Title	Transformative Funding - Developing the Triple Aim		
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Introduction

The internationally renowned Institute for Healthcare Improvement (IHI) maintain that to optimise a care system 'new designs must be develop to simultaneously pursue three dimensions, called the triple aim.

Improving the patient experience of care (including quality and satisfaction)

Improving the health of populations and

Reducing the per capita cost of health care

These effectively featured in the e Five Year Forward View, produced by the NHS 2014 it stated that

'Short term expedients to preserve services and standards …. (will) inevitably over time lead to three widening gaps

Health and Wellbeing

Care and Quality

Funding and efficiency

…a better future is possible – with the right changes, right partnership and right investments'

The Torbay system remains in a position that is better than most systems to achieve this building on the success that is has been delivered and demonstrated over the last 10 years.

Having had a period where the joint working and partnership has been consolidated allowing for national and local changes in structure. With the formation of the Integrated Care Organisation supported by a Risk Share Agreement between the three local health and care public sector partners (ICO, CCG and Council- including Public Health) there is now a further opportunity to produce a step change in the system. Each partner has its role to play in this. Such a change is at a system level and recognised as being beyond a public sector platform, extending the renowned Torbay integration work to a wider collaboration with the market – public, voluntary, independent, family and informal carers involving the community in its widest sense.

This paper makes proposals for transforming care in Torbay in line with the purpose and criteria as laid down for the Improved Better Care Fund made available through the Department of Communities and Local Government.

The Better Care Fund

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

The overall Better Care Fund which is, in the main, administered by the Clinical Commissioning Group amounted to £16,569,000 in 2017/18. This included an Improved Better Care Fund element of £4,449,000 as well as £1,631,000 of social care capital grants and Disability Facilities Grant. The Council is required to maintain responsibility for elements such as the DFG and the iBCF additional funding (please see below).

The financial amounts are recorded in the Section 75 agreement that supports the transfer of the funding between organisations.

Section 75 of the 2006 National Health Services Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions

The national targets in relation to the BCF for 2018/19 have been agreed in conjunction with the ICO. The associated spend to deliver care services in line with the fund criteria amounts to £18,576,592 as reported to the Health and Wellbeing Board 07 September 2017.

The Councils contribution to the overall fund including the Improved Better Care Fund allocation is set out in the table below:

Better Care Fund funding contribution	2016-17 (2015/16 + 1.5%)	2017-2018 (+1.79% on 2016/17 assured figs baseline as per policy framework)	2018-2019 (+1.9% on 2017/18)	Not covered by the policy framework 2019-20 Total
Minimum NHS CCG contribution Can you put in the figures that we are expecting from the CCG please	3,011,156	3,065,055	3,123,291	
Improved Better Care Fund Local Government Finance Settlement	N/A	633,138	3,782,284	
New grant allocation – Funding for adult social care via DCLG	N/A	3,815,560	2,366,904	1,171,936
Disabled Facilities Grant (capital grant for adaptations to houses)	1,524,090	1,631,353	1,738,615	

IBCF Total	4,535,246	9,145,106	11,011,094	

Improved Better Care Fund (iBCF)

As referenced above in the spring budget 2017 the Chancellor of the Exchequer announced additional funding to enhance the 'Improved Better Care Fund. Significantly this funding comes through the Department of Communities and Local Government (DCLG). At a Torbay level, it falls within the remit of the local authority's Section 151 officer to sign-off the local spend i.e. the S151 officer retains responsibility for accounting for its spend in accordance with the criteria. However, the partnership working that characterises the Torbay system is demonstrated through the governance arrangements for this funding. These are expanded upon in section 4.

As stated in the table above for Torbay, the additional money amounts to:

2017/18	2018/19	2019/20
£3,815,560	£2,366,904	£1,171,936

It should be noted that the 2019/20 figure remains indicative and there is not guarantee of these funds at this time

The conditions attaching to these funds highlight the need to contribute to the High Impact Changes and to support National Condition 4 (BCF) – Managing Transfers of Care(a new condition to ensure people's care transfers smoothly between services and settings), along with quarterly reporting to the Department of Health and the Department of Communities and Local Government. The grant conditions also emphasises the need for the funding to be applied to stabilising and building capacity in the local care system, which is in line with the Care Act 2014 in respect of facilitating sustainable, quality care markets.

