Dorset Council Area BCF Narrative Plan 2021-22

1. Cover

Health and Wellbeing Board(s) :

Dorset Council

The following bodies have been involved in preparing the plan:

- Dorset Council,
- Dorset NHS Clinical Commissioning Group,
- Dorset Joint Commissioning Board (JCB).

Representatives from above have either directly input or been consulted on the content of the Plan.

Wider consultation with Acute Trusts, Providers, VCS organisations takes place in other forums and settings in relation to specific contracts, priorities and workstreams. This directly influences the Plan.

The Joint Commissioning Board, a Pan Dorset Group of Commissioners, has been consulted on the planning as a collective and throughout the year are updated and referred to in relation to allocation and spending. JCB at its meeting on the 15th November approved the plan.

The CCG Accountable Officer and Dorset Council Chief Executive have approved the 2021/22 Plan submitted.

The Health and Wellbeing Board (HWB) has been asked to call an additional meeting, in January 2022 to approve the BCF Plan for 2021/22. It has not been possible for approval in advance of this submission; however, the documentation has been shared with the Chair of the Board. The 2021/22 Plan builds on the priorities previously agreed and overseen by the HWB.

2. Executive Summary

Dorset Council and Dorset NHS CCG Better Care Fund Plan (BCF) for 2021-22 seeks to deliver the key objectives as set out in the BCF guidance published on 30th September 2021.

This document is to be read in conjunction with the BCF excel return submitted on the 16th November 2021. Together they provide confidence and assurance that Dorset Council and CCG have:

- Jointly agreed a Plan
- Ensured the NHS contribution to adult social care is being maintained in line with the uplift to CCG minimum contribution
- Invested in NHS out of hospital services
- Plans for improving outcomes for people who have been discharged from hospital

Note: the Health and Wellbeing Board are calling an additional meeting, in January 2022, to approve the Plan post submission date. However the submission has been shared with the Chair of the Board.

2.1 Priorities for 2021-22

The 2021-22 allocation of the Better Care Fund (BCF) is in-line with previous years and our ambitions for health and social care delivery have not changed from the previous year. A report was shared with the Joint Commissioning Board in September 2021 in advance of the national guidance being published which set out how the uplift allocation for 2021-22 was proposed to be apportion; this was approved subject to any guidance changes. Following publication of the guidance no changes were required.

Working collaboratively Dorset Council and Dorset NHS CCG alongside input from the local NHS providers, including Acute Trusts, the provider market and voluntary community sector have continued to invest BCF into the following schemes:

- Maintaining Independence
- High Impact Change – Hospital Discharge
- Integrated Health and Social Care Teams
- Strong & Sustainable Care Markets
- Carers
- Moving on from Hospital Living

These schemes ensure that Dorset Council meets the metric requirements of the BCF as set out in the guidance published on 30th September 2021.

The CCG minimum contribution for Care Act, Carers and Reablement is being maintained in this year's Plan.

The Schemes which have been prioritise for additional investment from 2021-22 uplift are as follows:

Scheme	Scheme Name
8	High Impact Changes Implementation/ Supported Hospital – Reablement/ Rehabilitation
10	Maintaining Independence – Residential Placements

12	High Impact Changes Implementation/ Supported Hospital – Rapid/ Crisis Response

2.2 Key changes since previous planning document submitted 2019-20

No services have been decommissioned since 2019-20. As set out above, there has been increased funding to the schemes 8,10 and 12.

The immediate response needed during the Covid-19 pandemic has required the Council and CCG to reprioritise areas of focus and address the following:

- Ensuring the Hospital Discharge Policy has been implemented with the associated Hospital Discharge Programme funding streams being deployed albeit not covering the total cost of delivery. The changes brought about by HDP have been reported to the Health and Wellbeing Board and analysis of Quarter 2 HDP funding is being shared to ensure the Board are aware of the extent of the financial challenges the Council face as a result of increased activity (in order to maintain hospital discharge flow) and increased acuity of need. A range of services have been commissioned to increase capacity to support this.

- Supporting providers with significant workforce shortages. Commissioners have been working collaboratively with partners to try and manage the significant shortage of care capacity in local market, particularly home care, due to:
    - Covid-19 illness and 'burnout'
    - increased acuity of care and support needs (for example existing home care capacity is supporting fewer people as they have higher package needs)
    - some overseas workers being unable to return due to travel restrictions caused by Covid-19
    - more attractive terms and conditions in other sectors, such as hospitality and retail (Dorset is particularly challenged by this with having an ageing population and reducing working age population)

  Note – all partners are looking at workforce capacity; the new national Health and Social Care Workforce Recruitment campaign launched in November 2021 is being promoted across provider agencies.

