

Improved Better Care Fund (iBCF): Birmingham Proposals June 2017



1. Introduction

- 1.1. Through the 2017 Spring budget a significant amount of additional non-recurrent funding was made available to Councils in order to support adult social care over three years. For Birmingham, this represents a £27m in 2017/18, £16m in 2018/19 and £8m in 2019/20.
- 1.2. This additional funding is the start of the national response to a widely acknowledged crisis in social care and is recognised as being only a partial and short term 'fix' for sustained funding cuts. The funds are to be combined with the existing BCF commitment (See table 1) which, taken together, now represents the Improved Better Care Fund (iBCF).

Table 1. Improved Better Care resource for Birmingham

	2017/18	2018/19	2019/20
BCF Commitment (Better Care Grant)	£6.7m	£31.3m	£52.4m
Spring Budget 2017	£27.0m	£16.0m	£7.9m

- 1.3. The iBCF provides an opportunity to bring some much needed stability across the Health and Social Care system in Birmingham, creating a firm platform for transformation which will focus on improving the health and wellbeing of the city's adults and older people.
- 1.4. This paper outlines proposals for the allocation of this resource that will deliver improved outcomes for citizens; help to alleviate key system pressures and also compliment/add value to current plans.

2. Background

- 2.1. The additional funding is significantly different to the initial Better Care Fund (BCF). This is because when the initial BCF was introduced in 2015/16 it comprised largely of redirected resource from existing NHS budgets. The Kings Fund described the initial approach as 'robbing Peter to pay Paul'¹, citing the arrangement as a principle cause of tension in partnership arrangements at local level between the NHS and Local Authorities² rather than the intended purpose of promoting partnership and integration.
- 2.2. The iBCF sets a different tone, and whilst the planning guidance is yet to be confirmed, the associated policy framework for the iBCF³ does help create better conditions for the promotion of partnership working and integration. The policy framework outlines intended use of the iBCF across three priority areas;
 - to meet adult social care need,
 - to provide support to the NHS (especially through application of the 8 High Impact Changes),

¹ What now for social care. Kinds Fund, December 2016. <https://www.kingsfund.org.uk/blog/2016/12/what-now-social-care>

² Allocating social care funds: difficult decisions ahead, Kings Fund, April 2017 <https://www.kingsfund.org.uk/blog/2017/04/allocating-social-care-funds>

³ Integration and Better Care Fund Policy Framework 2017 to 2019 <https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>

- and to sustain the social care provider market.

2.3. The iBCF still remains as one of the mandatory national policies for the integration of health and social care and this will need to be reflected in decision-making processes, although the decision making relating to the iBCF is no longer subject to the NHS assurance arrangements for the main BCF.

3. Our approach

- 3.1. Similar to other areas of the country, the initial BCF programme has not had the impact that was initially hoped for. The reasons were well documented.^{3,4} These reasons seem to have been heard nationally with the iBCF having added flexibility to the conditions for its use. This offers an opportunity to consider and tackle the broader influences on the outcomes we are trying to improve. For example, considering prevention and early intervention and helping local communities to flourish.
- 3.2. In addition, the iBCF has been introduced at a time of significant change within the NHS with the introduction of Sustainability and Transformation Partnerships and consideration of an ‘accountable care approach’. The iBCF is set within this context and provides additional opportunity to ensure that the stabilisation and transformation is at a system level.
- 3.3. We also know where improvements at a population and system level need to be made. For example, the quality and outcomes of Birmingham’s Adult Social Care system (which reflects how health, social care and wider support is joined up) is poor. Birmingham is ranked in the bottom 3% in the country and has been for over 5 years. Progress made against key contributory indicators such as the reducing rates of emergency admissions and reducing Delayed Transfers of Care (DTOC) have not matched expectation; too many citizens still lose their independence and live in residential/nursing settings and the quality of care provided in those settings varies; the quality of care and support in the community again varies too much; and those families, friends and communities that care for those who need support often need better support themselves.
- 3.4. We are therefore proposing to refresh our approach through the iBCF to ensure the maximum improvements in outcomes are achieved for the people of Birmingham; and to get best value for ‘the Birmingham £’. To achieve this, the iBCF governance will be reviewed to ensure a single voice and a unified strategic commissioning approach as a platform for stabilising the current system and fostering a joint approach to transforming the current adult health and social care system in Birmingham.

