

Cabinet Member Decisions

Thursday, 17th June, 2021
at 11.00 am

PLEASE NOTE TIME OF MEETING

Virtual

This meeting is not open to the public

Decision Maker

Cabinet Member for Health and Adult Social
Care – Councillor White

Contacts

Democratic Support Officer

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AGENDA

Agendas and papers are available via the Council's website

1 **IMPROVED BETTER CARE FUND PROPOSALS - 2021/2022** (Pages 1 - 8)

Joint report of the Executive Director, Wellbeing (Health & Adults) and Managing Director Southampton Local Team , NHS Hampshire, Southampton and Isle of Wight CCG seeking approval of the Improved Better Care Fund Proposals 2021/2022.

9th June 2021

Service Director – Legal and Business Operations

Agenda Item 1

DECISION-MAKER:	Cabinet Member for Health and Care Councillor White		
SUBJECT:	Improved Better Care Fund Proposals – 2021/2022		
DATE OF DECISION:	17/06/2021		
REPORT OF:	Executive Director, Wellbeing (Health & Adults) and Managing Director Southampton Local Team , NHS Hampshire, Southampton and Isle of Wight CCG		
<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director, Wellbeing (Health & Adults) Stephanie Ramsey, Managing Director	
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STATEMENT OF CONFIDENTIALITY			
Not Applicable			
BRIEF SUMMARY			
<p>This report outlines the proposals for the £10.39 million Improved Better Care Fund (iBCF) grant utilisation, reflecting the priorities identified for the Better Care Fund (BCF) for 2021/2022 and the grant requirements.</p> <p>At the time of writing the Better Care Fund team nationally have advised that the planning requirements are being finalised and will be published no earlier than the end of June 2021. The BCF team have provided an indication of the key priority areas for the whole programme on which these proposals are based.</p>			
RECOMMENDATIONS:			
	(i)	To note the content of this report, in particular the priorities for the iBCF 2021/2022.	
	(ii)	<p>To approve the proposals for iBCF 2021/2022 which align with the BCF Section 75 pooled fund arrangements and BCF priorities for 2021/2022.:</p> <ul style="list-style-type: none"> • £9.14 million on client packages and placements • £0.92 million to ASC budgets to fund longer term items that have been piloted through the use of the ibcf fund and identified as effective • £0.33 million for new projects or short term items as detailed in section 6 below 	
REASONS FOR REPORT RECOMMENDATIONS			
1.	The BCF, inclusive of iBCF, is a jointly led programme of work and as such requires approval from the Joint Commissioning Board on behalf of the city's Health and Well Being Board. The national planning guidance from NHS England and Improvement for 2020/2021, was published in Q3 of the year, whilst requiring reduced reporting continued		

	<p>to require locally agreed plans.</p> <p>Whilst the planning requirements have yet to be published for 2021/2022 it is expected that the requirement for joint planning will remain.</p>
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	This is a national planning requirement and as such no alternative options have been considered.
DETAIL (Including consultation carried out)	
3	<p>Southampton's Better Care Plan aims to achieve the following vision:</p> <ul style="list-style-type: none"> • To put individuals and families at the centre of their care and support, meeting needs in a holistic way • To provide the right care and support, in the right place, at the right time • To make optimum use of the health and care resources available in the community • To intervene earlier and build resilience in order to secure better outcomes by providing more coordinated, proactive services. <p>To focus on prevention and early intervention to support people to retain and regain their independence.</p>
4	<p>During 2019/20, Southampton's Better Care programme was refreshed to align with the city's new 5 Year Health and Care Strategy (2020 – 2025) which in turn aligns to the Council Strategy, CCG operating plan, NHS Long Term Plan and STP/ICS plans and is a subset of the wider 10 year strategy for health and wellbeing led by the Health and Wellbeing Board.</p> <p>The 5 Year Health and Care Strategy sets out the following goals to be achieved across the full life course (Start Well, Live Well, Age Well, Die Well):</p> <ol style="list-style-type: none"> a. Reduce health inequalities and confront deprivation b. Tackle the city's three 'big killers': Cancer, Circulatory diseases and Respiratory diseases c. Improve earlier help, care and support d. Improve mental and emotional wellbeing e. Work with people to build resilient communities and live independently f. Improve joined up, whole person care
5	<p>National Better Care Fund Operating guidance was last published on 18 July 2019 for 2019/20 with the policy framework published for 2020/21 in December 2020 delayed as a result of the pandemic. This included confirmation of minimum contributions for CCGs and national conditions along with an expectation of a shortened end of year report for submission to the national team. The national conditions are as follows –</p> <ol style="list-style-type: none"> a. Local agreement - Plans covering all mandatory funding contributions to be agreed by HWB areas and minimum contributions for CCG minimum and iBCF pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006) b. Contribution to social care - The contribution to social care from the CCG via the BCF be agreed, and meet or exceed the minimum expectation c. CCG out of hospital spend - Spend on CCG commissioned out of hospital (OOH) services to meet or exceed the minimum ringfence d. HWB oversight - CCGs and local authorities to confirm compliance with the above conditions to their Health and Wellbeing Boards <p>The BCF team have advised that policy guidance for 2021/2022 will be published following the conclusion of the local elections and no earlier than end of June 2021. It is expected that this policy guidance will not include any changes to the iBCF grant conditions.</p>