Over the last decade of innovation and multi-disciplinary working new partners and services have been introduced, value for money was established across a number of service areas and radical changes in provision were implemented. Award winning initiatives such as Dunboyne Court provided tangible evidence to the public of the changes wrought and better care services being developed along with infrastructure.

Also, the development of intermediate care and the use of care homes for intermediate care continue to be key element in the impressive, good national ranking of the Delayed Transfer of Care figures that have been a feature of winter 2017/18. This serves as a good example of where health spend in social care settings benefits in line with the Triple Aim and supports the NHS.

The ability to drive change in the early years of the Care Trust was due in no small measure to it being a response to the demands and requirements of the public, patients and clients. These were captured in the well-known Mrs Smith and the benefits that integrated services offered her and her wellbeing.

The on-going commitment to transformation and integration is evidenced at a national level with the recent development of the Department of Health and Social Care. Torbay has the assets and building blocks in place to be in the vanguard of system improvement and innovation which is needed to match the fact that Torbay has a rapidly growing aging population ahead of the national average.

A large proportion of this funding was passed to Torbay and South Devon NHS Foundation Trust (the ICO) to facilitate and accelerate many of its integrated schemes:

Single Point of Contact

Frailty Care Model

Carer Advice and Support

Enhanced Intermediate Care

Health and Wellbeing Co-ordination

Dementia strategy and action plan

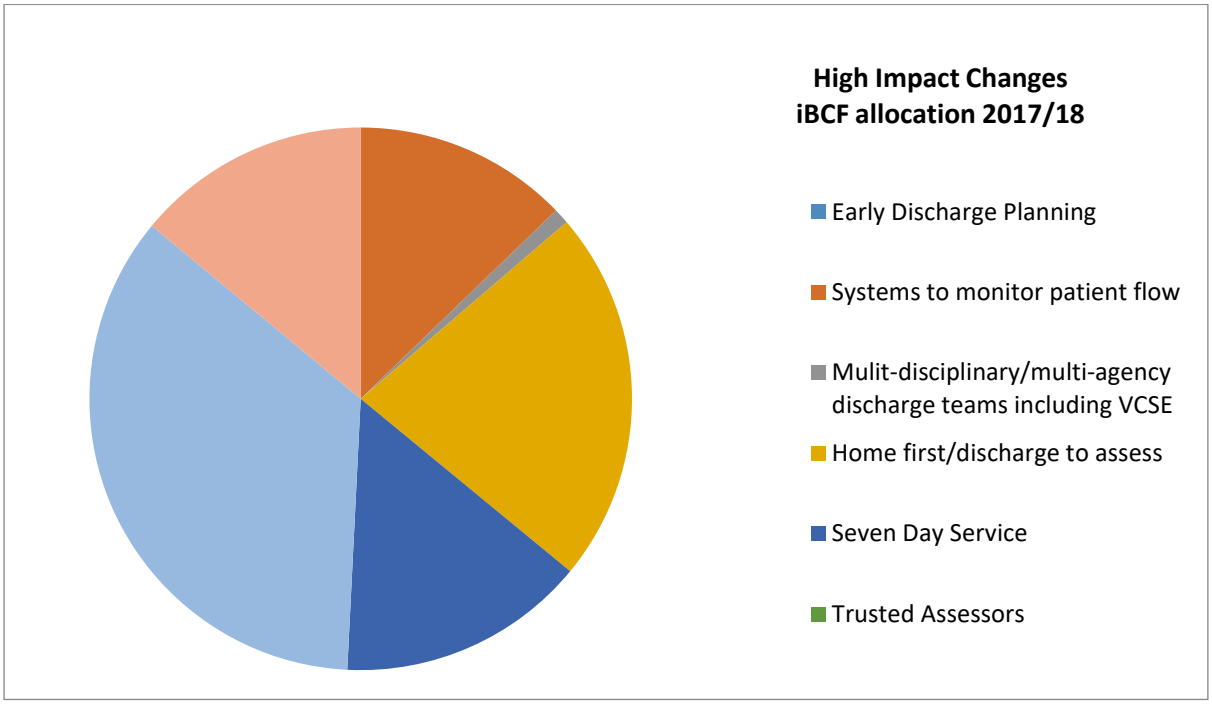
Approximately £1m was made available to a joint board to use for new schemes and transformative pilots. It was important to recognise that whilst funding was indicated for years two and three there was no commitment from central government and therefore all schemes approved were on the basis of whole term funding. The list of schemes for which funding has been allocated appears below:

