

HEALTH & WELLBEING BOARD

Subject Heading:

Better Care Fund 2017-19

Board Lead:

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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- Theme 3: Provide the right health and social care/advice in the right place at the right time
- Theme 4: Quality of services and user experience

SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with an update on the way in which the Better Care Fund (BCF) is being utilised during 2018/19 and how it is delivering against plan, and also to set out further details about the proposed plans for the next year.

The BCF was established by Government to provide funds to local areas to support the integration of health and social care. It aims to ensure a closer integration between health and social care, putting person centred care and wellbeing at the heart of the decision making process. The BCF is a vital part of both NHS planning and local government planning. 2015/16 was the first year of the BCF nationally.

The BCF policy requires the pooling of budgets and a section 75 agreement about how integration will be taken forward and the funding prioritised to support this. In Havering, the indicative minimum pooled fund totals £24.403m in 2018/19.

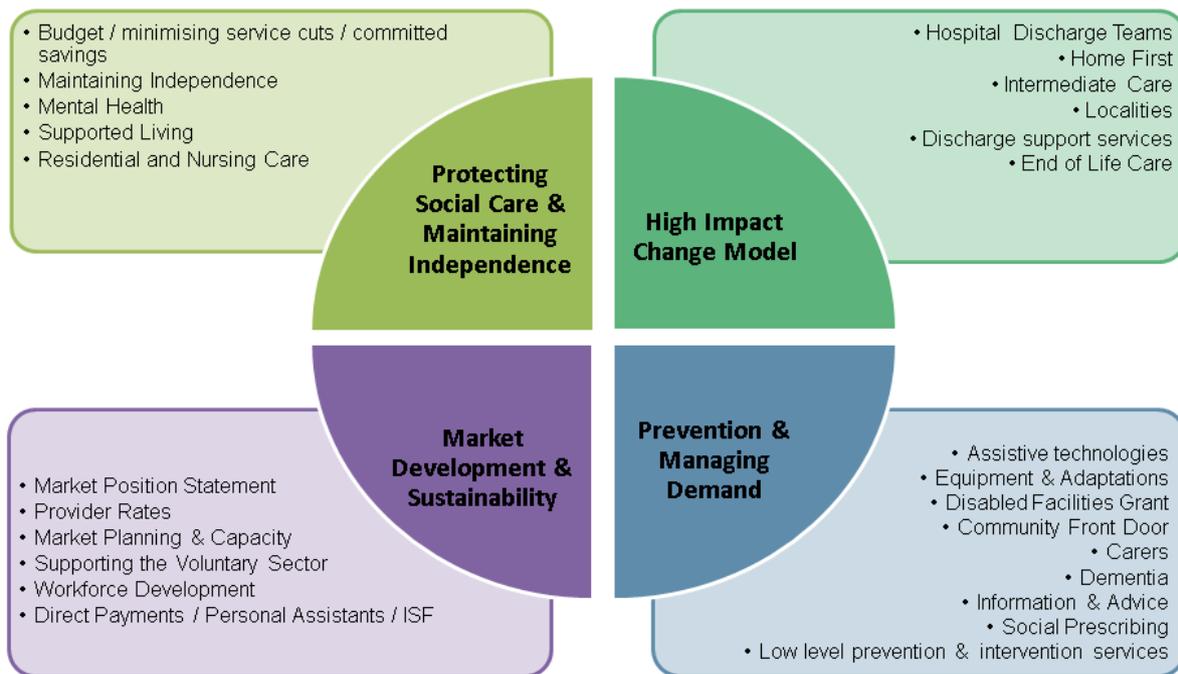
RECOMMENDATIONS

- That Health and Wellbeing Board Members note the contents of this update report.

REPORT DETAIL

1.0 2018/19 Plan refresh

Our joint Barking and Dagenham, Havering and Redbridge 2018/19 BCF plan set out schemes across four key areas:



The funding streams included in the budget are the minimum CCG contribution (as defined by NHS England), the Improved Better Care Fund (iBCF), the Disabled Facilities Grant (DFG) and for Havering the additional Local Authority contribution towards the reablement contract.

