



Date of Meeting: 27/11/2019

Lead Member: Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Tony Meadows – Head of Commissioning – Adult Social Care

Executive Summary:

The Better Care Fund (BCF) is the current national policy approach for integrating health and adult social care. It has been running since 2014/15. The BCF spans both the NHS and local government and 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 policy brings together resources from the NHS and local government and requires local plans to be produced and overseen by each Health and Wellbeing Board across England.

Planning guidance for 2019/20 was not released until July 2019 with the submission date for national assurance by NHS England for 27th September 2019. The guidance sought to simplify the previous planning approach and bring in the Winter Planning Grant to BCF Plan. A strategic narrative for the BCF Plan has been developed to reflect the strategic context of STP and ICS and address a number of key lines of enquiry set out within the planning guidance.

The 2019/20 BCF plan has largely been a rollover of 'as is' from 18/19. The schemes have built upon the success from the plan and include:

1. Support for carers;
2. Maintaining independence;
3. High impact changes/supported hospital discharge/ Home First;
4. Integrated health & social care locality team;
5. Strong & sustainable care markets.

The BCF Plan was submitted to NHS England on the 27th September and has since received regional approval and is going through the national approval process. Due to the planning timescales, there is no requirement to provide a Q2 BCF performance up-date to NHS England, the first report will be Q3.

In October the Dorset Health & Well-Being Board approved the Dorset BCF Plan for 2019/20. There was a request that future BCF reporting contain a case study to highlight examples of how integrated working through the BCF has improved outcomes, this will be provided through a presentation to the board.

Equalities Impact Assessment:

Equalities Impact Assessment (EqIA): N/A

Budget:

The overall income from the BCF is summarised below with the winter pressures grant being included this year:

Funding Sources	Income
DFG	£3,659,664
Minimum CCG Contribution	£26,761,222
i-BCF	£10,375,745
Winter Pressures Grant	£1,708,771
Additional LA Contribution	£57,990,500
Additional CCG Contribution	£31,642,000
Total Pooled Budget	£132,137,902

Risk Assessment:

There were a number of risks attached to the BCF. These included the delay in publication of the national planning guidance and uncertainty about the 19/20 uplift and its affordability for the Clinical Commissioning Group, however these issues have been addressed.

All the commissioning partners involved in the BCF are under significant financial pressure in the face of growing demand and complexity of need.

The top two risks previously reported within Dorset County Council's Corporate Risk Register were:

- Capacity, capability and financial pressures on partner organisations impact negatively on the delivery of the Better Care Fund objectives
- Better Care Fund performance targets are not met placing funding at risk

Other Implications:

Performance associated with the Better Care Fund is a joint priority for health and social care and feed into the delivery of the aims of the Sustainability and Transformation Plan.

Recommendations:

It is recommended that:

Health & Well-being Board note the progress against the BCF metrics.

Reason for Recommendation:

The BCF Plan has been developed jointly by Dorset Council and Dorset CCG and builds upon the work achieved within the previous Plan.

Appendices:

Background Papers:

2019/20 BCF Policy Framework

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821676/Better_Care_Fund_2019-20_Policy_Framework.pdf

2019/20 BCF Planning Guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821675/BCF_Planning_Requirements_2019-20_DHSC_1.pdf

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Better Care Fund – Report for Q2 2019/20

1. Introduction

- 1.1 The Better Care Fund (BCF) is the current national policy approach for integrating health and adult social care. The Better Care Fund (BCF) spans both the NHS and local government and 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 policy requires local plans to be produced and overseen by each Health and Wellbeing Board across England and has been running since 2014/15.
- 1.2 This report sets out the performance of the previous Dorset Health and Well-Being Board area against the 2019/20 Better Care Fund Plan for Q2.
- 1.3 There has not been a BCF return to NHS England this quarter because the 2019/20 BCF plan is currently going through the national assurance process after received a recommendation for approval by the regional BCF teams. Subject to national sign off, letters of recommendation will be issues by mid-December.

2. BCF Plan Delivery

- 2.1 The 2019/20 BCF plan has largely been a rollover of 'as is' from 18/19. The schemes have built upon the success from the plan and include:
 1. Support for carers;
 2. Maintaining independence;
 3. High impact changes/supported hospital discharge/ Home First;
 4. Integrated health & social care locality team;
 5. Strong & sustainable care markets.

3. National Performance metrics

- 3.1 The 2019/20 BCF Policy Framework confirmed that the four national metrics from the 2017/19 plan were to be carried over, with the only change that the DTOC target was to change to a whole system target rather than by organisation so a wider system approach.
- 3.2 The National Delayed Transfers of Care (DToC) targets for 2019/20 were released in June 2019 and set within the planning template. Where an area has not their expectation, there are to work to achieve it as soon as possible.
- 3.3 The target for non-elective admissions was given to the CCG as part of the NHS Operating Plan guidance.

3.4 The targets for both permanent admissions to nursing homes and reablement were set locally as part of the planning process and based upon the last couple of years' performances as well as national and local benchmarking.