  Dorset is working with local agencies to promote the Micro Provider Market. This is a strategic decision given the demographic pressures faced (ageing population and rurality) to help address the workforce gaps.

- Ensuring the allocation of a number of national Government grants eg; Infection Prevention Control, Workforce, Rapid Testing and Contained Outbreak Management Fund, continue to be allocated to the market and utilised to support delivery and the resilience of services.

3. Governance

Dorset Health & Wellbeing Board govern the Dorset Better Care Fund, signing off and monitoring the local Plan.

In advance of sign off at the HWB, Dorset Council Chief Executive and DASS approve the Plan as does Dorset NHS CCG Accountable Officer.

Dorset Council, BCP Council and Dorset NHS CCG have in place a Pan Dorset Joint Commissioning Board – this Board is responsible for development and agreement of the Plan before it is submitted for approval from the Chief Executive and Accountable Officer in advance of submission to the HWB.

Senior Commissioning Leads in the CCG and the Council are responsible for supporting the implementation, monitoring and reporting on the delivery of the agreed targets.

Voluntary sector organisations and other statutory and non statutory partners feed into the Plan through various forums.

The Council has reinstated an internal mechanism for monitoring delivery of the Plan before submission to the Pan Dorset Joint Commissioning Board. This had been paused during the outset of the Pandemic.

4. Overall approach to integration

4.1 Joint priorities for 2021-22

As set out in the Executive Summary the 2021-22 allocation of the Better Care Fund (BCF) is in-line with previous years and our ambitions for health and social care delivery have not changed from the previous year. The priorities for 2021-22 have been set to ensure we can meet the changing needs with the continued impact of Covid-19. Working collaboratively Dorset Council and Dorset CCG alongside input from the local NHS providers, including Acute Trusts, the provider market and voluntary community sector have continued to invest BCF into the following schemes:

- Maintaining Independence
- High Impact Change – Hospital Discharge
- Integrated Health and Social Care Teams
- Strong & Sustainable Care Markets
- Carers
- Moving on from Hospital Living

These schemes ensure that Dorset Council meets the metric requirements of the BCF as set out in the guidance published on 30th September 2021. Furthermore, the joint working approaches across our local System ensure that partners, such as Acute Trusts and NHS community providers, are influencing into our plans and metrics.

The Schemes which have been prioritise for additional investment from 2021-22 uplift are as follows:

Scheme	Scheme Name
8	High Impact Changes Implementation/ Supported Hospital – Reablement/ Rehabilitation
10	Maintaining Independence – Residential Placements
12	High Impact Changes Implementation/ Supported Hospital – Rapid/ Crisis Response

This investment, particularly into Schemes 8 and 12 is directly supporting Dorset to meet National Condition 3 - Agreement to invest in NHS-commissioned out of-hospital services.

4.2 Approaches to joint/collaborative commissioning

There is clear commitment across Dorset to commission collaboratively and to continue to develop and embed integrated working. The following Schemes evidence this in a number of ways, either as jointly commissioned contracts with the Council leading the commissioning on behalf of the system, or, by our NHS commissioned providers operating and continuing to develop integrated locality teams.

iBCF & BCF Scheme	What this includes:
High Impact Changes Implementation/ Supported Hospital – Reablement/ Rehabilitation	Both Dorset Council and BCP Council jointly commission the provider of Reablement Services which spreads the Pan Dorset area. This resource is focussed

	on supporting hospital discharge and admission avoidance. This scheme funds provision of support, via a shared specification. The provider is well embedded into operational practices as a way of ensuring swift and timely discharges that continue to support ongoing recovery and rehabilitation. Reablement is strengths based and recovery focussed in order to support the individual to regain and maintain their independence at home. Work is underway to strengthen the Reablement offer to create greater alignment with existing intermediate care options whilst the System's Strategic Partner IMPOWER completes diagnostic review work. Further information can be found in the following section of this narrative plan- 'Supporting Discharge'.
Integrated Health and Social Care	The integrated health and care partnerships across Dorset are continuing to further develop services in conjunction with our Primary Care Networks. Significant investment is being directed in developing rapid response services in order to deploy rapid intervention, treatment and monitoring of patients that have an immediate and/or escalating need. Multidisciplinary working, virtual wards, home visiting and risk profiling tools ensure that the right support is provided at the right time and in the right place. Under the Home First and the Ageing Well programmes we are bringing together System partners and taking a population health management approach which will support teams to be proactive at a neighbourhood level, that will also link into our urgent community response service when needs escalate.
Carers	A number of contracts are in place to support Carers across the Dorset area. These include information, advice and guidance services; befriending and peer support services; counselling support service and short breaks services. In addition, initiatives such as My Carers Card and other types of engagement and promotion materials are available to offer different forms of support. These services, in partnership with care technology and support in GP surgeries support the carer to enable them to continue caring and helps to maintain their wellbeing reducing the need for more formal long-term commissioned care options. Funding is also utilised for Carers Case Workers across localities and linked to some hospital sites, offering further resilience both ongoing but also at times of crisis response and hospital discharge planning. Carers Case Workers take a lead role supporting the more complex families where professional support, safeguarding or challenging situations arise.

