamlets' Better Care Fund (BCF) programme.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note progress with the Better Care Fund (BCF) programme in 2016-17, as set out in Quarter 1 monitoring return submitted to NHS England.
2. Approve delegation of the sign-off of the quarterly monitoring returns to the LBTH Director of Adults' Services and the Acting Chief Officer of the CCG on behalf of the Health & Wellbeing Board (with each return reported to the next meeting of the Board).

1. REASONS FOR THE DECISIONS

1.1 The Government's Better Care Fund (BCF) policy framework makes BCF resources available to local health and social care systems, to be spent in accordance with the local BCF plan. HWBBs are formally responsible for the oversight of BCF programmes. In Tower Hamlets, the lead role for overseeing the programme is now being taken by the new Joint Commissioning Executive on behalf of the HWBB. This includes overseeing quarterly returns made to NHS England. As part of revised governance arrangements for 2016-17, the quarterly returns are being submitted to the Health and Well-Being Board in accordance with national guidance.

2. BACKGROUND

- 2.1 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 is agreed jointly by the council and Tower Hamlets CCG. A pooled fund for the jointly agreed programme is incorporated in a formal agreement under Section 75 of the NHS Act 2006.
- 2.2 Greater integration is seen as a way of using resources more efficiently - in particular, by reducing avoidable hospital admissions and facilitating early discharge. The local vision for health and social care services is concerned with implementing the NHS Five Year Forward View and moving towards integrated health and social care services by 2020.
- 2.3 The return provides performance information against six metrics: (i) reablement; (ii) admissions to residential care; (iii) a national indicator concerned with non-elective admissions; (iv) a local indicator concerned with non-elective admissions to hospital; (v) a local indicator concerned with patient experience, and (vi) delayed transfers of care.
- 2.4 Tower Hamlets' 2016-17 BCF programme is summarised below.

	<u>Scheme Description</u>	<u>Lead Provider</u>	<u>BCF Allocation (£)</u>
Integrated Community Health Team	The focus of the service is primarily related to preventing the highest risk groups from requiring health interventions, particularly acute and secondary health services, and providing personalised, co-ordinated care in the community. The service offers a comprehensive range of specialities within one multi-disciplinary team, including nursing, therapies, social care, mental health and case management.	CCG	7,336,499
Primary Care Integrated Care Incentive Scheme	The introduction of the Integrated Care Network Improvement Scheme (NIS) aims to incentivise an integrated care approach for patients in the top risk levels in Tower Hamlets. The ICNIS contributes towards the delivery of the Integrated Care Strategy as a whole.	CCG	1,200,000
RAID	Rapid Assessment Interface and Discharge (RAID) is a service open to all patients with mental health and drug and alcohol problems over the age of 16 presenting at Health sites in Tower Hamlets. The model emphasises rapid response, with a target time of one hour within	CCG	2,106,420

