

TRAFFORD COUNCIL

Report to: Executive
Date: 30th October 2017
Report for: Decision
Report of: Executive Member for Adult Social Care

Report Title

S75 Better Care Fund and improved Better Care Fund agreement 2017-8 between Trafford Clinical Commissioning Group and Trafford Council

Summary

The Executive previously agreed a s75 Better Care Fund agreement between the CCG and the Council in October 2015 as required by national guidance.

Trafford CCG, in their capacity as the host organisation for the BCF, have submitted a s75 agreement for the Better Care Fund for 2016-7 for approval. The Council and the CCG have jointly drafted a s75 for the Better Care Fund and the i-Better Care Fund for 2017-8.

A report on the Better Care Fund was presented to the Health and Wellbeing Board in October 2017 where the plan was signed off, as required by national guidance.

This Executive report presents the s75 agreements for approval, confirms the activity and spend undertaken in 2016-7 and outlines the plans for 2017-8.

Recommendation(s)

It is recommended that Executive -

1. Approve the s75 partnership agreement between Trafford CCG and the Council for the Better Care Fund 2017 -18 and formalisation of the funding for 2016- 17.
2. Agree that the Trafford Clinical Commissioning Group will host the s75 agreement.
3. Delegate authority to the Chief Legal Officer to complete the Agreements on behalf of the Council

Contact person for access to background papers and further information:

Name: Karen Ahmed

Extension: 1890

Background Papers: None

Implications:

Relationship to Policy Framework/Corporate Priorities	The Better Care Fund activity is integral to the delivery of our Sustainable Transformation Plan
Financial	The financial allocations are determined at a national level.
Legal Implications:	The S75 agreement is based on a nationally available model agreement devised by Bevan Brittan and has been assured by our Legal department
Equality/Diversity Implications	N/A
Sustainability Implications	The Better Care Fund activity contributes to the overall delivery of a sustainable health and social care system.
Resource Implications e.g. Staffing / ICT / Assets	N/A
Risk Management Implications	The s75 agreement offers the opportunity to develop a risk share approach. This will not be used this year.
Health & Wellbeing Implications	The Better Care Fund is predicated on improving the overall Health & Wellbeing of residents of the borough
Health and Safety Implications	N/A

1.0 Background

- 1.1 The Better Care Fund was introduced by the Government from 1st April 2015 consolidating a number of previous funding streams into one single funding revenue stream which is hosted by the CCG. This revenue stream includes monies for the protection of adult social care. The expectations of the Government of having a Better Care Fund are to promote better integration of health and social services for individuals and deliver cost benefits across the whole system
- 1.2 Each year NHS England publishes guidelines on how the BCF should be spent and managed. There have previously been strict national conditions that BCF plans need to meet in order to be approved by NHS England. This year, guidelines published span the next two financial years (2017/18 and 2018/19), and the number of national

conditions have been reduced to 4. Please see Appendix 1 for National Conditions and a link to the published guidelines.

- 1.3 The Spring Budget 2017 announced an additional £2 billion to support adult social care in England. This money is included in the Improved Better Care Fund (iBCF) grant to local authorities (LAs) and will be included in local BCF pooled funding and plans.
- 1.4 The iBCF funding can be spent on three purposes: Meeting adult social care needs; Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; Ensuring that the local social care provider market is supported
- 1.5 A legal agreement for the Better Care Fund has been developed by lawyers, Bevan Brittan and was made available nationally. This has been used as the basis for the agreement referred to in this report. The agreement is between the Council and Trafford CCG and identifies the use of the pooled funding of £16,092,128 for 2016-7 and the proposed use of funding for 2017 -8 as described in.
- 1.6 The pooled BCF allocations are made up of the Disabled Facilities Grant (DFG), the iBCF, and a minimum CCG contribution:

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution (DFG)	£1,852,822	£2,017,365
Total iBCF Contribution	£4,254,403	£5,725,357
Total Minimum CCG Contribution	£14,661,678	£14,940,250
Total BCF pooled budget	£20,768,903	£22,682,971

2.0 Key features of the s75 agreement

- 2.1 The proposed Section 75 agreement is a detailed legal document and is available on request. This is based on the Bevan Brittan model and has been produced jointly by representatives from the Better Care Fund Steering Group from Trafford Council and Trafford CCG. It also incorporates advice from the Council's legal department.

