

MEETING	B&NES HEALTH AND WELLBEING BOARD
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<u>Report summary table</u>	
Report title	Better Care Fund Plan 2017/18 -2018/19
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List of attachments	Appendix 1: BCF Dashboard Appendix 2: Delayed Transfers of Care (DTOC) Action Plan
Background papers	B&NES 2014/15-2018/19 Better Care Fund Plan can be found, in full, by following the attached link: http://www.bathandnortheastsomersetccg.nhs.uk/documents/search?wp_document_search=Better+Care+Fund+Plan
Summary	<p>Bath and North East Somerset's Better Care Plan 2014/15-2018/19 was agreed by the Health and Wellbeing Board in September 2014. It was identified as a national example of best practice.</p> <p>Subsequent annual revisions have set out how any revised conditions for investment of Better Care Fund (BCF) allocations will be met.</p> <p>The B&NES Better Care Plan describes how the BCF is being used as an enabler for the integration of services and also the journey towards further integration with a focus on prevention. The 2016/17 plan specifically referenced the your care your way community services review and the vision and priorities for our people and communities. The 2017/18 -2018/19 BCF Plan will build on this whilst also setting out how new conditions will be met, including those for Improved Better Care Fund (iBCF) adult social care grant funding.</p> <p>The Improved Better Care Fund (iBCF) Policy Framework was published in April 2017. Adult Social Care Grant conditions and detailed implementation guidance from NHS England (NHSE) were due to be published in April 2017. However, publication has been delayed and whilst the revised date for publication has not been confirmed it is not anticipated that this will be in advance of the general election on 8 June.</p> <p>Draft conditions were shared in March 2017 and these, alongside the Policy Framework are sufficient to make assumptions about the</p>

conditions for utilisation of iBCF funding, including adult social care grant. It is on the basis of these assumptions that proposed priority areas for investment of the grant allocations are made in this report and these new investments and service developments are the focus of this report.

As set out in national policy documents such as the Five Year Forward View and 2017-19 Integration and Better Care Fund Policy Framework and in B&NES Better Care Fund Plan 2014/15-2018/19 people are living much longer, often with highly complex needs and multiple conditions.

In Bath and North East Somerset 2016/17 saw a continued increase in pressure on the adult social care budget. These have arisen as a direct result of implementation of the National Living Wage and the costs associated with purchased care packages. In addition, there are pressures arising from support to people with complex and acute needs in their own homes, including those with a learning disability transitioning into adult services and living longer with high levels of care and support needs. There is also an increasing demand for high dependency residential care and nursing care home placements.

The proposals for priority areas for investment set out in Section 3 seek to both meet grant conditions and achieve a balance between off-setting immediate adult social care budget pressures and more strategic investment to achieve greater longer-term financial sustainability by “pump-priming” services that:

- a) support the local social care provider market;
- b) prevent or reduce the need for permanent care home placements/long-term, intensive packages of care; and/or
- c) reduce pressures on NHS services by preventing unnecessary hospital admission and supporting local health and care systems to reduce delayed transfers of care/support more people to be discharged from hospital when they are ready.

It is anticipated that timescales for the submission of the BCF 2017/18-2018/19 Plan will be short following publication of detailed guidance and grant conditions. It is unlikely, therefore, to enable us to bring further, more detailed proposals to Health and Wellbeing Board. Agreement is therefore sought to delegate, as in previous years, to the Co-Chairs of Health and Wellbeing Board to sign off the final detailed submission. A follow-up report will then be brought to the next available Health and Wellbeing Board meeting.

Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the Policy Framework, Context and draft Conditions for the 2017/18-2018/19 Improved Better Care Fund; • Agree priority areas for investment of the iBCF and express a view, in particular, on whether the proposed priority areas for investment achieve an appropriate balance between recognising immediate pressures on the adult social care budget and more strategic additional investment in preventative services; and • Delegate to the Co-Chairs of the Health and Wellbeing Board formal sign-off of the final submission of the 2017/18-2018/19 Improved BCF Plan.
Rationale for recommendations	<p>The Better Care Fund is a key enabler of the national and local vision of integrated health and care services. In B&NES, the journey towards closer integration is set out within the <i>your care your way</i> programme. <i>Your care, your way</i> was introduced in the BCF plan 2016-17 and the 2017-19 Improved Better Care Fund (iBCF) Plan and associated pooled budget will incorporate all of the care and health services procured under <i>your care your way</i>. The inclusion of the full range of <i>your care your way</i> services in the iBCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the iBCF.</p> <p>This local vision is aligned with and makes a significant contribution to delivery of the outcomes in the Joint Health and Wellbeing Strategy as follows:</p> <p>Theme One - Helping people to stay healthy:</p> <ul style="list-style-type: none"> • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. <p>Theme Two – Improving the quality of people’s lives:</p> <ul style="list-style-type: none"> • Improved support for people with long term health conditions; • Reduced rates of mental ill-health; • Enhanced quality of life for people with dementia; • Improved services for older people which support and encourage independent living and dying well. <p>Theme Three – Creating fairer life chances:</p> <ul style="list-style-type: none"> • Improve skills, education and employment; • Reduce the health and wellbeing consequences of domestic abuse; • Increase the resilience of people and communities including action on loneliness. <p>A condition for the 2017-19 iBCF is that plans must be agreed by the Health and Wellbeing Board.</p>