	which to assess referred patients who present to A&E and 24 hours for seeing referred patients on inpatient wards.		
Reablement Team	Reablement services aim to help people with illness or disability cope better by learning or re-learning skills necessary for daily living. These skills may have been lost through deterioration in health and/or increased support needs.	Council	2,413,871
7 Day Hospital Social Work Team	The scheme operates 7 days per week (from 9am to 8pm, Monday to Friday, and 10am to 8pm on Saturdays and Sundays). The scheme provides timely multidisciplinary assessments, which avoid unnecessary admissions to acute wards, and manages/facilitates speedier discharges in a seamless fashion.	Council	1,230,800
Assistive Technology team	The Assistive Technology (AT) Team provides training and support to social care and health professionals, as well as piloting and implementing new initiatives and projects.	Council	287,000
Community Health Team (Social Care)	The scheme seeks to improve the experience and outcomes for those with long term conditions, at the highest risk of hospital admission or readmission. The service works with those who are in the Integrated Care Pathway (ICP) target cohort; their families and Carers.	Council	895,500
Adult Autism Diagnostic Intervention Service	The service provides a high quality diagnostic and intervention service for high functioning adults (aged 18 years and over) with suspected Autism Spectrum Disorder (ASD) in Tower Hamlets. It also sub contracts a local Third Sector provider (JET) to provide a range of support options for people diagnosed with Autism Spectrum Disorder, and facilitate appropriate referral and signposting to other services where needed.	Council	330,000
7 Day Community Equipment Provision team	Community Equipment Service will provide services over a 7 day week. Staff will be available to receive requisitions for simple aids to living and complex pieces of equipment, via dedicated secure electronic faxes, telephone calls and secure emailing.	Council	154,985
Dementia café	The Alzheimer's Society provides a fortnightly, inclusive Dementia Café, run in English, for people with dementia and their carers in Tower Hamlets, including people from the black and ethnic communities and, a fortnightly Bangladeshi (Sylheti language) Dementia Café, for Bangladeshi carers and people with dementia.	Council	55,000
Community outreach service	The BME Inclusion service provides community-specific input to BME communities in order to support people to understand dementia, break down stigma and access services. Working with GP practices with high patient numbers from Bangladeshi and other BAME communities where there is a lower than expected dementia diagnosis rate.	Council	25,000
Social Worker Input into the Memory	The Diagnostic Memory Clinic is proposing a new pathway for 16/17 that puts more focus on the screening of referrals and early triage of service users, and a social work perspective on this is key to its success.	Council	50,000

Clinic			
Assistive Technology additional demand	Scheme enables vulnerable people who require support to remain living independently in their own homes, by providing specialist/assistive technology and utilising Telecare and Telehealth solutions.	Council	362,000
Carers	The strategic objective of the scheme is to help carers to care effectively and safely – both for themselves and the person they are supporting. It will focus on care packages, Carers’ Hub and ensuring the necessary infrastructures are in place for information, advocacy and guidance.	Council	1,430,000
Local incentive scheme	The incentive scheme is intended to encourage and reward joint working that achieves the aims of the Tower Hamlets Integrated Provider Partnership.	CCG	1,000,000
Enablers	BCF programme management and coordination in the Council	Council	208,000
Falls prevention	The proposal is to implement an education programme which will provide skills and confidence to care home and domiciliary staff	CCG	68,000
Community Geriatrician Team	Funding is planned to increase the capacity of the existing community geriatrician team (part of the Integrated Community Health Team) to enable additional caseload and more effective Multi Disciplinary Team working.	CCG	115,000
Personalisation	The Personalisation Programme supports greater person-centred care, as part of Tower Hamlets’ agenda on delivering Integrated Care.	CCG	212,000
Mental Health Personal Commissioning	This initiative aims to increase the capacity of the Barts Health, Health Psychology Team, by employing 2 additional psychologists that will be based in primary care and focus on the management of patients with LTCs and depression and anxiety.	CCG	300,000
Mental Health Recovery College	The Recovery College model complements health and social care specialist assessment and treatment, by helping people with mental health problems and/or other long term conditions to understand their problems and to learn how to manage these better in pursuit of their aspirations.	Council	110,000
Disabled Facilities Grant	The council has a statutory duty to provide Disabled Facilities Grants (DFGs) to eligible disabled residents for the adaptation of their home environment to enable them to continue to live as independently and safely as possible. DFGs are mandatory for necessary aids, equipment’s and adaptations to provide better movement in and around the home and access to essential facilities.	Council	1,572,542