	<p>Therefore at this time the proposals are guided by historic grant conditions.</p> <p>The purpose of iBCF, as set out in the 2015 Sending Review, remains as follows –</p> <ul style="list-style-type: none"> • Meeting Adult Social Care Needs. • Reducing Pressures on NHS including supporting more people to be discharged from hospital when they are ready. • Ensuring that the social care provider market is supported. <p>In addition the iBCF grant is required to be included within the pooled fund arrangements as set out in the Better Care Fund.</p> <p>The iBCF grant for 2021/2022 totals £10.39 million and is formed of the following elements, noting that the figures below have been rounded –</p> <ul style="list-style-type: none"> • £9.14 million – client packages and placements • £0.33 million – New projects or short term items as per the table below. • £0.92 million – contribution to ASC budgets to fund longer term items as detailed in section 6 below.
6	<p>Proposals for iBCF 2021/2022</p> <p>Adult Social Care, finance representatives and commissioners from the Integrated Commissioning Unit have worked together to reach the following proposal. The proposal is based upon the following principles –</p> <ul style="list-style-type: none"> • Items or projects which have been funded in previous years and are now deemed to be a necessary part of business as usual should be recurrently funded. • New projects or short term items that meet the purpose of iBCF and deliver on local priorities to be funded through iBCF. <p>All proposals for 2021/2022 iBCF funding, which had been supported through this route in previous years were considered under the first of these principles. The list below were agreed to be a priority and now form part of Adult Social Care budget position –</p> <ul style="list-style-type: none"> • 7 day working for Social Care staff within the hospital discharge team. • Enhancement of the Urgent Response Service to support the hospital discharge process. • Contribution to the Discharge to Assessment arrangements in the city. • Stabilisation of the care market including: home care initiatives/bridging; contributions to system posts; and 24/7 care provision within extra care settings. • Provision of additional social work capacity for the social wellbeing team, learning disability service and mental health practice lead. <p>The prudent approach to incorporate these items into the long-term budget planning process to ensure that the ongoing activities continue to be long-term funded into 2022/23. One further item was not supported through this route, the Digital Care Team, instead this is being supported through CCG funding for this year. The team provide digital support to our care providers, particularly care homes and have supported developments in this area which proved invaluable during the pandemic response. Further work on the case for longer term funding to support this key service is underway.</p> <p>The items shown in the table below are one-off items or projects that meet iBCF requirements and local priorities and are proposed to be funded by the iBCF grant in 2021/22 (i.e. the second of the principles above). As the activities progress, and outcomes determined, decisions will be made if funding is required beyond 2022/23 which will need to form part of the 2022/23 budget planning strategy. If not, an exit strategy will be put in place will ensure the end of the activity as at 31/03/2022. All schemes have clear</p>

evaluation criteria and will cease sooner if outcomes not achieved.

Table 1 - New projects or short term items, iBCF

Scheme	Commentary	Anticipated Spend (£)
Increasing uptake of Direct Payments	<p>The development of Direct Payments remains a priority with further work required. The one-off investment to commission appropriate resources to help deliver the challenging target set to increase the number of direct payments users in 21/22. The work will include a review of the existing approach and implement changes required to embed Direct payments within social care practice underpinned by:</p> <ul style="list-style-type: none"> • Care Act compliant Direct Payments Policy and client agreements, • Efficient processes and financial payment mechanisms; • Training, support planning and brokerage • Quality monitoring and auditing (including client contributions and clawbacks), • An effective personal assistant market • Improved Information and advice for Direct Payments users (current and future) 	£54,500
Bereavement Support - Mountbatten Centre	<p>Impact of Covid: Proposal is to offer bereavement support to care homes within Southampton City whilst undertaking a scoping exercise to establish where further support in other care and staff groups is required for individuals who would otherwise be unable to access support.</p> <p>The levels of post-traumatic stress disorder (PTSD) are currently unknown; however there has been evidence of emotional burn out and fatigue in the health and social care sector. Individuals respond differently to various methods of support; the addition of a fully constituted bereavement programme will increase the breadth of support available to support social care providers with the challenge of managing staff having experienced loss throughout their work in the last year.</p>	£47,000
Potters Court - Care Service	<p>This funding will support the payment of emergency care/alarm calls and care set up at Potters Court. The delayed opening of this facility promotes the proposal for a carry forward for this funding from iBCF 2020/2021.</p> <p>Longer term funding will be required for this area, however the precise amount from</p>	50,000