Two particular aspects to highlight in respect of the agreement are:

1. The Better Care Fund will be hosted by Trafford CCG.
2. The agreement includes a risk share agreement which will lay dormant this year. Each organisation will manage any financial challenges independently during this financial year whilst the Council and the CCG work towards setting up pooled budget arrangements. A risk share agreement may be proposed for 2018-9.

3.0 Financial Implications

3.1 The Council's share of funding under the agreement is £5.546m for 2017 and £5.743m for 2018-9 for adult social care.

4.0 Better Care Fund 2016-17

4.1 The CCG has produced a retrospective s75 to regularise the position for 2016 -17

4.2 In 2016-17 the priorities were set based on the issues that Trafford were facing, and these remain important for the next 2 years:

- High level of Delayed Transfers of Care (DTOCs)
- The need to reduce numbers of people attending A&E
- The need to prevent Non-emergency admissions
- Lack of step up and step down intermediate care beds
- The need to improve care taking place in the community by range of appropriate professionals that talk to each other

5.0 Better Care Fund 2017-8

5.1 A full breakdown of schemes for both the CCG and Council can be seen in Appendix 2.

5.2 The protection of social care will support the continuation and enhancement of a number of social care services which is a national condition of the BCF. National condition 2 stipulates that in order to comply, there must be: "A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;"

5.3 For Trafford this translates to a minimum spend of £5,645m in 17/18 and £5,753m in 18/19 on the protection of social care services. How this will be spent is detailed in Appendix 2 part B (i.e. Council Schemes), including brief scheme descriptions. In most cases, the amount spent is just a proportion of the total Council spend in this area.

5.4 In the face of rising demand and budget reductions the Council's ability to maintain its current provision and eligibility is an on-going challenge. The positive steps to protect social care under this joint fund do not provide a solution beyond 2019/20 for social care funding.

5.5 The Council and CCG have agreed in principle to the expenditure plan and the High Impact Change Model for Managing Transfer of Care. These plans have been signed off by the Health and Well-being Board and will receive reports on a quarterly basis.

6.0 Governance Arrangements

6.1 The governance arrangements are set out in detail in schedule 1 of the s75 agreement and the main governance will be through the Better Care Fund Steering Group, which is accountable to the Health and Wellbeing Board.

6.2 In addition there is a requirement for CCGs to report quarterly and annually to NHS England on the use of the fund and a parallel requirement for the Council to report on the iBCF.

7.0 Other Options

7.1 It is a requirement of the Better Care Fund national guidance to enter into a Section 75 agreement between the Council and the CCG. The guidance sets out the expectations of the required agreement and a national template provided on which the Trafford agreement is based. Therefore no other options were considered.

8.0 Consultation

8.1 This is a legal agreement between the Council and Trafford CCG and does not require wider consultation.

9.0 Reasons for Recommendation

9.1 The Section 75 agreement between the CCG and the Council is a requirement of the Better Care Fund national guidance.

10.0 Decisions

10.1 Executive is requested to :

1. Approve the s75 partnership agreement between Trafford CCG and the Council for the Better Care Fund 2017 -18 and formalisation of the funding for 2016- 17.
2. Agree that the Trafford Clinical Commissioning Group will host the s75 agreement.
3. Delegate authority to the Chief Legal Officer to complete the Agreements on behalf of the Council

Key Decision Yes

If Key Decision, has 28-day notice been given? Yes

Finance Officer Clearance (type in initials)...NB.....

Legal Officer Clearance (type in initials)...JLF.....

CORPORATE DIRECTOR'S SIGNATURE (electronic).....



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To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

Appendix 1: BCF Guidelines

Link to the 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>

National Conditions 2017 – 19

1. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWB, and by the constituent LAs and CCGs;
2. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
3. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
4. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

Appendix 2:

A. CCG Scheme Details

	Scheme Name and Description	Funded from:	17/18	18/19	Existing or New?
1	Community Nursing	CCG Minimum Contribution	£3,203,000	£3,263,857	Existing
2	End of Life Services	CCG Minimum Contribution	£2,403,000	£2,448,657	Existing
3	Intermediate Care (Ascot House)	CCG Minimum Contribution	£1,012,405	£1,031,639	Existing
4	Trafford Care Coordination	CCG Minimum Contribution	£823,000	£838,637	Existing
5	Community Geriatrics	CCG Minimum Contribution	£412,000	£419,828	Existing
6	Nursing Homes	CCG Minimum Contribution	£723,000	£736,737	Existing
7	Alternative to Treat (ATT)	CCG Minimum Contribution	£440,000	£448,360	Existing