Resource implications	<p>National total amounts of adult social care grant funding announced in the Spending Review 2015 (one-off grant for 2017/18) and Spring Budget 2017 (3-years grant funding covering the period 2017/18-2019/20) are £1.115bn in 2017/18 and £1.499bn in 2018/19.</p> <p>For B&NES the figures are as follows:</p> <ul style="list-style-type: none"> • 2017/18 - £3.428m* • 2018/19 - £2.063m • 2019/20 - £1.028m <p>* Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016.</p> <p>Nationally, the total amount of Better Care Fund and iBCF funding amounts to £5.128bn for 2017/18 and £5.616bn for 2018/19. B&NES has chosen to pool more BCF funding than is required, by including the services commissioned under <i>your care your way</i>. As a consequence, B&NES BCF pooled budget will increase from £13.4m in 2016/17 to £64.6m in 2017/18. The iBCF Plan for 2017/18-2018/19 will reflect this extension of services funding from the BCF pooled budget.</p>
Statutory considerations and basis for proposal	<p>This report responds to the national policy framework for the Better Care Fund published on 31st March 2017. The technical and planning guidance is yet to be released and this will inform the final version of the BCF plan. In order to draw down the maximum B&NES' BCF allocation, it is necessary for BCF plans and proposals to comply with this guidance.</p>
Legal implications	<p>The proposals set out in this report respond to the national policy framework and draft conditions of use. The report summarises both the policy framework and draft conditions and, in this context, sets out proposals for utilisation of the iBCF in 2017/18 -2018/19.</p>
Consultation	<p>The local vision for integrated care and support and associated plans have been developed under the banner <i>your care, your way</i> through engagement and consultation with our community and a broad range of partners, including representatives from: provider organisations; primary care; VCSE (Voluntary, Community and Social Enterprise) sector organisations; Healthwatch B&NES; the Health and Wellbeing Board; the CCG, and the Council.</p> <p>Homefirst service proposals (section 3.16) reflect the priorities of B&NES Accident & Emergency Delivery Board. These proposals have been considered and supported by B&NES Joint Commissioning Committee.</p> <p>The Council Section 151 Officer and Monitoring Officer have been consulted in the preparation of this report</p>

Risk management	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p> <p>Any arising financial risks have been recorded by both CCG and Council in line with Schedule 3 of the Better Care Fund Section 75 Agreement.</p>
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THE REPORT

1 INTEGRATION AND THE WIDER POLICY CONTEXT

- 1.1 The Government is clear within the Better Care Fund Policy Framework for 2017-19 that people need health, social care, housing and other public services to work seamlessly together to delivery better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.
- 1.2 In B&NES, the journey towards closer integration is set out within the *your care your way* programme. *Your care, your way* was introduced in the BCF plan 2016-17 and the 2017-19 Improved Better Care Fund (iBCF) Plan and associated pooled budget will incorporate all of the care and health services procured under *your care your way*. The inclusion of the full range of *your care your way* services in the iBCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the iBCF.
- 1.3 In terms of the wider strategic agenda, next steps on the NHS Five Year Forward View (5YFV) published March 2017 acknowledges that the way STPs (Sustainability and Transformation Partnerships) work will vary according to the needs of different parts of the country. The key point is that place-based health and care systems should be defined and assessed primarily by how they practically tackle their shared local health, quality and efficiency challenges. The government does “*not want to be overly prescriptive about organisational form*”. Increasingly Accountable Care Systems are being referenced as a more flexible way of bring together a wide range of partners, including not only public sector organisations but those from the Voluntary, Community, Social Enterprise and independent sectors. It is this approach, that most closely aligns with B&NES’ vision and the Health and Wellbeing Board’s draft Statement of Intent.
- 1.4 By rethinking the way we deliver health and care services across Bath and North East Somerset, we believe we can reengineer the system to secure better outcomes and a more sustainable system for the future (building on the *Your Care Your Way* precedent). This will include:
- An increased emphasis on prevention, early intervention and empowering individuals to be more independent;
 - A further shift of investment from acute and specialist health services to support investment in community-focused provision; and
 - Exploration by commissioners and providers of new approaches to sharing resources, including knowledge and expertise, where there are demonstrable benefits in doing so.
- 1.5 There is also a commitment by the Health and Wellbeing Board to move beyond the integration of health and social care to take a much broader view of the role of housing, education, regeneration and economic development and, perhaps most importantly, the assets of our people and communities.