		2022/2023 onwards cannot be quantified at this stage, hence the inclusion within 2021/2022 iBCF proposals.	
	Joint working with Hampshire Care Association (HCA)	<p>HCA are a provider led organisation who advocate on behalf of adult social care providers in Hampshire (including Southampton). They are an important partner and can support SCC with understanding the current market and how to work productively with the market in future developments. HCC provide some direct funding to HCA which enables them to have a more formalised relationship.</p> <p>This is a pilot in the first instance, intended to test the potential for Southampton and HCA to adopt a model/ relationship like that which exists between HCA and HCC. SCC would then be evaluating and if the pilot were successful, be recommending recurrent funding following this.</p> <p>The investment will allow SCC to continue to work with HCA on a number of different market development initiatives, namely understanding the ongoing impact of the pandemic on providers and opportunities for service development to meet current need (e.g. more complex residential or nursing) and review of provider rates. This would be in line with Hampshire.</p> <p>Without funding the risk to SCC is that there is no formal strategic partner to work alongside for our major market development initiatives this year (included in the ICU Business Plan) and we therefore are less well positioned to develop the market to meet future needs and ensure financial sustainability.</p>	21,000
	Carer's Strategy	<p>The Carers Scrutiny Enquiry report is in the Cabinet approval process whilst at the same time the carers strategy is being formed for SCC and the City. The recommendations within the report will require funding to promote development an area seen as a priority for the City. The recommendations have been informed by users through the enquiry and assist SCC in meeting its Care Act requirements. This proposal includes: adults and young carers identification and registration; development work on carers and parent carers assessment processes, through a whole family approach where appropriate; information, advice and help in coordinating day to day carer responsibilities through Application utilisation; initial work on a carer confident employer scheme; and mentoring</p>	100,000

		for young carers.	
	Project Officer	Integrated care is key driver for the system and a requirement under the care act and the city's 5-year health and care strategy. There has been a small amount of progress in the last year with agreement that further work is needed. This post is intended to provide the project support for Adult Social Care and SCC to identify the approach which would be suitable, the resources required and make the case for change.	55,300
	Total New projects or short term items		327,800
7	In conclusion the iBCF items for 2021/2022 were considered against two principles, the first of these sought sustainability in the long term with the second seeking to promote further developments which met iBCF purpose and are a priority locally. This process has led to a change in funding arrangements for the 'business as usual' items to that of longer term whilst other items are funded in year only. The funding requirement for the latter is provided in the table above.		
RESOURCE IMPLICATIONS			
<u>Capital/Revenue</u>			
8	There are no capital requirements related to this proposal, with revenue requirements described fully within the proposals themselves.		
<u>Property/Other</u>			
9	It is assumed that all accommodation issues will be managed as part of individual schemes and escalated in accordance with individual proposals or reports.		
LEGAL IMPLICATIONS			
<u>Statutory power to undertake proposals in the report:</u>			
10	Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Southampton City Better Care Fund Section 75 Partnership Agreement is such an arrangement which enables the management of BCF schemes in accordance with the national conditions.		
<u>Other Legal Implications:</u>			
11	None		
CONFLICT OF INTEREST IMPLICATIONS			
12	None		
RISK MANAGEMENT IMPLICATIONS			
13	<p>The risks related to this proposal are minimal. There remains a low risk that additional requirements for the iBCF grant when the BCF planning guidance is published later in May or June of this year. In accordance with regional BCF briefings this risk is low.</p> <p>There is a small risk that projects or items funded as part of the 2021/2022 iBCF allocation, i.e. short term, will generate insufficient evidence to quantify their impact. This risk would mean that decision making for future planning may be compromised; as such scheme leaders are aware of the requirement for robust monitoring and reporting. This reporting will be through the SCC/CCG Better Care Finance and Performance Group</p>		

	<p>which has oversight of the BCF pooled fund arrangements.</p> <p>There is risk to the sustainability of the digital support which is provided to adult social care providers, which had been supported through iBCF in previous years and is now temporarily funded fully through the CCG.</p>
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POLICY FRAMEWORK IMPLICATIONS

14	The recommendations in this paper reflect the requirements which are expected to be included within the national policy framework for Better Care .
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KEY DECISION?	Yes
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WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

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