Project Name	HIC	Torbay System Impact	Approved	Total Scheme Cost
Extension of TSDFT Care Home Education and Support Team (CHEST)	8	B	Approved - with conditions	91,000
Mental Health and DPT (MSB)	7	D	Approved	120,000
Proud to Care South West	5	A	Approved	60,000
Leadership development in care homes	8	B	Approved	50,000
Development of the out of hospital care system	4	C	Approved	240,000
IPC	7	C	Approved	60,000
Transition Worker	2	E	Approved	138,000

Health Care Videos	5	F	Approved	100,000
Market Analysis for Care Homes (see also Transformation Funding)	8	B	Approved	10,000
LD Peer Review	7	E	Approved	151,000
Non-injured fallers	3	B	Approved	32,000
City & Guilds Accreditation	4	A	Approved	10,000
Low Cost Packages / Eligibility Criteria - Age UK	7	B	Approved	17,000
			Total	£1,079,000

These have been considered and approved on the basis that they will produce positive impacts in multiple parts of the system, being evaluated against the drivers of High Impact Changes (NHS) and social care grant criteria. The impact of the schemes to date is illustrated as follows:

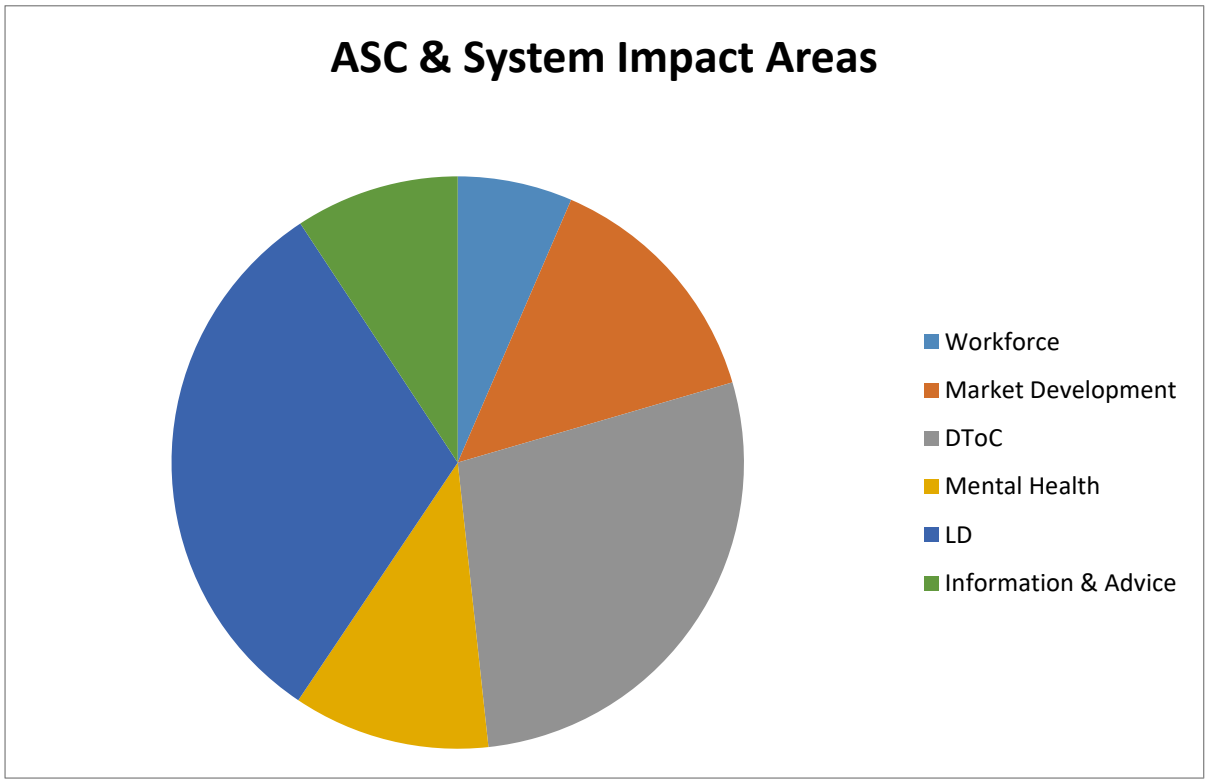
The 2017/18 iBCF



The projects and activity that were already being undertaken particularly around adult social care were reviewed following Professor John Bolton's visit and his discussion with Torbay colleagues in 2017 in relation to his paper – Six Steps to Managing Demand. The output of that meeting and his report were considered in

producing areas against which the balance of the iBCF spend for social care could be monitored and the areas of impact assessed.

The present schemes produce the following:



Governance - internal

In the first round of funding all three parties to the Risk Share Agreement in respect of health and care services, have worked together to develop the schemes. These have been considered and approved through the Better Care Fund working group and board which also forms part 2 of the Social Care Programme Board (SCPB). The SCPB is the performance and monitoring function for the delivery Annual Strategic Agreement which covers the Council's delegated functions and funding in respect of Adult Social Care.

The Better Care Fund Board meets monthly, alternating between a discrete board meeting and as part 2 of the Social Care Programme Board (bi-monthly meeting). The membership is cross-organisational with all three parties to the Risk Share Agreement represented at executive or senior decision taking level. The list of schemes for which funding has been allocated appears below:

Governance - External

NHS England approve the overall Better Care Fund plan and have the right to impose conditions. It requires a detailed narrative, completion of financial and text driven template along with confirmation of the Section 75 agreement having been completed and signed. There are challenge points during the process such as audit and update of the performance against the High Impact Changes.

Failure to be able to meet all the requirements may result in allocations being returned or future allocation cut. This was of particular note in respect of Delayed Transfers of Care where failure to meet nationally set targets as well as local trajectories could have resulted in funding being withdrawn.