2 THE 2017-19 INTEGRATION AND BETTER CARE FUND GRANT ALLOCATIONS POLICY FRAMEWORK

2.1 The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding and includes a new injection of grant funding for adult social care announced in the Spending Review 2015 and Spring Budget 2017 known as the Improved Better Care Fund (iBCF). The policy framework for the Fund covers two financial years.

2.2 National total amounts of adult social care grant funding announced in the Spending Review 2015 (one-off grant for 2017/18) and Spring Budget 2017 (3-years grant funding covering the period 2017/18-2019/20) are £1.115bn in 2017/18 and £1.499bn in 2018/19.

2.3 For B&NES the figures are as follows:

- 2017/18 - £3.428m*
- 2018/19 - £2.063m
- 2019/20 - £1.028m

*Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016.

2.4 Nationally, the total amount of Better Care Fund and iBCF funding amounts to £5.128bn for 2017/18 and £5.616bn for 2018/19. B&NES has chosen to pool more BCF funding than is required, by including the services commissioned under *your care your way*. As a consequence, B&NES BCF pooled budget will increase from £13.4m in 2016/17 to £64.6m in 2017/18. The iBCF Plan for 2017/18-2018/19 will reflect this extension of services funding from the BCF pooled budget.

2.5 Conditions of Access to the Better Care Fund

For 2017-19, NHS England will set the following conditions, which local areas will need to meet to access the funding:

- Plans must be jointly agreed;
- The NHS contribution to adult social care is maintained in line with inflation;
- There is agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care; and
- There is a requirement to manage transfers of care between services and settings.

Section 3 outlines how the BCF Plan and the IBCF intend to support these national conditions.

NHS England will also set the following requirements, which local areas will need to meet to access the CCG (Clinical Commissioning Group) elements of the funding:

- A requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 20016 (note this is in place for B&NES); and

- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and CCG.

2.6 Measuring Success

Beyond the four national conditions set out above, areas are given flexibility on how the Fund is spent over health, care and housing schemes or services. However, the spending needs to demonstrate how it will improve performance against the four national metrics which are:

- Delayed transfers of care
- Non-elective admissions to hospital
- Admissions to residential and nursing homes
- The effectiveness of reablement.

These metrics and how we have performed against them this year are explained more in section 2.6.

2.7 The Improved Better Care Fund (iBCF)

Guidance on the use of new iBCF adult social care grant funding was release along with draft conditions for use. Both the guidance and draft conditions are aligned with those for the BCF. Key requirements are:

- Grant paid to a local authority may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.
- A recipient local authority must:
 - a) Pool the grant funding into the BCF; and
 - b) Work with the relevant CCG and providers to meet the National Condition 4 (Managing Transfers of Care) in the Policy Framework and Planning Requirements for 2017-19); and
 - c) Provide quarterly reports as required by the Secretary of State.
- The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed. Whilst it is not necessary to wait for the national assurance process to be concluded, local authorities would be committing to funding services with some associated risk that the local plan is not then assured as part of the national process resulting in the imposition of additional constraints or conditions that would need to be met in advance of further funding transfers.

BCF and iBCF Conditions both make explicit reference to the implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care. Narrative plans should set out how local partners will work together to fund and implement this. Areas should agree a joint approach to

funding, implementing and monitoring the impact of these changes, ensuring that all partners are involved, including relevant Accident and Emergency Delivery Boards.

The High Impact Change Model sets out eight high impact changes that can support local health and care systems reduce delayed transfers of care:

- Change 1: Early Discharge Planning.
- Change 2: Systems to Monitor Patient Flow.
- Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.
- Change 4: Home First/Discharge to Assess.
- Change 5: Seven-Day Service.
- Change 6: Trusted Assessors.
- Change 7: Focus on Choice.
- Change 8: Enhancing Health in Care Homes.

The implementation of the High Impact Change Model is considered in more detail in section 3 of this report, which summarises proposed priority areas for local investment of IBCF funding.

The funding is also intended to support councils to continue to focus on core services, including to help cover the costs of the National Living Wage. This includes maintaining adult social care services, which could not otherwise be maintained, as well as investing in new services, such as those which support best practice in managing transfers of care.

2.8 National Performance Metrics

As in 2015-16 and 2016-17, local areas are asked to agree and report metrics in the following four areas:

- Delayed transfers of care from hospital;
- Non-elective admissions in acute hospitals (using the same metric which is agreed in the CCG's Operational Plan);
- Admissions of older people (65+) to residential and care homes; and
- The effectiveness of reablement.

