

Better Care fund Workshop report

**A report produced by the
Partnerships Committee**

June 2021 Final Report

The Partnerships Committee, in co-operation with the Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme. The Council had a number of statutory scrutiny functions including matters relating to the health of the authority's population.

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

It requires the NHS and local government to create a local single pooled budget to incentivise closer working around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems.

The last report on the better care fund was brought to the now defunct Adult Care and Health Overview and Scrutiny committee in 2019 and focussed on winter sufficiency. As such, Members of the committee asked that this item be put on the work programme and the Chair and Party Spokespersons agreed it should take the form of a workshop, to refresh Members on the subject and to provide them with an overview of the fund to date. The workshop was held in March 2021 for Members of the Partnerships Committee. The Chair and Spokespersons of Adult Social Care and Health were also invited to attend.

2. Presentation

At the Better Care Fund workshop held for Members of the Partnerships Committee in March 2021 a presentation and update was introduced by the Director of Care and Health and was presented by the Lead Commissioner for Integrated Services. Also in attendance was the Assistant Director Care and Health, and Commissioning for People. The full presentation is attached as an appendix to this report.

Members of the Partnerships Committee received a refresher on the purpose and strategic aims of the Better Care Fund, including an overview of the protection of Social Care Services, and the funding of a range of joint health and care services to promote independence. Members were also reminded that this was underpinned by a Section 75 Agreement.

A Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners if it would lead to an improvement in the way those functions are exercised. The content of and rules governing s75 agreements are set out in NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (SI 2000/617) (as amended).

This also involved an explanation of the risk and gain share between the Local Authority and Clinical Commissioning Group (CCG). Fundamentally, the Better Care Fund is a tool for agreeing joint services and place-based priorities.

The Partnerships Committee also received an update on the total budget for 2020/21 which is included in the appendix to this report. Officers commented that there was some variance between the schemes but the general outturn 2020/21 is forecast to be within budget. Members were also given an overview of the 2021/22 budget and advised that the CCG contribution will increase by 5.3%. The Disabled Facilities Grant (DFG) rising from £503m to £573M Nationally which represents a 13.% increase to local authorities

Officers also briefed Members on the governance of the Better Care Fund, advising that joint Care and Health Executive Commissioning Group exercises executive functions on behalf of partners in relation to BCF. The Pooled Fund Manager is employed by DASS on behalf of CCG and LA. In terms of commissioning and oversight, the Health and Wellbeing Board agreed the Better Care Fund priorities annually.

Members of the Partnerships Committee were particularly interested to hear about health inequalities and population health and appreciated the inclusion of 'lived experience' within the presentation.

Key priorities for the upcoming year focused around 'home first' policy, as well as Discharge to Assess (D2A) which is a mechanism to avoid delayed discharge when a patient is medically fit, but a care package has not been put into place. Focus is also on continuing to fund all schemes in 2021/22.

Additional emphasis will be on assurance to stakeholders, reviewing all services against Wirral Priorities and working with Elected Members. Most importantly, Officers will work with service users and consult on the lived experience as ways to make improvements.

Officers concluded the presentation with a summary,

- Members were advised that current BCF arrangements pose little financial risk.
- Officers have learned in the last 12 months that integration and collaboration has been effective and responsive to the needs of communities
- The review of D2A services will help officers focus on Home First and out of hospital care and support
- An improved narrative, with improved data and information assurance
- Regular review will demonstrate which aspects of the BCF have made the most difference to people
- The priority moving forward is to reduce health inequalities and the requirement to protect social care
- Officers will recognise and learn from the lived experience of service users

3. Question and Answer Session

- Members of the Committee noted the lived experiences of the staff and expressed appreciation of the work they undertook but were keen to see feedback from patients and families to enable them to gain further perspective.
- One Member queried the risk and gain and asked who made the final decision on the virement. Officers responded by confirming that the section 75 is a legal agreement, and we are obliged to have that sign off. Officers emphasised that this year, they BCF has balanced the budget and this will be presented to the Adult Social Care and Health Committee on a regular basis.
- Committee Members raised a recurring concern that the support offered at discharge was causing undue distress and can further exacerbate health problems and lack of confidence in the process. This was a cause for concern with an ageing population. Officers were asked how this can be counteracted?