Maintaining Independence – Integrated Community Equipment	The Integrated Community Equipment Service is jointly commissioned by Dorset and BCP Councils and CCG; a single provider delivers the service. This contract has achieved greater efficiencies via joined up working with the Pan-Dorset Integrated Community Equipment Service ensuring 70%+ of standard equipment is delivered within three days and 84%+ within seven days of being requested.
Moving on from Hospital Living	A pooled budget is in place from the BCF to support a small number of adults with learning disabilities who moved out of long stay hospitals to live at home in the community. Work continues to look at the historic agreement and best way forward with regular meeting between CCG and the Councils.
iBCF Winter monies allocations	This years allocations have bought much needed capacity to the priority areas, including: ▪ A Trusted Assessor pilot for Care Homes to embed relationships and practice. Close work between the Council, Acute Trust and local Provider Federation has enabled the model to be developed and implementation is planned for end of Q3. This will enable a swifter and more direct pathway out of hospital for individuals who already reside in a care home, or who are supported at home. In addition, it will improve relationships between providers and key stakeholders such as Discharge Teams which at times during Covid-19 been strained due to the pressures on rapid discharge. It will also help manage expectations and improve communication and information sharing. ▪ Additional resources deployed to support integrated locality working and MDT approaches, also to provide extended working hours to support weekend hospital discharge and admission avoidance via Home First approach. ▪ Several projects are in hand to support development of strong and sustainable markets. Additional resources have been allocated to support local market pressures e.g. provider failure responses. The procurement and implementation of e-brokerage system is being considered and two cost of care exercises for Home Care and Care Homes in Dorset have been commissioned by providers working with the LGA and DH. These will inform future fee setting strategies to stabilise the market position.

4.3 Additional Collaborative Working

Aligned to the BCF schemes we undertake additional and complimentary joint work; including but not limited to:

- **Supporting the Home First Programme**

Dorset is making progress in embedding greater integrated working via Dorset Home First, this has been elaborated on within the 'Supporting Discharge' section to follow. A strategic partner has been commissioned to strengthen System arrangements.

- **Developing Strong and Sustainable Markets**

Despite this challenging period, we continue to prioritise work to develop and maintain strong and sustainable care markets. We are introducing the following mechanisms to do this:

- **Dorset Care Framework**

This is a shared approach to the Care Markets for Health and Social Care Commissioners in the Dorset Council area. The LA will lead the launch of a single joint Framework for care provision at the end of 2021; replacing the existing Frameworks. This will enable all commissioning activity to funnel through this single contracting mechanism, creating greater efficiency for the market, commissioners and stakeholders across the local System. iBCF and BCF schemes will be procured through the Framework going forward.

- **Quality monitoring and assurance of Care**

Whilst there isn't funding from the BCF to support this work, it is important to note the strong collaborative working CCG and Councils have undertaken together during Covid-19 to support providers. The care home market in particular has been supported through monitoring infection prevention control measures and managing the impact of Covid-19 outbreaks.

This joint approach is continuing as Covid-19 restrictions are lifting and site visits can begin again in order to re-start quality assurance and improvement inspections in order to maintain and further improve the quality of care provided in care homes, and at home. In addition, this working approach enables a single and clear System view of the risk Covid-19 continues to pose to the System, including the provider market.

All Care Homes have been aligned to our Primary Care Networks with MDTs established that work alongside Care Home staff. As part of this work we are looking at our model of care in the community (community care@home) and we have just completed an audit of Care Home conveyances. This highlighted the need to focus on Care Planning locally and how we can ensure that there is adequate support in place to avoid any unnecessary conveyances into a hospital setting.

Although the quality of registered health and social care remains better than the national average in our area, access to care supply to meet demand remains challenging particularly in respect of home care and nursing home capacity.