2016/17 saw positive improvements and consistent performance against the BCF performance metrics for all except Delayed Transfers of Care (DTOCs) which was adversely affected by better monitoring and also the inclusion of groups of patients previously not counted. Recently, it has also been discovered that DTOCs had been under-reported at the RUH so targets for 2017/18 will require further work to set a consistent baseline position. Unexpected home closures also significantly impacted on those waiting to be discharged from hospital into a care home.

Appendix 1 shows the BCF performance dashboard which shows the positive trends for:

- Non-elective admissions to hospital
- Permanent admissions to care homes for people over 65 years
- People still at home 91 days after receiving reablement upon discharge from hospital.

This good performance shows that the approach towards prevention, integrated services and a community focus is supporting people to remain at home for as long as possible.

The challenge for B&NES in 2017-19 will be supporting patient flow out of hospital thus reducing Delayed Transfers of Care (DTOCs) and the iBCF monies will be critical to helping B&NES to transform services to address these challenges. Section 3 summarises proposals for associated priority areas of investment of BCF/iBCF monies.

3 B&NES 2017/18-2018/19 PLAN SERVICE DEVELOPMENT UPDATES AND PROPOSALS

The 2016/17 BCF Plan set out our commitment to continue investing in out of hospital services. This section outlines updates from existing priority schemes and introduces new schemes for 2017-19.

3.1 Prevention and the role of reablement and care at home

The 2016/17 BCF Plan prioritised the increase of capacity within domiciliary care and this will continue into the 2017- 2019 plan. It is also a key element of the DTOC plan for 2017- 2019. In 2016-17, this was increased through the Care at Home transformation programme, increased funding for providers to enable them to pass on the National Living Wage increases and by short term investment into additional care from hospital which will be continued into 2017-18. However, whilst improvement has been made, concern remains within the system about capacity within domiciliary care and this will continue to be a priority area within the 2017-19 plan.

Another priority in 2016/17 was the review of the reablement service and this will now be taken forward with Virgin Care as the new provider. Further work will take place on a long term model which makes the best of our overall capacity, the expertise within our therapy professionals and the enabling approach of our reablement workers. As described in more detail in section 3.2 below, assistive technology will need to align with reablement in 2017/18 and this is expected to expand further in 2018/19.

The overlap between domiciliary care and reablement will be reviewed further during 2017/18 to ensure that current gaps identified, such as an urgent domiciliary care response are appropriately commissioned and a plan in place. This is within the scope of an overall review of domiciliary care provision and the development of a strategy for Care at Home which was flagged as a priority in 2016 and will be taken forward between the Council, CCG and Virgin Care who will sub-contract domiciliary care services from 2018 onwards.

3.2 New Technologies

The 2016-17 BCF also introduced two new schemes; Assistive Technology and a Falls Response Service. Both will continue to be a focus for the 2017-19 plan. Plans continue with Virgin Care to develop Assistive Technology and a key aim this year will be to develop options for people to go home from hospital with assistive technology such as falls sensors and alarms to help them stay independent. This will be in conjunction with the Home First service and it is aimed to be the default option for discharge.

During 2017-19, capital investment of up to £200k will be made into assistive technology to launch a new approach to delivery. The strategy for Assistive Technology is also expected in autumn 2017.

3.3 Falls Response in the Community – preventing hospital admission

The Falls Response Service has just begun in B&NES and will see up to 4 people per day offered a response service from a Paramedic and Occupational Therapist working together to prevent admissions to hospital. Again, this is a key priority to continue into 2017-19. This service will measure outcomes for people (for example whether they were admitted to hospital anyway at a later date and how mobile they were following their fall). It is hoped that once this scheme is established, plans may be explored with other support services who may be able to respond to people who have had a fall, following training and triage.

3.4 Joining up priorities with housing – community equipment, assistive technology and Disabled Facilities Grants

Alongside the two new schemes from last year, the 2017-19 plan will also introduce a new focus on community equipment and the links to assistive technology and the Disabled Facilities Grant¹, with a new local metric measuring the rate of spend on community equipment. This will support the BCF to take into account the wider cost of keeping people at home and ensure that equipment is issued appropriately and there is a co-ordinated plan for community equipment, assistive technology and Disabled Facilities Grants.

3.5 Focusing on Strengths and Independence

Another focus for the BCF plan in 2017-19 will be on strengths based approaches to supporting people. Coaching will be provided to teams to support them to develop assessments and support planning (for both health and care services) that build on people's strengths as an individual, and on what they are able to do, rather than only what they cannot do. This approach is not new, but is a growing priority, particularly within adult social care. It is an approach that can be applied across multi-disciplinary teams.