B. Trafford Council Scheme Details:

	Scheme Name and Description	Funded from:	17/18	18/19	Existing or New?
1	<p>Community Equipment and Adaptations</p> <p>The provision of community equipment and adaptations is to support the person to achieve their desired outcomes and in doing so maximise their independence and improve their quality of life. The services provided are:</p> <ul style="list-style-type: none"> • One stop resource centre - based in Sale, this provides community equipment and services for people living in Trafford, who may need assistance with daily living due to a disability. This is a joint venture between Pennine Care NHS Foundation Trust and Trafford Council. • External minor adaptations - an alteration or addition to a home that will allow greater safety or independence for a person/carer to access their home and its facilities. • Community alarms • Telecare equipment • Lift and repairs maintenance • Sensory equipment 	CCG Minimum Contribution	£350,000	£350,000	Existing
2	<p>Integrated Crisis and Rapid Response Services</p> <p>The Crisis Resolution Home based Treatment Team provides a 24 hour, 7 day a week service to adults with a serious mental illness, in an acute crisis that is so severe that, without intervention from this service, the service user would require hospitalisation. The Team aims to act as an alternative to hospital admission by providing intensive interventions in the community.</p> <p>The Rapid Response service provides a homecare service under emergency circumstances. This is to prevent unnecessary admission to hospital, residential or nursing care by providing an initial, short term package of care to people in their homes who are in urgent need of home care support.</p>	CCG Minimum Contribution	£600,000	£600,000	Existing

3	<p>Reablement Services</p> <p>The assessment and reablement team carry out holistic person centred assessments and implement outcomes focused support plans that aim to either support the individual to become completely self-managing or to reduce the level of intervention to the minimum level required. There is a focus on building on people's existing strengths, and ensuring that the maximum independence and quality of life are achieved. Trafford Council have a statutory duty to provide reablement services, free of charge for a period of up to 6 weeks. This team has now been re-structured – please see Better Care at Home.</p>	CCG Minimum Contribution	£500,000	nil	Existing
4	<p>Early Supported Hospital Discharge Schemes</p> <p>The hospital based screening teams complete assessment of need for adults over the age of 18. This is a statutory duty of the council under the Delayed Discharge Act 2005 and the Care Act 2014. There are time restraints which regulate the assessment period and the timely provision of services. The social workers offer advice and signposting, assessment of un-met need and thus provide community services where required. The assessment ensure that service have access to the correct funding streams which appropriately meets the needs of the service user, such as the Continuing Health Care funding. In addition the social worker carry out safeguarding activities including leading investigations and implementing the process as set out in Trafford's Safeguarding policy.</p> <p>The above activities support the Care Act Principles with the aim of supporting people for a limited time only (where possible) and that people therefore remain independent longer. This ensures that resources are targeted at the most vulnerable people and working with strategic partners to jointly utilise the funding available.</p>	CCG Minimum Contribution	£450,000	£450,000	Existing
5	<p>Joint Health and Care Teams Working</p> <p>Integration between health and social care is underway and locality teams are now in place. Work has commenced in the localities to look at preventative services working specifically with other professionals such as dentists, physios, GPs, and local community groups, churches and leisure centres. The impact of these on budgets will be longer term as people maintain their own health and wellbeing. Much of this work is being undertaken by the community teams as they have started to develop services within the communities.</p>	CCG Minimum Contribution	£559,000	£559,000	Existing
6	<p>Social Care Client Packages Residential</p> <p>The provision of external placements are an outcome of assessment under the Care Act 2014 and previously the Community Care Act to meet un-met need in the most effective and efficient</p>	CCG Minimum Contribution	£1,050,000	£1,050,000	Existing