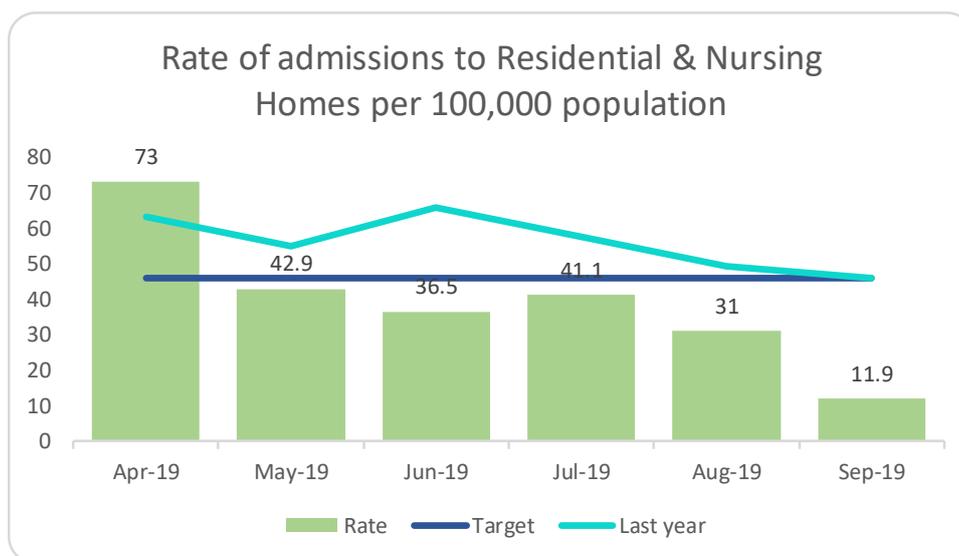
3.5 Metric One – Non-Elective Admissions

- **Metric:** Total non-elective spells (specific acute) per 100,000 population
- **Outcome sought:** A reduction in the number of unplanned acute admissions to hospital

(Awaiting update from CCG)

3.6 Metric 2 – Admissions to Residential & Nursing Homes

- **Metric:** Long term support of older people (aged 65 or over) met by admission to residential and nursing homes per 100,000 population.
- **Outcome sought:** Reducing inappropriate admissions of older people into residential care
- **Target:** 550 admissions per 100,000 was set locally. The target for 2018/19 was 535 but year-end performance was 585.

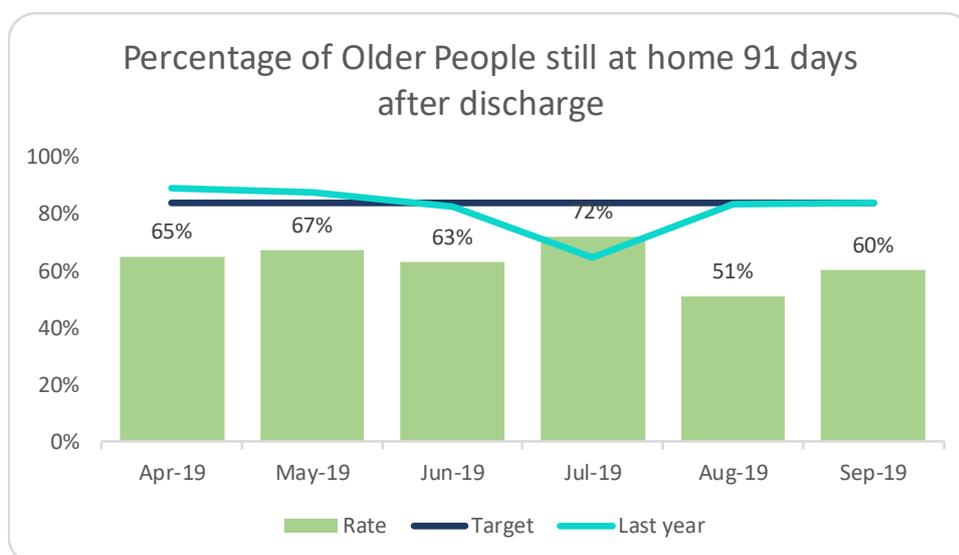


3.7 Although the half year performance x2 equals 472.6, our year end performance will be considerably higher than that once all data lag has caught up. However, it would be reasonable to say that based on current performance, we could expect to come in close to target for the year.

3.8 Metric 3 – Proportion of Older People Still at Home 91 days after discharge from Hospital to Reablement/Rehabilitation Service

- **Metric:** Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services.
- **Outcome sought:** Increase in effectiveness of these services whilst ensuring that those offered the service does not decrease.

- **Target:** 84% was set locally which is the same as the previous year's performance against a 80% target.



