

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	27 June 2019
Title:	Integration and Better Care Fund and Improved Better Care Fund Update
Report From:	Director of Adults' Health and Care

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Purpose of this Report

1. The purpose of this report is to provide an update to the Health and Wellbeing Board on the Integration and Better Care Fund (IBCF) and Improved Better Care Fund (iBCF).

Recommendations

The Health and Wellbeing Board is asked to:

2. Note the current position with regard to the Integration and Better Care Fund (IBCF) and Improved Better Care Fund (iBCF) policy.
3. Note the approach to the application of the IBCF.
4. Note that a Deed of Variation to the current Section 75 agreement will be executed so that Hampshire meets expected National Conditions for a jointly agreed plan.
5. Delegate authority to the Chair of the Health and Wellbeing Board to take any decisions that are required in relation to IBCF/iBCF approvals before the next Board meeting on 10 October 2019.

Executive Summary

6. This report seeks to:
 - set out the background to the IBCF and iBCF arrangements;
 - consider the financial framework within the pooled budget;

- highlight the impact the IBCF and iBCF has made on the performance of the system;
- highlight key issues; and
- briefly consider the future direction of the IBCF and iBCF.

Contextual information

7. As previously reported to the Health and Wellbeing Board, national policy for integration of health and social care delivery remains a priority supported financially through the pooled Integration and Better Care Fund (IBCF) (2015) and Improved Better Care Fund (iBCF) announced in the Spring Budget in 2017. The announcement in 2017 of this additional £2 billion for adult social care over three years came with a number of conditions and targeted the financial implications of social care pressures¹ in the following areas:
 - Meet adult social care needs
 - Reduce pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
 - Ensure that the local care provider market is supported
8. The Department of Health and Social Care (DHSC) developed a set of metrics – including, but broader than, Delayed Transfers of Care – to assess patient flow across the NHS and social care interface. These metrics were considered in the 2018 Care Quality Commission (CQC) Local System Review, in which Hampshire was one of 20 selected areas. The review insight has been used by system leaders to develop and implement a tailored improvement plan.
9. In addition, Hampshire partners² received support provided by Newton Europe in 2018, funded and commissioned jointly by the IBCF national team, the Local Government Association, NHS England and NHS Improvement. Newton Europe used their considerable experience and expertise to gather local insight and evidence into the root causes of delayed transfers of care underperformance. The outcome and evidence applied in a system plan was underpinned by a set of agreed principles. The subsequent work programme has been tackling key areas identified as vital components of effective discharge and flow. The programme has been sponsored and led on behalf of the whole system. A discernible improvement in performance has been reported although there are still opportunities for further improvement.

¹ <https://www.gov.uk/government/publications/the-allocations-of-the-additional-funding-for-adult-social-care>

² Initially covering the populations relating to North Hampshire and West Hampshire CCGs, University Hospital NHS Foundation Trust and Hampshire Hospitals NHS Foundation Trust

10. The publication of the NHS Long Term Plan 2019 has maintained the expectation that the IBCF will continue to support elements of the integration agenda³. The NHS Long Term Plan sets out new investment and national commitments on integrated care. Within the next five years, all parts of the country:
- “Will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guideline NG74, where clinically judged to be appropriate”
 - “Should be delivering reablement care within two days of referral to those patients who are judged to need it”
 - “Primary care networks will from 2020/21 assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed”
 - “Will upgrade NHS support to all care home residents who would benefit by 2023/24, with the Enhanced Health in Care Homes model rolled out across the whole country”
 - Will support easier, secure, sharing of information between care homes and NHS staff. Care home staff will have access to NHSmail, enabling them to communicate effectively and securely with NHS teams involved in the care of their patients”
 - “Care home residents will get regular clinical pharmacist-led medicine reviews where needed”
11. This approach is expected to deliver new models of integrated care that bring together parts of the health and care system in new ways to deliver improved outcomes for people e.g. intermediate care.
12. Over the coming months the Hampshire and Isle of Wight Strategic Delivery Plan is being refreshed to incorporate the 508 commitments set out in the NHS Long Term Plan 2019.
13. For the meantime a working group has considered the implications for the 2019/20 combined IBCF and iBCF plan pending the outcome of the national IBCF review that will shape the future year’s integration approach.