The 2018/19 plan was year two of the joint plan initiated from 2017/18. As such the schemes largely rolled forward with the exception being with regard to an increase to the reablement contract, funded by iBCF. This was an increase of £238,346.

1.1 Assurance Process

As part of the 2018/19 assurance process completion of a template was required to illustrate this change and give explanation in order for the second year of the plan to continue to be granted assurance status. The template was duly submitted in August 2018. Follow up questions were received regarding HWB Chair briefings and wider HWB discussion, the impact on the Havering High Impact Change Model (HICM), and regarding any link to Delayed Transfer of Care performance. These were responded to, to the satisfaction of the BCF Assurance Regional Team

2.0 Section 75

The Cabinet Member for Health and Adult Care Services, in consultation with the Leader of the Council and the Director for Adult Social Care, have been asked to enter into a Section 75 Agreement for the purposes of operating the shared Better Care Fund programme across Havering, Barking & Dagenham and Redbridge. This decision was agreed and logged in July 2018.

The partners have been working on the joint agreement since the summer. This has taken longer to complete than expected, largely due to the need for the respective legal teams to review the various iterations of the agreement and then for feedback to be relayed and discussed collaboratively. The section 75 is expected to be signed and sealed by all parties imminently.

3.0 Governance

Governance of the joint section 75 was discussed and a shadow Joint Executive Management Committee met during July 2018. At this meeting it was recognised that the membership was very much the same membership of that of the Joint Commissioning Board (JCB) and there was therefore, an opportunity to reduce the number of points of governance and strengthen the JCB role by using that forum to govern the BCF, with activity committed through Better Care Funds across BHR. For each area HWBs remain the principal and overarching point of governance for Better Care Fund arrangements.

Bringing BCF oversight together in one officer led governance Board, enhances our ability to identify and drive activity of benefit across BHR, with less focus upon BAU and more upon innovation and change.

This approach was taken to JCB on 30 July and agreed. It will be supported by a finance and performance sub-group which will meet as and when required, consisting of BCF lead officers in Barking and Dagenham, Havering and Redbridge. We will align Terms of Reference to ensure that BCF activity and requirements were reflected within the JCB Terms of Reference. Delivery groups will continue to exist but will be refined to ensure maximum effectiveness and efficiency.

JCB will receive update reports periodically (at least quarterly).

Appendix 1 illustrates the revised governance framework.

4.0 Progress against 2018/19 Plan

The commissioning partners have supported the steady evolution of the Better Care Funds across BHR which have included the increasing alignment of plans, recognition within our plan of the contributing components and spend in key areas and in this current year, the provision of a single S.75 agreement and new governance arrangements.

Our approach also draws upon the increasing development and reach of the Joint Commissioning Board which provides a further strategic steer across the BHR area. The JCB also offers opportunities to strengthen commissioning leverage within the system “strengthening improved Health and Wellbeing outcomes for the people of Barking and Dagenham, Havering and Redbridge ... [by supporting us to] ... deliver sustainable provision of high quality health and wellbeing services” and specifically to “ensure organisations work collaboratively...and maximise effective use of scarce / specific resources..” (BCF Joint plan 2017/18).

The challenge is one of recognising both the areas of commonality and opportunity, with those which need to continue to reflect local differences and delivery which we have sought to reflect in our current BCF plan. This plan in itself, describes a level of ambition through which not just closer and more integrated working might be achieved but also where the commissioning partners can take iterative steps as and when they determine to deepen collaboration and integration.

Both market development and improved management of demand are key in ensuring sustainability and in future planning, reflecting the focus provided with the IBCF (Adult Social Care Grant) and in seeking to improve the management of demand for services across our social care and health system and in maintaining performance both for the system as a whole and for individual organisations.