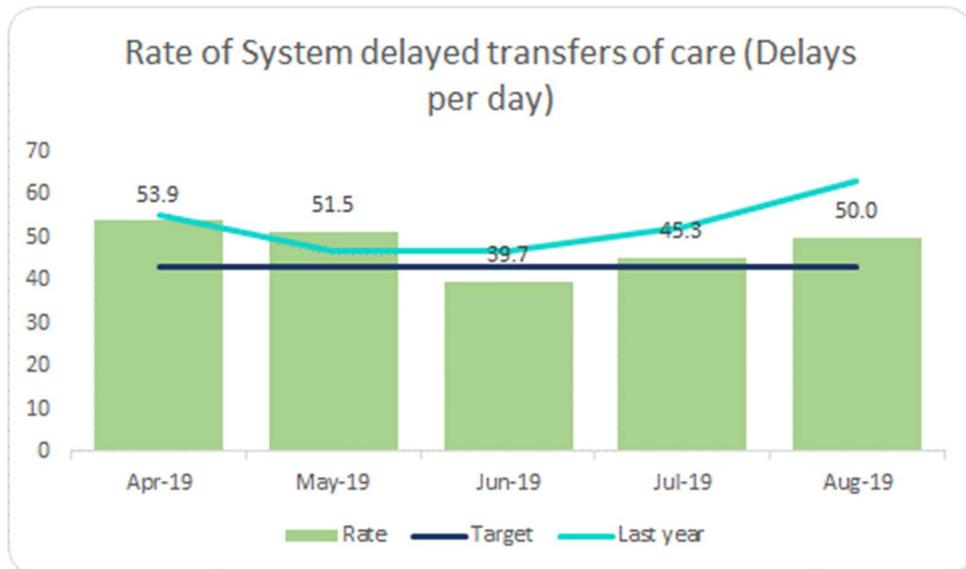
3.9 The HWB are currently reporting 63% which is considerably worse than target of 84%. We know performance in this measure will increase for previous months as each later month is calculated due to a lag of data entry on the system. In addition, if we proportionally calculated the number of discharges yet to have a review, our performance will be closer to 80%.

3.10 Once a year, for the official indicator ASCOF 2B, we add supported discharges from Health. These figures historically tend to increase our final result. Therefore, 84% as a year end figure looks on plan but a more accurate projection won't be able available until Q3.

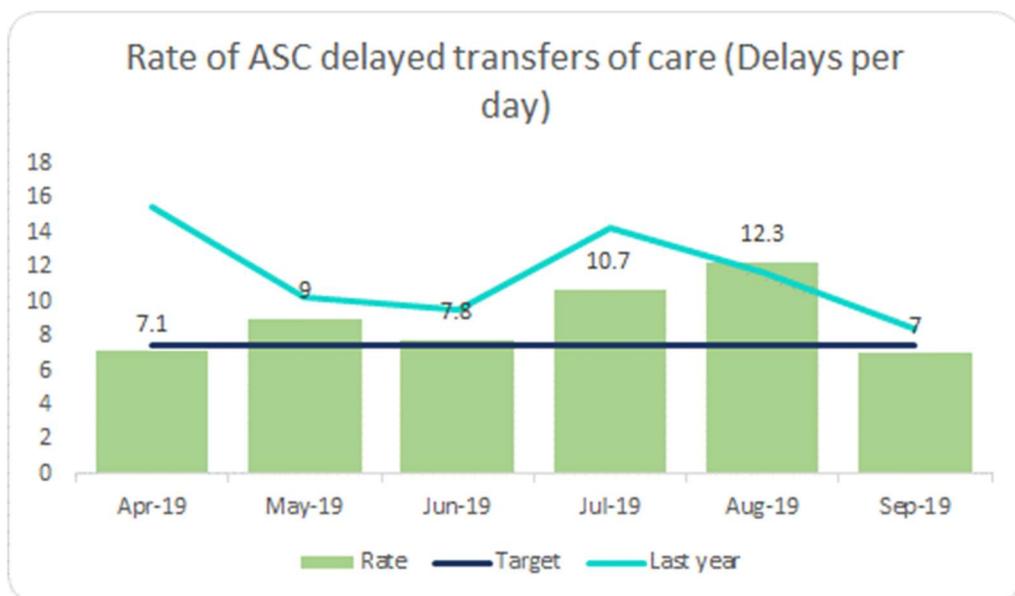
3.11 Operationally there is a review of the reablement services to support winter pressures planning that is seeking to improve the effectiveness of the service and how it integrates with other discharge and admission avoidance pathways.

3.12 Metric 4 – Delayed Transfers of Care

- **Metric:** Delayed Transfers of Care from hospital per 100,000 population
- **Outcome sought:** Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfers from all hospitals for all adults.
- **Target:** the target for DTOC is 43.1 per 100,00 population for the Dorset system, the first time a system target has been used and set nationally.



3.13 The system target of 43.1 has been met in one month in the first six months of the year, which whilst an improvement on the previous year remains a significant challenge for the system to achieve this metric.



3.14 Within adults' social care, Q2 ended with a total of 104 delays in the month, which is the lowest ever recorded. This equates to 3.35 delays per day, against the internal Better Care Fund target of 7.5 delays per day.