Update on progress for agreeing an investment plan

14. All five Clinical Commissioning Groups (CCGs) and Hampshire County Council (the County Council) have considered plans for the core IBCF and iBCF 2019/20. As well as matching policy guidance for the core IBCF to

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803114/accountability-framework-to-nhse-and-nhsi-2019-to-2020.pdf

include 1.7% inflation, officers have noted how the IBCF is being used to enable wider system plans. The entire pooled budget resource is committed to contracted services, comprising services included in the out of hospital care model, illustrated in Figure 1 below.

15. This approach will position the IBCF as a key enabler for:

- Intermediate Care and Hampshire Equipment Service
- NHS Continuing Healthcare Discharge to Assess pathway
- Social prescribing approach
- Supporting emergent primary care networks and non-CHC spot purchasing

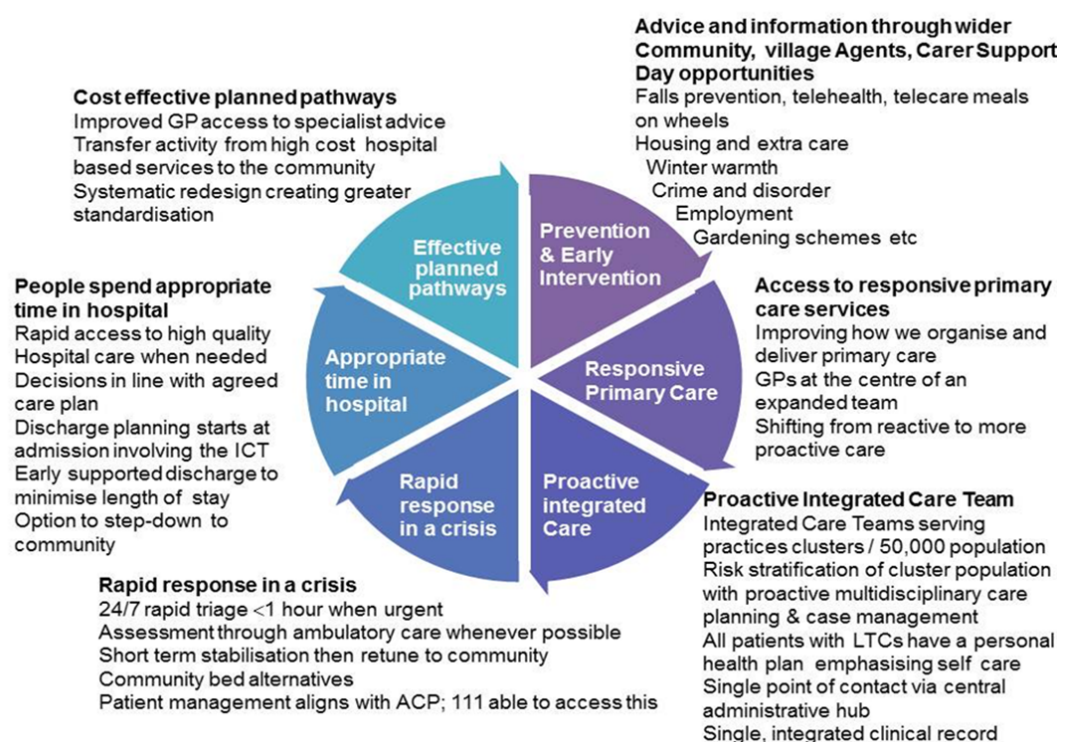


Figure 1: Out of hospital care model

16. In this context the wider system is also forming a proposal for a more unified integrated commissioning approach for services that support people with learning disabilities, people with mental health needs, supporting future dementia advisory and carer support, alignment of older persons mental health commissioning through a delirium pathway and enhancing the wellbeing centres.

17. For the iBCF, the County Council circulated a briefing note in April 2017 that confirmed the spending plan for the additional short-term investment spread across the three designated areas. Subsequent decisions have been based

on the principles adopted in 2017. All investments have taken place as agreed with the CCGs, taking account of the short-term nature. The funding has been deployed to support such schemes as a Social Worker available in NHS 111 call centre to advise on social care matters. Although the spending plan 2019/20 reflects the reducing levels of additional support, funds continue to be invested where there are opportunities to smoothe discharge and flow in areas recognised as delivering high impact changes.

Finance and performance

18. In total £123,045,817 is the combined value of the IBCF and iBCF for 2019/20, including 1.7% inflation (see Appendix 1). The delayed technical guidance will confirm these financial assumptions.