4 Focus on Outcomes

- 4.1. Our ambition is to ensure all Birmingham citizens live a good quality life. We will contribute to this by enabling citizens to live independently, and contribute to their community for as long as possible, and, if citizens need care and support to do so, we will ensure it is of high quality, and their experience of the Birmingham health and social care system is good.

⁴ Public Account Committee <https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news-parliament-2015/integrating-health-social-care-report-published-16-17/>

- 4.2. The ambition fits with the initial collective vision of the Birmingham BCF which was developed with the Experts By Experience - based around the 'Think Local, Act Personal' initiative:

By 2019 in Birmingham we will have integrated health and social care so that:

- The most vulnerable people are identified and supported to improve their health and wellbeing
- We improve the resilience of our health and care system
- We manage crises better only utilising hospitals and long term residential care when needed
- We support people to stay in control and at home for as long as possible
- We support people to effectively manage their conditions themselves but easily get help when they need it
- We support people to remain as active members of their communities for as long as possible
- We support communities to help their members to be healthy and well for as long as possible"

- 4.3. Improvements in key health and wellbeing outcomes for adults and older people will provide the evidence that we are achieving our ambition. These outcomes are well established and are outlined three key documents; Public Health Outcomes Framework⁵ (in particular the Healthcare Public Health section), the NHS Outcomes Framework⁶ and The Adult Social Care Outcomes Framework (ASCOF).

- 4.4. To keep a focus on the outcomes, we will put in place a performance framework which will ensure clear links between proposals for each of the three iBCF priority areas, the actions undertaken and the impact on outcomes .

- 4.5. The iBCF proposals for Birmingham are outlined below in Table 2.

Table 2. Initial proposals for the application of iBCF in Birmingham

Area 1: To meet adult social care need		
Proposal	Rationale	Indicative Investment 17/18 (£m)
<ul style="list-style-type: none"> • Support communities and community based organisations to develop offers that support diversion and avoidance from social care services. 	<ul style="list-style-type: none"> • Represents a focused commitment to preventing and delaying need • Supports the revised 'offer' and approach to an asset based model. • Also linked to draft BCC Commissioning Strategy for Adult Social Care. 	£8.85m (32.8%)
<ul style="list-style-type: none"> • Policy decision to channel shift all Carers assessments to community based Carers Hub, with associated support embedded within communities. 	<ul style="list-style-type: none"> • Focusing on support being provided through the community, by the community. • Assessments will be undertaken through the 3rd sector with appropriate governance and safeguarding arrangements. • Reduced reliance on social workers/ACAP to undertake assessments 	

⁵ Public Health Outcomes Framework <http://www.phoutcomes.info/>

⁶ NHS Outcomes Framework indicators - Feb 2017 release <https://www.gov.uk/government/statistics/nhs-outcomes-framework-indicators-feb-2017-release>

<ul style="list-style-type: none"> Develop a more citizen centred approach to social work which develops the community model and alleviates some of the pressure in the health economy 	<ul style="list-style-type: none"> Creating support networks within communities Reduces demand and increasing the use of community, family and individual resilience. 	
<ul style="list-style-type: none"> Reconfiguration of enablement services that focus on those with the greatest reablement potential and align care pathways for both community and out of hospital care 	<ul style="list-style-type: none"> Would align to revised out of hospital pathways, support DTOC and reducing demand for ASC Reprofile current savings to allow transformation across the wider system on a targeted basis. 	