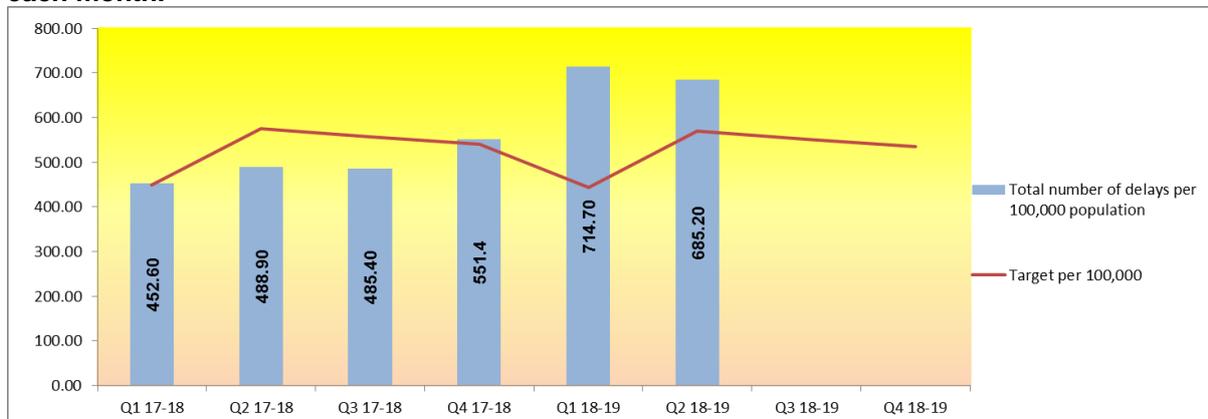
Practically, we are also often commissioning within the same market or with service providers who are themselves either working across Borough boundaries or seeking improved consistency of commissioning terms and expectations.

Proposed further steps are being developed under our joint framework, are under consideration by the JCB in terms of the specifics of our joint work plan.

4.1 Delayed transfers of care

One key issue for Havering in 2018/19 has been challenges in maintaining the same or better delayed transfers of care performance of previous years. NHS England prescribed challenging targets for the BHR system and are proving an operational challenge for Havering, with a 14 % reduction in delayed days expected over the 2018/19 counting year. There is a six week time lag in getting hospital delay submission data made available to local authorities, so the latest information available is to the end of October 2018. November data is due to be published on 10th January 2019. The table below sets out latest performance information for the BCF delayed transfer of care indicator.

Table 1 – Delayed transfers of care per 100,000 population – total number of days delayed for each month.



The primary cause of delayed transfers of care are with the NHS and are in the acute sector. Examples of the kinds of delays that are being experienced include, waiting for therapy assessments, waiting for transfer to specialist rehabilitation beds (such as to a brain injury unit or neuro rehabilitation bed), and some significant family choice delays where families take longer than expected to e.g. decide on the care home they are happy for their relative to move to. Reporting to the A&E Delivery Board, the ‘Outflow – Discharge Improvement Working Group’ continues to work on improving flow through the hospital, including resolving key blockages to safe and timely discharge.

Social care delays also spiked in quarter 2, but there is ongoing follow-up with some out of borough hospitals as they have reported delays against Havering for patients that social care was unaware were event in hospital. There were some delays between July and October 2018, where the specialist support required could not be sourced quickly. Because the targets are low, it only takes one or two patients per month to be delayed beyond a few days to push performance off target.

HWB is asked to note that failure to meet the national targets for delayed transfers of care (both NHS and social care) still carries a risk in respect of the Social Care Grant monies.

5.0 DFG

The Disabled Facilities Grant is passported through the BCF to the ‘relevant housing authority’. For Havering the value of the DFG in 2018/19 is £1.680m. Since 2008-09, the scope of how DFG funding can be used was widened, enabling authorities to use specific DFG funding for wider purposes. This discretionary use of the funding can help improve delivery and reduce the bureaucracy involved in the DFG application process, helping to speed up the process. For example, LAs could use an alternative means test, increase the maximum grant amount, or offer a service which rapidly deals with inaccessible housing and the need for quick discharge of people from hospital. For Havering, a key deliverable for 2018/19 is a new ‘Private Housing Health Assistance Policy’, which is anticipated to be ready for Executive Decision by no later than the end of March 2019.