3. KEY FEATURES OF QUARTER 1 RETURN

3.1 The key issues within the Quarter 1 return are as follows:

- The borough is on track to meet the national targets for both the national and local non-elective admissions (NEA) indicators. (The national metric was not met in 2015-16.) The Quarter 1 data for the number of unplanned admissions to hospital indicates NEA levels at 5,189, against a plan of 5,411.
- For the local NEA indicator, month on month rate per 1,000 of the risk bands 1 and 2 (i.e. 'very high' and 'high' risk of admission), performance was broadly on track (55.7 against a planned target of 55.6), based on two months' average in the period.
- There has been improved performance on Delayed Transfers of Care (DTOC). However, performance remains well below the target level. The Quarter 1 data indicates a rate of 756.7 days delayed due to health, social care or both, against planned performance of 614. The CCG is working with Barts Health to develop an action plan to support the delivery of this target.
- Q1 data for 2016-17 indicates an increase in permanent admissions to residential care, compared to the same quarter in 2015-16. For the rolling year to the end of June, the rate (627.5 per 100,000 population aged 65+) is higher than the 2016-17 target rate of 534.8. However, the Q1 figures have not yet been validated.
- Data was not available for the reablement indicator, which measures the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, as there is a lag in the production of the data but there will be an update provided when the Q2 return is produced.
- There has been a delay in the production of a local patient experience questionnaire by the Picker Institute that has been developed through the AETNA Foundation pilot. This has now been resolved and the questionnaire is expected to be released imminently. The CCG will then begin to negotiate reporting and targets with the relevant providers.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 Better Care Fund (BCF) is a combination of central government funding streams that used to flow to local authorities and the NHS. The aim of the BCF is to facilitate an integrated approach to service procurement and delivery but as well 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 The 2016-17 BCF in total is £21.463m, of which £9.015m (42%) is assigned to the Council and includes £1.573m capital funding of the Disabilities Facilities Grants and £7.442m for the specific revenue projects listed above at 2.4. The Tower Hamlets CCG has the remaining BCF of £12.448m (58%).

4.3 Each partner is responsible for the VAT element incurred within their allocated amount in the role of the provider and, as the CCG cannot recover VAT, there is a potential loss of resources from the way that the partnership is structured. VAT incurred by the Council is fully recoverable.

- 4.4 In overall terms there is a small underspend being reported for Q1, although it is expected that the annual allocation will be fully utilised. To the extent that there is a variance against the BCF budgets this is managed separately through the S75 pooling arrangements. In 2015-16, all expenditure was contained within the full BCF allocation and all outcomes were met.]
- 4.5 There is a need to address the partners' BCF risk sharing in detail and review it regularly. The current 2016-17 proposed allocation tries to address any potential shift of demand but going forward the risk share should be reviewed regularly and reflected in the allocation.

5. **LEGAL COMMENTS**

Better Care Fund

- 5.1 The Care Act 2014 (**'the 2014 Act'**) 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 (**'the 2006 Act'**) to provide the legislative basis for the Better Care Fund (**'BCF'**). It allows for the NHS Mandate to include specific requirements relating to the establishment and use of an integration fund.
- 5.3 The Government provides funding to local authorities under the BCF 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 2006 Act. 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.
- 5.4 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 BCF 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 the NHS Tower Hamlets Clinical Commissioning Group (**'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

- 5.5 Pursuant to section 75 of the 2006 Act, the NHS Bodies and Local Authorities Partnerships Arrangements Regulations 2000, the section 75 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:
- 5.5.1 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
- 5.5.2 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
- 5.5.3 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
 - 5.5.4 linking in with existing governance arrangements including the role and function of the Integrated Care Board
 - 5.4.5 achieving best value from Service Providers and principles in connection with the management of staff; and
 - 5.4.6 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 section 75 Agreement.
- 5.6 The section 75 Agreement must be consistent with the 2016/17 BCF 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.

Monitoring

- 5.7 The Better Care Fund: Operating Guidance for 2016/17. The guidance specifically covers reporting and monitoring requirements for the fund and how progress against conditions of the fund will be managed. It is consistent with this Guidance that this quarter 1 monitoring information is signed off and sent to NHS England.

6. WELL-BEING PRINCIPLE AND EQUALITIES DUTIES

- 6.1 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.
- 6.2 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.

7. ONE TOWER HAMLETS CONSIDERATIONS

- 7.1 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.

8. BEST VALUE (BV) IMPLICATIONS

- 8.1 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.

9. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

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

10. RISK MANAGEMENT IMPLICATIONS

- 10.1 The Section 75 agreement specifies 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.

11. CRIME AND DISORDER REDUCTION IMPLICATIONS

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

12. CONCLUSION

- 12.1 The Health and Well-Being Board is asked to note progress towards the achievement of BCF outcomes, as set out in the attached monitoring return and summarised in the report.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- BCF Quarterly Reporting Template for Quarter 1, 2016-17

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

None

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