	<p>way. This is a statutory duty under the Care Act and formerly the 1948 National Assistance Act. Services provided include residential and nursing placements. The service provision is proportionate to need and aligns to the reshaping offer in Trafford, offering choice, control and best value. The service provision aims to:</p> <ul style="list-style-type: none"> • support people • keep people safe and well • promote health and wellbeing <p>Trafford Council faces significant financial challenges due to demographic pressures (Trafford has a higher proportion of older people per 1000 head of population), people living longer and more with complex needs, at a time of reducing resources. The funding within the BCF for this area will support the continuation of essential services to the community.</p>				
7	<p>Carers</p> <p>Trafford Council and CCG jointly commission a carers centre to ensure that carers are supported as early as possible to prevent carer breakdown. It is recognised that in Trafford, our carers are an important resource in ensuring that loved ones can be looked after at home and in the community. In order to make this caring role more sustainable, through the integrated assessment process, carers are considered and respite put in place in order to ensure that carers get a break from caring. This expenditure is for the cost of these respite packages. Whilst it is the cared for that receives this, the outcome is to ensure there is no carers breakdown, or that emergency cover is in place for when carers cannot carry out their caring role.</p>	CCG Minimum Contribution	£499,273	£499,273	Existing
8	<p>Stabilise and Make Safe</p> <p>The Stabilise and Make Safe (SAMS) model aims to bring a new approach to short-term/low-level (but possibly intensive) home care support. The key driver behind the service is to prevent service users entering reablement inappropriately, instead, clearly defined assessment processes will ensure that client's needs are identified and an appropriate care pathway is assigned.</p> <p>There are currently 2 providers of SAMS in Trafford. The core delivery model for SAMS involves letting care to the market in three-week blocks. Once a client is placed with a provider, the initial payment will cover a period of three weeks. If the provider can make the person safe before the three weeks are up, then that person can be discharged from the service and the provider will still receive a payment for three weeks care.</p>	CCG Minimum Contribution	£496,000	£996,000	Existing

	<p>To ensure that the service remains flexible, the client's progress is reviewed regularly. The main purpose of this is to ensure that service users can be discharged from the service at the earliest (but safest) opportunity. However, it is the statutory responsibility of the Council to undertake an assessment prior to care package removal; therefore a final assessment will be signed off by a Trafford Council Social Care Assessor.</p>				
9	<p>Disabled Facilities Grant This grant pays for essential housing adaptations to help disabled people to stay in their own homes. The amount awarded is dependent on household income and savings. There is a team working in council that manages the process, and works closely with our partners in Pennine (OT and Physios) in order to ensure that outcomes are met.</p>	Local Authority Contribution	£1,852,822	£2,017,365	Existing
10	<p>Social Care Client Packages Homecare The provision of external placements are an outcome of assessment under the Care Act 2014 and previously the Community Care Act to meet un-met need in the most effective and efficient way. This is a statutory duty under the Care Act and formerly the 1948 National Assistance Act. Services provided include residential and nursing placements. The service provision is proportionate to need and aligns to the reshaping offer in Trafford, offering choice, control and best value. The service provision aims to:</p> <ul style="list-style-type: none"> • support people • keep people safe and well • promote health and wellbeing <p>Trafford Council faces significant financial challenges due to demographic pressures (Trafford has a higher proportion of older people per 1000 head of population), people living longer and more with complex needs, at a time of reducing resources. The funding within the BCF for this area will support the continuation of essential services to the community.</p>	CCG Minimum Contribution	£1,050,000	£1,157,261	Existing
11	<p>Bed Based Discharge to Assess See 13 below.</p>	Improved Better Care Fund	£875,091	£875,091	Existing

12	<p>Capacity and Flow in Hospitals</p> <p>Our internal analysis of existing 'end to end' processes shows that there are further improvements that can be made that could reduce delays in the system and where additional capacity and/or specific expertise is needed. These require further changes to the pathways starting at hospital admission, moving through the discharge process and then how cases are processed and managed by providers. Changes here need to reduce the volume of administration, reduce the number of hand-offs in the system and aim to eradicate duplication between the roles of social workers and care providers. None of these initiatives alone will create the required improvements in flow unless the home care market remodelling occurs in line with GM initiatives.</p> <p>To deploy 1 x Senior Practitioner whose remit and responsibility is for ensuring flow and throughput and 1 x Brokerage Support Officer. UHSM - deploy 2 x Social Care Assessors to reduce admissions, sitting between A&E (UHSM Front Door) and the wards. Deploy 2 x Social Workers to facilitate speedy and safe discharge on complex cases on the premise that the primary detailed assessment will take place in the system post discharge (discharge to assess) TDH and Salford deploy 2 x Social worker (one at each site)</p>	Improved Better Care Fund	£321,433	£321,433	Existing
13	<p>Discharge to assess</p> <p>A combination of community and bed based discharge to assess models have been commissioned in order to provide a smoother and more timely discharge from hospital and an assessment in a place which will enable the skills and requirements of individuals to be accurately represented. 9 beds have been commissioned at Ascot House to support discharge to assess for people who may require residential beds or 4 homecare visits a day. Up to 10 beds will also be commissioned from nursing homes. 'Discharge to assess' approaches are being integrated into our externally commissioned intensive reablement service and our new internal Better Care at Home service.</p>	Improved Better Care Fund	£141,367	£141,367	New
14	<p>Create New Capacity in the Homecare Market</p> <p>Our approach to securing this additional capacity has been developed with providers under a form of guaranteed capacity to meet the shortfall in home care. So, rather than buying by the hour, a salaried workforce with enhanced terms and conditions will differentiate these roles in order to address the issues of recruitment by making the roles more appealing as a career choice. It will be commissioned as a block contract on a geographic basis or linked to a hospital or intermediate care facility providing a level of certainty to the providers so they can recruit a skilled workforce and invest in their development and retention. There are additional costs associated with this approach compared to commissioning on an hourly basis which should be seen as investment into a better equipped and rewarded workforce better able to meet the</p>	Improved Better Care Fund	£388,950	£388,950	Existing