NHS England will not approve the plan until it has been considered and approved by the local Health and Wellbeing Board. Torbay was pleased to be one of the systems that had its submission approved both first time and without conditions being applied.

Quarterly reporting on detailed and prescribed templates are required. Two different reporting lines need to be satisfied with two different templates. The three parties to the Risk Share Agreement, (system partners) contribute to each return and have access to the submissions. The Clinical Commissioning Group maintain the responsibility for submitting the actual document to NHS England in addition to updating the Better Care Fund Support Manager at regional level. The Council maintain the responsibility for submitting the quarterly reports to the Department for Communities and Local Government (DCLG) along with those to the Association of Directors of Adult Social Services (ADASS).

Relationship to Joint Strategic Needs Assessment

In an 'as is' situation the demand and costs to the system will increase as evidenced by the JSNA. The transformation that is taking place with the new model of care responds to these challenges and the constant endeavour to improve client and patient experience. Working in an integrated way is key to achieving this.

The use of the BCF and particularly the iBCF is there to support the development of an integrated system and seamless transfers of care with a stable and supported provider market delivering services that reduce the pressures on the NHS. This remains a focus of the BCF Board with reference to transforming care to meet the Triple Aim stated earlier, as well as reducing demand and costs in social care. It is worthy of note that costs are to be considered as different to value. The spend in social care and community (culture, environment, housing) are to be discussed as areas where funding shifts within the system are made so as to reduce demand, improve value and seek to ensure future viability and sustainability of the care system and providers within it.

Relationship to Joint Health and Wellbeing Strategy

Within the BCF narrative and schemes in progress there are many that support the preventative and early intervention strategies. With the projected demand on services and the recent workforce reports from Health Education England (190,000 more staff 2027) and Skills for Care (700,000 more staff by 2030) excluding the factor associated with a compound effect of annual turnover requiring in excess of 1 million new workers in the current 'as-is' system, it is clear that the support must be focussed on accelerating a transformation to a new model of care. This requires the engagement of and delivery models with an increasingly broad range of stakeholders and the community themselves. The development of a care-force beyond a workforce requires a shift in tasks and costs. Along with this is the care of those that are caring. Wellbeing and the devolvement of action to an up-skilled and technologically enabled care-force with solid infrastructure and oversight is essential.