19. £12,561,046 of the total fund is designated to Disabled Facilities Grants (DFGs) and allocated centrally to Housing Authorities with a requirement for them to work more collaboratively and flexibly with health and care partners, despite the extremely outdated legal framework. For Hampshire Districts and Boroughs Table 1 sets out the 2019/20 distribution.

Funding for the Better Care Fund 2019-20			
Local Authority	Disabilities Facilities Grant	Council	BCF contributions to District Councils for DFG
Hampshire	£12,561,046	Basingstoke & Deane	£1,377,158
		East Hampshire	£1,489,813
		Eastleigh	£1,163,139
		Fareham	£ 757,036
		Gosport	£ 795,489
		Hart	£ 738,645
		Havant	£1,756,631
		New Forest	£1,125,419
		Rushmoor	£1,060,510
		Test Valley	£1,212,262
		Winchester	£1,084,944

Table 1: Distribution of DFG allocation across Hampshire Housing Authorities

20. £27,435,975 contributes to the cost of commissioned social care services for the benefit of a person's health. £52,688,971 contributes to NHS commissioned community health services across the county of Hampshire as directed by the five CCGs in Hampshire.

21. The remaining £30,359,825 investment reflects decisions announced in the 2017 Spring Budget⁴, setting up the iBCF. These additional short-term monies allocated for pressures in social care include "winter pressures" funding. Whilst additional iBCF temporary funding added to the pooled fund has been welcome, it cannot negate the underlying intense financial pressure and constraint within the social care and health system overall.

⁴ <https://www.gov.uk/government/publications/the-allocations-of-the-additional-funding-for-adult-social-care>

22. The entire IBCF and iBCF pooled fund is now jointly monitored quarterly through a return to NHS England signed off by the Hampshire County Council Section 151 Officer. This combined monitoring requires demonstration of national conditions and success being measured by nationally determined metrics.

23. For the core IBCF these national conditions for 2020 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: and
- Managing Transfers of Care

24. The iBCF is subject to the following grant conditions:

- The grant can only be used for meeting adult social care needs, reducing pressures on the NHS, 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

25. Pending the publication of delayed technical guidance, it has been indicated that performance metrics for the core IBCF will be reduced in 2020 to cover:

- Delayed transfers of care;
- Non-elective admissions (General and Acute);
- Admissions to residential and care homes; and
- Effectiveness of re-ablement

26. In contrast, performance for the iBCF continues to be measured on number of additional packages of care, additional hours of domiciliary care and additional residential placements.

Legal Implications – Section 75 Agreements

27. It is a requirement for local authorities and CCGs to establish one or more pooled funds for delivery of the scheme's activity. An existing Section 75 agreement has been amended via a Deed of Variation to reflect agreements for 2019/2020.

Key Issues

28. The most pressing issue for the system continues to relate to our ability to synchronise the IBCF and iBCF as an enabler across Hampshire and that this

approach supports the collaborative delivery of the wider system vision for integration.

29. Whilst we have developed our approach in the context of delayed technical planning guidance that to some extent created a planning hiatus, further changes may occur in year at a national government level.

Future direction and next steps

30. It is clear that integration of health and social care services remains a high priority. The IBCF, now in its fourth year, is the only mandatory national programme for integrating health, housing and social care. The core IBCF and iBCF are currently components of the Sustainability and Transformation Programme relating to New Models of Care and Primary Care Networks. The planning requirements indicate limited change in 2019/20 which is essentially a transition year.
31. System partners continue to work 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.
32. In the longer term before the new spending period, ahead of the Spending Review outcome, the Government is still 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.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Integrated and Improved Better Care Fund Update	<u>Date</u> March 2018
Direct links to specific legislation or Government Directives	
<u>Title</u> The Government's 2019-20 Accountability Framework with NHS England and NHS Improvement https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803114/accountability-framework-to-nhse-and-nhsi-2019-to-2020.pdf	<u>Date</u> May 2019
Integration and Better Care Fund: The Disabled Facilities Capital Grant Determination (DFG) 2019-2020 [31/3710] Ministry of Housing, Communities and Local Government file:///C:/Users/sshqmtka/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/M4Q0ZS17/3710-DFG-Grant-Determination-2019-20-FINAL-190508-copy.pdf	May 2019

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.)

<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

This is an update report. Impact assessments will be undertaken when particular decisions are due to be taken.