	assessed needs of residents.				
15	<p>Quality Assurance and Improvement</p> <p>Two posts will provide capacity within the Quality Assurance remit of the team for Adults. These posts will play an integral role in pro-active, quality assurance visits and to provide ongoing support to ensure there is no negative impact on bed availability or quality.</p>	Improved Better Care Fund	£71,882	£71,882	Existing
16	<p>Asset based community capacity</p>	Improved Better Care Fund	£491,668	£38,265	New
17	<p>Price Increases to Providers - Market Stabilisation</p> <p>Capacity within both the residential and homecare markets is lower than required. The key market issues are the ability of providers to recruit and retain staff, and the quality of the provision (CQC ratings are very low for both Homecare and Residential Care). Significant delays are caused by the lack of available beds and the lengthy process involved in identifying and securing residential and nursing care. The scarcity of available beds and homecare capacity is exaggerated by the poor quality of this provision, and the consequent need to suspend referrals to those services.</p> <p>Trafford each year follow the fair price for care procedure, aiming to ensure that we pay a fair and sustainable amount to providers in the market to ensure they can make their businesses work. In 17/18, a 3% uplift was offered, however through negotiation, an eventual 3.54% uplift was agreed. (Average across homecare and residential and nursing).</p>	Improved Better Care Fund	£681,359	£1,605,716	Existing
18	<p>Additional homecare Packages</p> <p>See Scheme 10</p>	Improved Better Care Fund	£400,000	£800,000	Existing
19	<p>Additional Residential / Nursing packages</p> <p>See Scheme 6</p>	Improved Better Care Fund	£400,000	£1,000,000	Existing
20	<p>Additional Stabilise and Make Safe</p> <p>Please see Scheme 8.</p>	Improved Better Care Fund	£100,000	£100,000	Existing

21	<p>Better Care at Home New Model</p> <p>Given the lack of capacity in the market, our statutory duty to maintain market sufficiency is best met by retaining an in-house service as this ensures capacity within the system and builds on the skills of an already experienced workforce. This service will compliment the externally commissioned SAMS service.</p> <p>Better care at home will create two referral pathways into reablement support, both of which will help people to maintain or regain their health and independence. The services will help people avoid unnecessary hospital admissions or readmissions and reduce the need for costly high level health and social care services. Both services will provide 3 weeks of intensive rehabilitation support, with an option to extent for up to 6 weeks for those people with higher level needs.</p> <ol style="list-style-type: none"> 1. The in-house Better Care at Home service will particularly focus on people who are being discharged from Ascot House, Manchester Royal Infirmary (MRI) and the Community Enhanced Service (CEC). 2. SAMS will take referrals from all other sources, including those new to social care and those being discharged from UHSM. 	Improved Better Care Fund	£287,454	£287,454	New
22	<p>Programme Management</p>	Improved Better Care Fund	£95,199	£95,199	Existing
23	<p>Advocacy</p> <p>A contribution is made to the contract that delivers our statutory independent advocacy services. This is to support people who do not have a suitable person to represent them in line with the guidance in the Care Act, the Mental Health Act, and the Mental Capacity Act.</p>	CCG Minimum Contribution	£91,000	£91,000	Existing