3.6 Continuing the development of relationships and improving flow between care homes and hospitals

Significant work is planned to take place this year with care home providers to review their contract and introduce formal expectations around weekend discharges and a better spread of activity across the week. This follows considerable work during 2016-17 to develop relationships and communication between care homes and local hospitals which will see the next care home forum hosted at the RUH in June. A project called the "Red Bag Project" will be launched in the summer of 2017 which will see the 10 care homes who admit the most patients to hospital, offered the opportunity to take part in a project where specially prepared red bags including medications, personal details, a change of clothes follow residents into hospital and upon discharge, will also include specific details about their discharge for the care home to benefit from.

¹ Funding which enables local authorities to pay for major adaptations to properties that increase people's independence, such as walk in showers, stair lifts etc.

3.7 Social Prescribing

From April this service will be established within the core central function of the Wellness Service, working alongside the Healthy Lifestyle advisers (physical health and motivation), information and advice, and Wellbeing College (targeted interventions), and will make use of the ROVa app / Wellbeing Options Information Resource.

The Social Prescribing Service itself will operate on two levels – access through GP referral (holistic assessment), and open access for people with wellbeing needs in the community (signposting / triage). Priority will be given to people who are identified by GPs as frequent attendees, although the service will also be provided to other people where it is assessed that its involvement may reduce future GP / health service attendance. The holistic level will make use of volunteers in a befriending role, to help support people into interventions and help with motivation and engagement. The Open Access level will mostly be delivered by trained volunteers.

It is envisaged that social prescribing will be delivered and available to people within GP practices and within the proposed community hubs / one stop shops. ROVa will also enable people to access social prescribing online. Within the central function of the Wellness Service there will be 3 tiers of support available - holistic social prescribing for people with complex or high needs and who lack support mechanisms, targeted information for people who are looking for something specific, eg weight loss, and information and triage for people wanting more general information.

The Social Prescribing service and latterly its inclusion in the new Wellness Service shows the real potential of the Better Care Fund and *your care your way* vision to give individuals the strength and infrastructure to live independently and regain control of their health and wellbeing.

3.8 Proposed Priority Areas for Adult Social Care Support Grant/B&NES iBCF 2017/18-2018/19 Investment

The BCF Policy Framework and draft conditions of use for the iBCF Adult Social Care Grant relate to 2017/18-2018/19 funding. The additional non-recurring grant funding is “front loaded” with B&NES’ allocations as follows:

2017/18 - £3.428m*
2018/19 - £2.063m
2019/20 - £1.028m

* Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016.

Proposals for priority areas for investment need, therefore, to both meet grant conditions and achieve a balance between off-setting immediate adult social care budget pressures and more strategic investment to achieve greater longer-term financial sustainability by “pump-priming” services that:

- d) support the local social care provider market;
- e) prevent or reduce the need for permanent care home placements/long-term, intensive packages of care; and/or
- f) reduce pressures on NHS services by preventing unnecessary hospital admission and supporting local health and care systems to reduce delayed transfers of care/support more people to be discharged from hospital when they are ready.

3.9 Support to transition and transformation of community services

As part of final Due Diligence, both the Council and CCG recognised a year one (2017/18) funding risk arising from the transition of services to Virgin Care. In recognition of this risk and in support of partnership working and a shared commitment to deliver transformation, contractual provisions have been agreed. In the event that the funding risk does not fully materialise that available balance of resources will be ring fenced for investment in service transformation.

3.10 Transition to new Community Resource Centre and Extra Care Model

The three Community Resource Centres (CRCs) provided by Sirona Care & Health in Keynsham, Midsomer Norton and Bath are undergoing a significant transformation programme to deliver a range of new services aimed at supporting the changing needs of older people in the B&NES area and responding to the current gaps in the care home market. These changes were approved as part of a full business case in January 2017, together with approval to invest up to £700k of Social Care Capital Grant monies to support refurbishment and changes to each of the properties, allowing them to provide the new service models. The changes include a move to provide general nursing beds; dementia nursing beds; complex care dementia beds; and high dependency care beds for people who will need additional care staff to help them with day to day tasks.

Due to the timings of the transition to the new service models within each home, one-off transitional costs have been identified to ensure that the changes take place with minimum disruption and risk to existing residents. These costs allow the staffing changes to be made in order to meet minimum CQC requirements but recognise the Council's commitment not to move existing residents, particularly those who do not have nursing needs within those homes that will be providing funded nursing care.

The Extra Care Service provided by Sirona Care & Health is closely aligned to the Community Resource Centres (CRCs). As part of *your care, your way* and in support of the transition of extra care services to a new contractual arrangement the Council recognises a funding pressure in this service for 2017/18. In recognition of the need to undertake a review of the service and evidence any recurrent cost pressure and, also, to enable Sirona to support the wider transformation of community services, it is proposed that transition costs be funded from iBCF grant funding in 2017/18. The service will be subject to review in 2017/18 to identify both efficiencies and changes in the service model as part of the wider development of extra care services in B&NES.