The focus of the Private Housing Health Assistance Policy is one of prevention to enable independent living, by supporting those whose independence may be at risk, to access housing (including their current home) which meets their needs. The Policy is steered by objectives within the Barking, Havering and Redbridge Better Care Fund Plan 2017-19, the Care Act 2014 and the Housing Grants, Construction & Regeneration Act 1996

This policy sets out how the Council will (for dwellings within the Borough of Havering) exercise:

- (i) the Council's statutory duty for the provision of mandatory Disabled Facilities Grants under the provisions of the Housing Grants, Construction & Regeneration Act 1996;
- (ii) the Council's discretion to provide flexible assistance to help improve living conditions and enable people to continue to live independently, or to enable a family to continue to care for a loved one and avoid them having to move from their family home into 24hr care, as determined by the Council in adopting Article 3 of the Regulatory Reform Order (Housing Assistance) (England & Wales) Order 2002.

The aims of the Private Housing Assistance Policy are:

- (i) to provide advice, information and support on repair, maintenance, and adaptations of properties across the Borough;
- (ii) to offer a health based framework of assistance to vulnerable groups & households, including those with long term health conditions;
- (iii) whilst it is recognised that it is the home owner's responsibility to maintain their own properties the Council will target limited resources to adults and children that are most vulnerable or have a health condition and are not able to maintain or adapt their own properties which could impact on their independent living, and support to families to provide safe and affective care to enable someone to remain at home.
- (iv) private landlords will not be eligible for any grants under this policy. Landlords have a duty to maintain their properties free from hazards and the Council will exercise it's enforcement powers as appropriate to ensure that safe and healthy standards are attained in the private rented sector. In certain circumstances the tenant maybe eligible to apply for a grant under this policy, this will be considered only on a case by case basis;
- (v) to contribute to the Better Care Fund, principally to reduce delayed transfers of care, minimise avoidable hospital admission, and facilitate early or timely discharge from hospital by tackling housing related matters;
- (vi) to facilitate an increase in the number of vulnerable households able to heat their homes at reasonable cost;
- (vii) to assist disabled people with adaptations to facilitate their movement in and around their home thereby improving their quality of life;
- (viii) in offering assistance the Council will promote relevant services offered by other organisations;

- (ix) to treat individuals fairly as required by the Equality Act 2010 and ensure that an individual’s rights under data protection and human rights legislation are protected.

6.0 BCF Funding

For Havering, contributions to the fund for 2018/19 total £24,402,641 (of which £23,462,641 is the required minimum fund size), broken down as follows:

| Funding Source | Amount £m |
|--|----------------------|
| CCG revenue allocations: | 16.961 |
| Disabled Facilities Grant: | 1.680 |
| Improved Better Care Fund | 1.978 |
| Additional government grant to support social care | 2.844 |
| Total minimum contribution | 23.463 |
| LA additional contribution | 0.940 |
| Total Pooled Fund | 24.403 |

Partners in Barking and Dagenham and Redbridge are contributing in total £24.237m and £26.293m for each borough respectively.

At the outset of the agreement, all three boroughs retain their pooled funds for their borough-aligned priorities. However, the agreement includes a fourth pool, where clear decisions are taken by boroughs to jointly fund a project or service, the decision can be made to identify resources from borough funds for the purpose. This provides a vehicle for ‘cementing’ decisions on stronger integration.

To use the joint pool will require an explicit decision of the JCB, and will need to be aligned to the priorities in the plan. Individual partners will be able to withdraw from agreements made, but it should be acknowledged that to do so will require a specific decision in the JCB, and funds would still remain as part of the Better Care Fund Section 75 overall, as agreed as part of the overall plan with NHS England. Any such decisions, in either direction, will be reported to the Health & Wellbeing Board through routine monitoring of the BCF Plan and delivery.

IMPLICATIONS AND RISKS

Financial implications and risks:

No direct implications arising from this report which is for information purposes only.

Any significant decisions arising from the JCB and the fourth pooled fund will be subject to normal governance processes within the relevant organisation.

Legal implications and risks:

No direct implications arising from this report which is for information purposes only.

Human Resources implications and risks:

No direct implications arising from this report which is for information purposes only.

Equalities implications and risks:

No direct implications arising from this report which is for information purposes only.

Each individual decision will be subject to an EIA.

BACKGROUND PAPERS

Integration and Better Care Fund planning requirements for 2017-19

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

2017-19 Integration and Better Care Fund Policy Framework

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

Minimum allocations for the BCF from CCGs for 2017-19

<https://www.england.nhs.uk/wp-content/uploads/2017/07/better-care-fund-ccg-min-allocations.xlsx>