APPENDIX 1: Combined IBCF and IBCF Schedule 2 Finances

SCHEDULE 2 FINANCES									
Funding Transfer out to commissioning organisation 2019/20									
<u>Payment Through</u>	<u>Revised Split (removing additional spend) s256</u>	<u>FG CCG</u>	<u>SE CCG</u>	<u>NH CCG</u>	<u>NE CCG</u>	<u>WH CCG</u>	<u>CCG Total</u>	<u>HCC</u>	<u>Total</u>
HCC	Section 3 - Service Integration	£0	£0	£0	£0	£0	£0	£17,866,533	£17,866,533
HCC	Section 3 - 14/15 Increase through AT	£0	£0	£0	£0	£0	£0	£5,001,410	£5,001,410
HCC	Section 4 - Adult Services	£0	£0	£0	£0	£0	£0	£1,016,608	£1,016,608
HCC	Section 6 - Community Enablement	£0	£0	£0	£0	£0	£0	£126,585	£126,585
HCC	Section 8 - Sitting Service/Day Care	£0	£0	£0	£0	£0	£0	£32,392	£32,392
HCC	Section 10 - Welcome Home Support	£0	£0	£0	£0	£0	£0	£53,417	£53,417
HCC	Section 15 - Palliative Care	£0	£0	£0	£0	£0	£0	£207,043	£207,043
HCC	Section 19 - OPMH Dementia Advisors	£0	£0	£0	£0	£0	£0	£152,669	£152,669
HCC	15/16 Agreement - OPMH Dementia Advisors	£0	£0	£0	£0	£0	£0	£216,250	£216,250
HCC	Section 26 - Frogmore Dementia Days	£0	£0	£0	£0	£0	£0	£31,582	£31,582
HCC	ICES	£0	£0	£0	£0	£0	£0	£2,731,486	£2,731,486
	Agreed to Transfer	£0	£0	£0	£0	£0	£0	£27,435,975	£27,435,975
Community Services									
	SOUTHERN HEALTH: Community Care Teams								
CCG	OT's	£226,196	£432,331	£594,236	£314,280	£376,392	£1,943,435		£1,943,435
CCG	Physios	£505,465	£733,070	£534,901	£380,232	£503,241	£2,656,909		£2,656,909
CCG	Nursing	£3,634,952	£4,546,156	£3,876,335.16	£3,412,399	£12,655,547	£28,125,389		£28,125,389
CCG	Fleet Hospital Community Beds	£0	£0	£0	£1,656,251	£0	£1,656,251		£1,656,251
CCG	LD Community	£0	£0	£346,415	£0	£2,341,260	£2,687,675		£2,687,675
CCG	OPMH Community Teams	£2,846,200	£2,192,365	£1,959,741	£0	£5,687,827	£12,686,132		£12,686,132
CCG	Wheelchair services	£0	£0	£663,015	£0	£0	£663,015		£663,015
	Solent NHS Trust	£0	£0	£0	£0	£0	£0		
CCG	Podiatry	£570,474	£529,313	£0	£0	£0	£1,099,787		£1,099,787
	VIRGIN HEALTH: Community Care Teams	£0	£0	£0	£0	£0	£0		
CCG	Rehab	£0	£0	£0	£1,124,844	£0	£1,124,844		£1,124,844
CCG	Physios	£0	£0	£0	£45,534	£0	£45,534		£45,534
	Agreed Transfer	£7,783,287	£8,433,235	£7,974,643	£6,933,540	£21,564,267	£52,688,971	£0	£52,688,971
Other Services									
HCC	Disability Grant						£0	£12,561,045	£12,561,045
HCC	Meeting Adult Social Care Needs						£0	£22,107,329	£22,107,329
HCC	Stabilising Social Care Provider Market						£0	£2,348,000	£2,348,000
HCC	Reduce Pressure on the NHS						£0	£1,150,000	£1,150,000
HCC	Winter Pressures Grant (allocation TBD)						£0	£4,754,497	£4,754,497
CCG	Further Service to be identified						£0	£0	£0
	Agreed Transfer	£0	£0	£0	£0	£0	£0	£42,920,871	£42,920,871
	TOTAL TRANSFER VALUE AGREED	£7,783,287	£8,433,235	£7,974,643	£6,933,540	£21,564,267	£52,688,971	£70,356,846	£123,045,817