The mental health of our communities is key. Those in the workforce are citizens in their own right and their mental health and wellbeing need to be supported. In turn retention and absence rates in the workforce are improved, increased learning takes place and the ability to support the wider community is achieved.

Supporting low mental health initiatives as well as ensuring robust complex mental health services are available, is an essential element to creating resilient communities and care systems. There are wider determinants to wellbeing and it is proposed that these are key considerations for the next round of funding.Key considerations for 2018/19 iBCF

In March 2017 the Health and Wellbeing Board received a report on the Healthy Torbay Supplementary Planning Document (SPD). (This highlighted the many areas where demand and cost on the overall system can be mitigated by addressing the wider determinants of health. Many of these lie within the remit of the Local Authority and Public Health. This is just one example of the evidence that exists which encourages an immediate and resourced approach to addressing these opportunities (necessities).

Alongside this, the engagement of Primary Care and GPs is going to be key. The situation in our neighbouring authority, Plymouth, with GPs handing back contracts, demonstrates the impact and challenge that a system faces when such things happen. It will be key to ensure that the proposals and transformations that are forthcoming not only have the engagement but support primary care; this part of the system is fundamental in the move to care closer to home and the connectivity with increased skills sets of workers in the community.

Principles

The necessity to move at pace and extract optimum value from this opportunity will be supported by the following principles:

Fast (auditable) decision making delegated to lowest level

Acceptance of calculated risk taking

Proportionate business cases (note point 2)

Resource planning and commitment

Sound project management and governance – pace maintained, scope or timing drift avoided or reported early

Reflective practice – deriving learning and advantage from all schemes +/- direct success/outcomes

Full term funding commitment with milestones – Stage payments to manage spend over the course of the project.

Co-design and co-production whilst ensuring effective decision making and project pace

Adopt, adapt, accelerate learning from elsewhere (inter)nationally – examples:

Housing First – Finland

Buurtzorg – Nederland

Enhanced Care in Care Homes – Leeds

Dementia Villages – Nederland

Flexible reablement facilities - look up GP practice

Primary Care data sharing agreement – look up – London

Do nothing ourselves that someone else can do better or more efficiently

Partnership

As stated, one of the great strengths of the Torbay system is the partnership working. This is evident at both a structural, Risk Share Agreement / Section 75 agreement level, and at an executive and officer level.

The overall system is once again undergoing significant structural change as Sustainability and Transformation Partnerships shape Accountable Care Systems and Local Care Partnerships. At practical local levels many colleagues have left the services through schemes such as MARs (mutually agreed resignation) and others are having to apply for new roles in different structures. At a human level this is creating additional pressures and tensions for people and portfolios having to be re-shaped. As with any relationship, there are ebbs and flows as to where a burden or leading role sits at any moment in time.

This is in addition to the operational imperatives that the ICO must address. The recent snow fall and flu has highlighted the need for staff to focus on the care of those requiring it in a very real time, direct way. The capacity to develop projects, pilots and engagement is understandably challenged when client and patient car must come first.

Whilst having delegated responsibilities and budget to the ICO, it is proposed that at this time the Council as a supportive partner, across all its functions, commissioning, public health, housing, culture etc., must consider how it can best lead the Improved Better Care Fund initiatives and optimise the opportunity that is well placed to address through strategies such as Healthy Torbay.

The continued reductions in care home provision, the necessity to build on and accelerate work that has come out of the community such as Ageing Well pilots, the fulfilment of the strategy in respect of care & support workers in the community through the Living Well@Home programme, the need to have the community more familiar with where they can access information and advice are some of the drivers for the next round of funding.

The proposals are listed in appendix 1.

Recommendation

Co-design and co-production will need to be at the heart of the development of all successful new models of care different areas around the country produce. The development of a care-force beyond workforce, is essential as is the meaningful and focused engagement for that to happen. These proposals are made with that awareness.