Officers were focusing resources on making this an easy transition as possible. They noted that the government rules changed during the COVID pandemic and it meant that discharge times were under an hour. It was acknowledged that previously the situation was not ideal, but that was in part due to separate services, the BCF aims to co-ordinate services and also offer services for respite. Previously, rapid decisions were made, which led to difficult situations.

- One Member raised a query around managing and delivering, around the bigger jobs which need undertaking, such as wet rooms and adjustment and liaising with landlords and housing associations to get adjustments signed off in a reasonable time.

Officers responded by commenting that the Disabled Facilities Grant (DFG) was an excellent scheme with outcomes designed to keep people in their own homes. Also noted as an area of focus was the relationship between Arrowe Park Hospital and the adaptations team to enable a fast response to those most in need. Members requested a flow chart showing the process and allocations.

Meetings are being arranged which will focus on listening to, learning from, and responding to feedback about the experience of the hospital admission and discharge pathway, which includes many of the BCF funded schemes. The next step will be the co-production of guidance for all BCF schemes, enabling points of consultation to be mapped, and an assessment of how those insights have contributed to service developments, reviews, or cultural change. Feedback on this process will be provided to members at the next workshop.

- Members commented that whilst it was good to see partnership working in place, they had concerns around the lack of advocacy in Wirral and wanted to know who covered this service. Emotional Health and Wellbeing should also be a priority when looking at integrated services.

Officers commented by assuring Members that for those in Hospital, Health Passports will be used to address those issues. The Passports have been designed for people with complex health issues or learning difficulties and is used to identify and tackle problems as quickly as possible. Officers were keen for connecting services to look at them and use 3rd sector solutions to connect patients with services and make them feel less isolated.

Wirral Council's Health and Social Care Cell during COVID has highlighted the need for connected services and are especially aware of legacy of the pandemic has had on vulnerable patients.

- One Member commented that a lot of the Better Care Fund services sit in housing and a close relationship would be required between directorates to ensure urgent issues can be fast tracked. They noted that whilst it was still early days, the basis was promising and were keen to see the outcomes rather than data.
- Members also queried how the procurement process worked and whether it slowed down the speed that alterations can be installed.

Officers agreed that this was complex. Once the assessment is completed then it really doesn't fall within the Adult Social Care Remit, it falls under the Housing and any adaptations and adjustments need to comply within the procurement contract rules. Members commented that they would like to look at best practice in this area. Officers agreed it would be helpful to provide committee with the current procurement process but commented that some items can now be fast tracked within the procurement guidelines.

- The Officers in attendance also commented that focus will also need to be on social isolation, as this is an issue much wider than the Better Care Fund and the available services. Future work will also need to focus more on working with local services and across the directorates with culture and leisure to help with Emotional Wellbeing and Mental health.
- Members also asked for sight of a report families have contributed to regarding care homes in the pandemic.

4. Next Steps and Recommendations

Members thanked officers for the time spent putting together the presentation and agreed that the work around the BCF and integrated services would need to be monitored on a regular basis through the Adult Health and Social Care Committee, Health and Wellbeing Board and the Partnerships Committee.

Whilst the Adult Health and Social Care Committee and Health and Wellbeing Board will continue to make decisions on the operational, budgetary and policy of BCF, The Partnerships Committee is charged with undertaking reviews on the operational performance of shared service partnerships.

Members of the Partnerships Committee were keen to explore the Disabled Facilities Grant in more detail and find out where delays to adaptations may occur. It was agreed by Members that excellence can be achieved by challenging significant issues. Whilst the session was informative, those in attendance also wanted to look at services pressures, streamlining pathways, and Mental Health within the BCF.

Members were keen to undertake further work into Disabled Facilities Grants and would like further information around processes, procurement, and blockages in the system.

Recommendations

The Partnerships Committee is recommended to

1. Note and comments on this report and
2. Give consideration as to whether they wish to include any of the outcomes of the workshop in the future work programme.

In addition to the recommendations above, other outcomes for noting are,

1. Further work could undertaken by the Partnerships Committee on Mental Health and Social Isolation within Wirral and 3rd Sector Participation in BCF
2. The Partnerships Committee could receive regular updates on work being undertaken by the Better Care fund.
3. The Partnerships Committee could continue to work with Patient Groups and Service Users to better understand the outcomes of shared services.