3.11 Fair Price of Care Exercise and Implementation

The Council has a statutory duty to pay a fair price for care services and to consider local providers' reasonable costs. Independent analysts, Valuing Care, were commissioned to survey the local market and create value for money (VFM) rates for care home fees as part of a Fair Price of Care exercise, which has included engagement with care home providers. One of the key findings of the Valuing Care survey and analysis was that the Council's published fee rates for care homes are too low for long term sustainability. On average the Council is currently paying fees above the recommended VFM rates, however, a number of providers are being paid below the VFM rate.

Commissioners have built on Valuing Care's work and are in the process of implementing associated proposals for 2017/18 and future market development. These prioritise market sustainability; ensuring a fair and consistent approach to care home fees; and, most importantly, seek to ensure that the Council's statutory responsibilities in relation to provision of adult social care can be met.

There is a financial impact in 2017/18 from increasing existing fee levels to the VFM rate. This in-year financial pressure meets the conditions to be funded from the iBCF grant funding both by supporting the local care market and, also, protecting the provision of adult social care.

3.12 National Living Wage/Sleep-in Cover

Many funded packages of care for adults with learning disabilities, in both registered care services and in a person's own home include sleeping in provision. Such packages of care or placements require a member of staff to be present on site overnight to ensure that the person remains safe and has their needs met. However, the member of staff is permitted to sleep and only attend to any needs if required. This is standard practice that has been in use for many years. Traditionally the member of staff has been paid a 'flat rate' of approximately £35-40 per night for the sleep-in hours, which are usually in addition to the substantive hours of their post.

Recent case law has established that "sleep-ins" are covered by the National Minimum Wage (NMW) regulations. So even if a worker is allowed to sleep at work, if they are required to stay at their workplace all their hours are covered by NMW regulations.

This means if any worker is paid - on average – less than the National Minimum Wage over their pay reference period they will be entitled to a pay rise. Staff who are paid significantly above the NMW and who do sleep-ins are unlikely to be affected, because their pay will not fall below the NMW on average over the pay reference period.

It is proposed that an additional % premium will be added to any inflationary uplift to cover off all NMW changes including the impact of changes to the case law regarding sleep in shifts. New placements will also be made against this premium rate. Whilst this is a recurring cost pressure, this in-year pressure does meet the conditions for iBCF funding and the grant could be used to offset this.

3.13 Support Planning and Brokerage Service

Transforming the approach and delivery structure of support planning and brokerage is a plank of the Council's Medium Term Financial Plan and associated savings targets for adult social care. This service is expected to have a financial and non-financial impact on market management, quality and resources as summarised below:

- Market management:
 - Stronger influence on the market with the ability to benefit from economies of scale and better control of costs via a centralised brokerage function.
 - Greater visibility of market capacity and costs to inform market development and commissioning activity
 - Increased identification of areas of the market that could be utilised more effectively to support needs or developed further to manage future demand.
- Financial:
 - Reduce spend on social care packages and deliver better value for money.
 - A more streamlined process that maximises efficiency and reduces operational and process costs.
- Quality:
 - A more outcomes focused model that is built on an asset based approach to maximise independence.
 - A consistent and equitable approach across client groups.
 - Potential to develop more innovative approaches to meeting an identified need.
- Resource:
 - Increase in practitioner capacity arising from the transfer of the support planning and brokerage function
 - Better, more targeted utilisation of staff capacity.
 - A centralised team that can develop an expert knowledge base of the local market and share good practice support planning across client groups.

It is anticipated that implementation costs will be required in 2017/18 – 2018/19 on an invest-to-save basis. It is not possible at this stage to confirm the level of investment required for implementation and this is subject to the development of a detailed business case. Utilisation of the iBCF grant is appropriate and in line with conditions of use.

3.14 Protection of Social Care

As set out in national policy documents such as the Five Year Forward View and 2017-19 Integration and Better Care Fund Policy Framework and in B&NES Better Care Fund Plan 2014/15-2018/19 people are living much longer, often with highly complex needs and multiple conditions.

In Bath and North East Somerset 2016/17 saw a continued increase in pressure on the adult social care budget. This has arisen as a direct result of implementation of the National Living Wage and the costs associated with purchased care packages.

In addition, there are pressures arising from support to people with complex and acute needs in their own homes, including those with a learning disability transitioning into adult services and living longer with high levels of care and support needs. There is also an increasing demand for high dependency residential care and nursing care home placements. An additional pressure occurred during the year as a direct result of the closure of four care homes early in 2016/17 resulting in a loss of 144 bed places and need, as a consequence, to pay a premium to secure alternative placements from a challenged market with a shortfall of capacity. Additional care home placements are now coming on stream, which will off-set the loss of capacity. However, a proportion of these are targeted at those funding their own care with fee levels reflecting the very high quality facilities offered. As a consequence such placements may not be available at the Council's Value for Money, published fee levels for 2017/18, which have been introduced as part of the implementation of the Fair Price of Care Exercise undertaken in 2016/17 (see section 3.13).