Area 2: To provide support to the NHS (especially through application of the 8 High Impact Changes)

Proposal	Rationale	Indicative Investment 17/18 (£m)
<ul style="list-style-type: none"> Review of hospital social worker allocation to ensure sufficient resource is available to meet demand. 	<ul style="list-style-type: none"> Supports better patient flows through the system Will provide great link with community development model of social care Bridged funding gap in current provision 	£9.10m (33.7%)
<ul style="list-style-type: none"> Review effectiveness, impact and scalability of the current Home from Hospital commissioned service as part of wider system 	<ul style="list-style-type: none"> Supports earlier discharge from hospital Provides lower end support to help people settle back at home after a hospital stay. Potential to scale up (through an agreed commissioned process) across the city 	
<ul style="list-style-type: none"> Fund existing EAB funding gap to ensure current EAB levels are maintained sustained in the short term to enable longer term view 	<ul style="list-style-type: none"> Provides system stability and a commitment to review This would allow the necessary transformation to take place in the out of hospital pathways whilst maintaining current capacity. 	
<ul style="list-style-type: none"> Develop a model of trusted assessors with providers to allow single assessment to take place 	<ul style="list-style-type: none"> Channel shift and reduce pressure on social work service. Potentially efficiencies across health, social care and independent provider market with single assessment, speed of discharge and placement. 	
<ul style="list-style-type: none"> Develop and implement a permanent integrated 7-day social work, brokerage and Emergency Duty Team (EDT) 	<ul style="list-style-type: none"> Support DTOC, Discharge Hubs provide sustainable cover for evenings and weekend services for the vulnerable in our society Existing business case has already been developed for social work elements but would need to be reviewed to include the cost of brokerage and EDT services. 	
<ul style="list-style-type: none"> Development of a structure for Adult Social Care that places social workers and OTs at the 'front door' of acute settings to support diversion from hospital 	<ul style="list-style-type: none"> the ADAPT model has successfully been rolled out at one of the acute providers and had diverted demand so is seen as a proven solution There is already an evidence base for this developing at City Hospital 	

<ul style="list-style-type: none"> Consider hospital social work support extending to cover under 65's in relevant hospital settings 	<ul style="list-style-type: none"> an invest to save type model, as investment in the Shared Lives services will result in savings in the long term This has some link to Transforming Care programme (TCP) 	
<ul style="list-style-type: none"> Supporting system change / diagnostic (Newton) 	<ul style="list-style-type: none"> Review of Out of Hospital system to inform transformation and improvement 	

Area 3: To sustain the social care provider market.

Proposal	Rationale	Indicative Investment 17/18 (£m)
<ul style="list-style-type: none"> Accelerate and bring forward the implementation of the new adult social care framework 	<ul style="list-style-type: none"> Greater stability to the market Better quality of services provided for citizens Reduced variation in quality Better value for Birmingham £ Attracts quality providers to work with Birmingham 	£9.05m (33.5%)
<ul style="list-style-type: none"> Commission an 'Experts by experience/ peer review' function to assist targeted monitoring of quality and safeguarding issues in the care sector. 	<ul style="list-style-type: none"> Supports an increased focus on quality and outcomes Greater transparency Increased safeguarding 	
<ul style="list-style-type: none"> Additional staff capacity to deliver the required changes at increased pace 	<ul style="list-style-type: none"> Infrastructure costs to implement the changes required in the form of additional capacity 	
<ul style="list-style-type: none"> Agree to pay 1 year of CQC registration fees for Gold rated care providers 	<ul style="list-style-type: none"> Incentivises high quality care provision and clear commitment from BCC about care quality will assist in driving up quality 	
<ul style="list-style-type: none"> Purchase additional capacity in the care market 	<ul style="list-style-type: none"> Aligns to new out of hospital pathways, would enable commissioning of long term nursing dementia capacity which is linked to over 53% of DTOC at present. 	
<ul style="list-style-type: none"> Accelerate the uptake take up Integrated Personal Commissioning (IPC) 	<ul style="list-style-type: none"> Increase and accelerate the current IPC programme (Mental Health and LD) Initiate frailty and children's disability workstream. Potential impact upon urgent care as well as long term care. 	

5 Next Steps

- 5.1. The proposals outlined will be further developed jointly with our partners via the refreshed BCF Commissioning Executive, and shared with key partners and forums for comment and endorsement. Final sign off will be through the Birmingham Health & Wellbeing Board.
- 5.2. Detailed delivery plans will be developed to support the expectation of delivery and spend in year. These will be undertaken jointly where relevant.