The Health and Wellbeing Board is asked to support:

A commitment to transformative care learning from the initiatives and taking the momentum from successes to date to deliver the Triple Aim and deliver the goals of the Five Year Forward View

The recognition of the pace of change required with the demographic, workforce and care demand drivers being faced

In-principle the proposals made in Appendix 1, for them to be taken through due governance, to deliver a transformation in Torbay's care provision for the wellbeing of the population including those working and caring within it

Appendix 1.

iBCF Transformative Proposals 2018/19

No	Proposal	High Impact Changes	Torbay System Impact	Total Scheme cost
1	Residential & Nursing Care Market shaping: Post LGA mkt analysis/demand modelling engagement with care home providers to incentivise change via capital grant for restructure of businesses model/reconfiguration of services. 1. Building redesign to meet dementia best practice guidelines (Stirling university). 2. Smaller residential care providers to reconfigure business to meet more specialist and complex needs including, ventilators, better continence management, falls prevention, dementias for under 65's & positive management of more complex behaviours resulting in reduced 1-1s and better personal outcomes include innovation in assistive technology. 3. to increase collaboration/federation or alliances of smaller providers to agree trusted assessor and referral process and coordinated admissions policy/protocols to ensure better mix of manageable needs and core skill set to be used across homes, shared leadership and back office potential for future sustainability. 4. development of intergenerational models of care	8	C	1,200,000
2	Residential & Nursing care Replacement care- insufficient supply- pilot use of shared lives type approach	7	B	200,000
3	Housing & support Extra care housing- 2018/19 acquisition of site, planning and design including, engaging community/residents in what will work locally based on evidence of good practice. Development of links to community networks and CVS to ensure successful and sustainable inter-generational communities.	4	B	1,423,940
4	Mental health, Prevention, CVS resilience enhanced outreach support to vulnerable younger adults with a range of needs including, mental health, learning disability, autism, to intervene early and prevent needs escalating	3	F	75,000

5	Mental health, prevention, CVS resilience Link Worker to support women with complex vulnerabilities including, mental health, learning disability, autism and domestic abuse and mental health/domestic abuse advocate based in health settings	3	D	60,000
6	Prevention, Assistive technology supporting self-care and independence at home through access to tele health and tele care and smart home' technology, preventing and delaying need for more acute services and supporting reablement and recovery at home following crisis	4	C	200,000
7	Mental health, prevention, CVS resilience Recovery college: Co-ordinator to recruit/develop peer trainers and admin support plus qualified mental health practitioner Premises possibly via social entrepreneur as per Plymouth model which covers dementia and homeless rough sleeper/other groups together (Memory Matter/moments good food cafe) - could also be TDA funding? Est v rough £200k (includes Skid Row Marathon)	3	D	260,000
8	Staff - retention, training and skills development at all levels Leadership in care homes noting what has worked well elsewhere - e.g. residents charter, leadership programme, care managers network and peer support Fair train - work experience initiative to improve support of staff / care capacity Peer to peer support in dispersed community settings e.g. domiciliary care and care homes offering connecting through technology for increased resilience and quality care decisions (Siilo) Wellbeing initiatives - to promote resilience in workforce e.g. supporting mental health and taking learning from DPT	3	A	351,000
9	CVS resilience, Staff training and skill development 2 additional Wellbeing Co-ordinators with focus on housing and employment advice and support for vulnerable older people, those with learning disabilities poor mental health and autism. Alternative funding sought dependent on 6 month evaluation.	3	F	40,000
10	Domiciliary care and support changes eg brokerage model	3	B	750,000
				4,559,940
	RSA2			1,700,000
				6,259,940
	High Impact Changes	ASC System Impact Areas		
1	Early Discharge Planning	Workforce		A
2	Systems to monitor patient flow	Market Development		B

3	Multi-disciplinary/multi-agency discharge teams including VCSE	DToC	C
4	Home first/discharge to assess	Mental Health	D
5	Seven Day Service	LD	E
6	Trusted Assessors	Information & Advice	F
7	Focus on choice		