The availability of social care is a fundamental element of an effective, integrated health and care system and in the face of growing pressures on social care additional investment is required to ensure and protect access to packages of care and placements for those who need them.

It is proposed, therefore, to utilise £1m of the iBCF to ensure that those in need continue to receive social care support in the context of increasing volume, complexity and acuity.

3.15 Discharge to Assess/Home First pathway proposals

Home First (also known as discharge to assess) has been identified as a key priority by the B&NES A&E Delivery Board (a statutory Board, which requires Local Authority Director of Adult Social Care and health care provider representation) to improve patient flow and reduce delayed transfers of care within B&NES. Home First is based upon the principle that it is aimed, where safe, for all patients to be discharged home. Here health and social care assessments can be undertaken in the most appropriate environment for the patient to assess their long term needs. If patients are unable to return home then temporary options need to exist to allow assessments to be undertaken in an environment which will meet their current need. It is one of the High Impact changes specifically referenced in the iBCF Policy Framework and draft conditions of use.

The pathways for Home First/Discharge to Assess have been the subject of a review, which culminated in a Home First event on 23rd March 2017. The four proposals for priority investment of iBCF grant summarised in this section are based upon the gaps identified within B&NES' current Discharge to Assess/Home First Service provision and in accordance with the priority agreed by A&E Delivery Board. Costings are indicative only and are subject to further analysis and testing. Also, indicative costs have not yet been profiled to take account of implementation timescales. It is not, therefore, possible to confirm the maximum overall investment required in each financial year. In particular, if agreed Proposal 4 for the provision of temporary assessment beds is not expected until July/August 2017 at the earliest.

Home First Proposal 1

This would involve the expansion of the Home First service (based within Reablement) to deliver 7 day referrals and discharges. Currently the additional investment into the service in 2016 was only commissioned to deliver additional Home First capacity Monday-Friday, which reduces its ability to be responsive to patients discharge needs. It is recommended that the service is expanded to deliver 2 discharges per weekend day. Whilst it is recognised that this is less than the current commissioned provision of 4 discharges per weekday, it is anticipated that demand will be reduced on weekend days, with many comparator services delivering a reduced number of weekend discharges.

It is anticipated that additional investment of around £163,646 annually will be required to support this expansion.

Benefits associated with this option include:

- The service being more responsive to patients' discharge needs.
- Ensuring patients are discharged home as soon as appropriate, reducing the risks of functional decline, hospital acquired infections and other risks associated with prolonged hospital stays.
- Increasing the number of patients being supported via Reablement, which is associated with increased independence and reduced long term care needs.
- Reduced hospital Length of Stay, reduced delayed transfers of care and improved system flow.
- Ensuring commissioned services meet the recommendations of the implementation of 7 day community services which support discharge, as outlined in the 5YFV Next Steps, High Impact Change Model and 2017-2019 Integration and BCF Policy Framework.

Home First Proposal 2

This would involve commissioning the RUH's Active Recovery Team (ART) service within B&NES for an initial 6 month transition period to provide transportation, rehabilitation support and leadership to Home First whilst Virgin Care completes its 100 days transition.

Costs to support this proposal on an initial 6 month basis are £66,941. Elements of the costs would be shared with Wiltshire and, therefore, the total B&NES contribution to support this proposal would be £40,245.

Benefits associated with this option include:

- Increasing the capacity within Pathway 1 in regards to rehabilitation and care support during the YCYW transition period.
- Provides a 7 day service, which may facilitate and support the wider 7 day expansion.
- Provide 'protected' vehicles, ensuring patients are discharged and arrive home in a timely manner. (During the ART pilot 98% patients discharged prior to 10am)
- The ART lead will provide operational leadership to embed Home First principles and pathways.

Home First Proposal 3

Continuation of the Facilitating Hospital Discharge (FHD) service to support urgent domiciliary care delivery for Home First patients. It is recommended that this service is continued for a 12 month period to provide urgent domiciliary care support to the Reablement team and Strategic Partners. This would allow sufficient time for the rationalisation of current domiciliary care provision within the Reablement team and Reablement Strategic partners, to facilitate an urgent response.

Currently around 50% of discharges into the FHD service are for patients who require End of Life care. However it is anticipated this demand is likely to reduce following the implementation of the Dorothy House Hospice Care Enhanced Discharge Service (DH-EDS) within B&NES. Therefore it is anticipated that the capacity released within FHD could be protected to provide an urgent domiciliary care response service. This service will be for urgent responses only and will not be holding packages long term. The service is to be integrated into the Home First offer rather than sitting alongside it. This will maximise its efficiency and communication between partners. This service will then be reviewed as part of the overall review of the domiciliary care offer with Virgin Care during 2017-18.

Annual costs for the FHD service are £225,090 which is currently funded non-recurrently from the BCF 2016/17. It is proposed that this service continue to be funded on a non-recurring basis from the BCF rather than from the iBCF grant. This will require the identification of a corresponding reduction in investment of BCF in other initiatives as part of developing and finalising the 2017/18-2019/20 iBCF plan.

Home First Proposal 4

This involves the commissioning of temporary assessment beds within nursing homes. These beds would be commissioned on a block contract with providers, with patients utilising these beds for a maximum of 6 weeks whilst assessments are made around long term care needs in a more appropriate environment.

It is proposed that iBCF grant sufficient to commission 5 beds for a 12 month period be agreed in the first instance. This would total £338,000 of which a maximum of £253,500 would fall in 2017/18 due to implementation timelines. Both the number of beds commissioned and period for which those beds were commissioned would be reviewed after 6-months. This review would enable both evaluation of the outcomes achieved and, also the case for continued investment of iBCF or other available funding. For planning purposes only, it is assumed that at least 5 beds for the full 12 months would be funded from the iBCF in 2018/19.

Benefits associated with this option include:

- Patients having assessments regarding long term care needs undertaken in the most appropriate environment.
- Patients are given more time for recuperation and rehabilitation; ensuring decisions around long term care needs are made at a more appropriate time.
- Reduced hospital Length of Stay, reduced delayed transfers of care and improved system flow.

Based upon the recommendations of proposals 1, 2, & 4 being progressed in Year 1, maximum total costs are estimated to be £457,391, whilst costs in Year 2 and 3 would be £501,646 annually if proposals 1 & 4 were continued for an additional 24 months subject to evaluation.

It should be noted however that the additional funding into the iBCF is non-recurrent and is anticipated to end after 2019/20, therefore if the proposals outlined in Section 3.2vii are to be continued beyond this period, additional funding sources will be required or exit strategies will need to be put in place. However, if the national measures are delivered as set out in the BCF and Five Year Forward View next steps guidance then this should release efficiency to provide the necessary recurrent funding.

4 FINANCIAL IMPLICATIONS

4.1 Funding allocations

The funding allocations into the 2017/18 and 2018/19 BCF are summarised below with the previous year's allocation for reference

Funding Summary	2016/17 £000	2017/18 £000	2018/19 £000
CCG Minimum contribution*	11,008	11,205	11,418
CCG Health & Care Revenue	0	24,182	24,182
Disabled Facilities Grant Capital	991	1,084	1,084
Council Social Care Revenue	1,500	21,559	21,559
Adult Social Care Support Grant (Spending review 2015)	0	730	0
Adult Social Care Support Grant (Spring budget 2017)	0	2,698	2,063
Total	13,499	61,458	60,306

*Subject to NHSE BCF Guidance and Funding Allocations

This shows that there has been an increase of £24,379k in the CCG's contributions for 2017/18 and £24,592k for 2018/19 together with a small increase of £93k in the Disabled Facilities Grant.

The BCF has been enhanced overall by an additional £44,241k as a result of the inclusion of the Your Care, Your Way contract, the CCG's contribution for which is £24,182k. The Council's contribution is £20,059 and is shown in addition to the £1,500k reoccurring funding for meeting the implications of the Care Act under Social Care Revenue. The figures remain the same for both years as the contract is for flat cash.

In addition to this the CCG has inflated the existing contribution in 2017/18 and 2018/19 by £197k (1.79%) and £209k (1.9%) respectively to reflect NHS England growth assumptions.

The Adult Social Care Support Grant coming out of the spending review of 2015 and the 2017 spring budget has added an additional £3,428k for 2017/18 but this is a reducing allocation over three years with £2,063k allocated for 2018/19 and £1,028k for 2019/20. Schemes to utilise this additional funding are being worked up for inclusion in the IBCF for the first two years of funding.

5 NEXT STEPS AND SUBMISSION OF PLANS

- 5.1 In light of feedback from Health and Wellbeing Board and other forums, the detailed iBCF Plan 2017/18-18/19 will be worked up, including further assessment and testing of assumptions related to priority areas of investment and the development of business cases where required. This work will continue in anticipation of the publication of the detailed implementation guidance, final conditions and supporting submission documentation.
- 5.2 It is anticipated that publication of detailed guidance and grant conditions will include very tight timescales for finalisation of the detailed iBCFPlan submission. It is unlikely to be possible, therefore, to bring the more detailed proposals to Health and Wellbeing Board in advance of submission. Agreement is therefore sought to delegate, as in previous years, to the Co-Chairs of Health and Wellbeing Board to sign off the final detailed submission. A follow-up report will then be brought to the next available Health and Wellbeing Board meeting.

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