- **Joint Brokerage**

We have in place a joint Care Brokerage Service as was the ambition set out in the previous BCF return. This is arranged across the Dorset area to assist social care and health practitioners find the most appropriate care and support for individuals. This offer is monitored to ensure there is a consistent approach to arranging personalised care and support choices across the system that places the individual at the centre of their support planning journey. This joint approach further supports

sustainable care markets in Dorset – streamlining processes, approaches and relationships with the market, an efficient approach for Providers and the ICS.

The Brokerage Service has also established a new Care Allocation Team to directly support the Acute and Community hospitals with speedy discharge and flow.

- **Provider engagement**

In Dorset, we have in a joint contract in place to support provider engagement – again supporting the development and maintaining market relationships. This contract enables regular joint provider communications to be issued on behalf of both LAs in the county of Dorset and the CCG. This proved particularly effective during Covid-19 responses, and now ongoing into Winter 2021/22 as we continue to need to share updated local and national guidance and information. This approach ensures consistent messages is issued, reducing duplicated effort and reducing the risk of over-loading providers with information. The contract also provides for specific market cohort engagement and feedback to support the development of initiatives, a recent example of this is Trusted Assessors.

Health and Social Care Commissioners work jointly together to host forums and focus groups, an example is the recent promotion of the new DCF opportunity referenced above.

5. Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care

5.1 Strengths based care

Strengths based care is at the heart of promoting and maintaining independence, which is the key to supporting people to remain at home. The Council demonstrated commitment to this by investing in a large scale adult social care training programme roll out to all staff during 2019-20, and work has continued this year to embed strengths based approaches to person centred care. This also involved inclusion of several providers within the training courses, and further on-line tools have been made available to share with the wider care provider market.

Strengths based approaches also support our work on hospital admission avoidance. Our hospital discharge contracts include support to individuals to remain at home and so avoid admission. These short-term rapid response commissioned services focus on recovery and regaining / promoting of independence. The additional investment from the uplift this year is helping to support our work in this area.

A range of BCF funded initiatives support independent and person-centred care and support, including those set out below.

5.2 Maintaining Independence - Assistive Technology

Assistive technology or Technology Enabled Care (TEC), as it's more commonly now known, is part of Dorset's approach to promoting independence. The TEC contract aims to support people to remain in their own homes for also long as possible; an enabling/preventative service.

Dorset Council's TEC team are working in innovative ways to research new equipment and systems to support the work that we do. We continue to explore how technology can reduce isolation.

Within the Ageing Well and Long-Term Conditions work programmes, we have a number of digital initiatives including remote monitoring that are being considered as part of pathway development.

5.3 Maintaining Independence – Voluntary and Community Support

Other key work to further support BCF funded schemes that maintain independence include, the harnessing of the community resources that arose during Covid-19. With approaches to co-ordinate and promote community assets they are more easily navigated to support the maintenance and regaining of independence. A central portal, hosted by a local voluntary and community sector organisation supports social care workers to source alternative informal and localised opportunities, particularly at a time where formal care and support resource is in limited supply. In addition, the development of micro providers and routes to increase Direct Payments and Individual Service Funds are also increasing person centred local care and support options.

6. Supporting Discharge (national condition four)

6.1 Dorset's Approach to Improving Outcomes for People Being Discharged from Hospital.

The Dorset Home First Programme was established in response to the national mandate to implement a full 'discharge to assess' model in each local system as outlined in Hospital Discharge Policy. Key partners from the Dorset ICS are actively involved to shape the current planning and improvement work required. This includes (but is not limited to); Acute and Community hospitals, Community Health Providers, Ambulance and Urgent Care Teams, Dorset and BCP Councils and Dorset NHS CCG.

Considerable progress has been made since March 2020 with Partners working together to put in place the processes and infrastructure necessary to support more people to be discharged safely to their own home; and to reduce avoidable delays in discharge pathways that negatively impacts outcomes and flow.

This has involved greater collaborative System working to invest HDP funding into a range of services that maintain clear discharge pathways both from Acute and Community Hospitals, and also ongoing from short-term interventions that promote recovery and re-build independence post discharge.

A System Flow Director is now in post to provide senior programme leadership and a strategic partner, IMPOWER, has been appointed to support and enable this work.

IMPOWER have commenced diagnostic phase to support Dorset's long-term Home First model, as well as supporting the System in identifying high impact interventions to address immediate system flow issues, particularly out of Acute settings in Dorset.

Set out below are some examples of the approach Dorset is taking to improve outcomes for people being discharged from hospital (Dorset Home First):

6.1.1 Short term interventions to support discharge

The BCF funded Reablement Service (as mentioned above) supports hospital discharges (and admission avoidance), in order to optimise individuals to regain and maintain independence. The current scale of the service is not able to respond to all demand, and other block contracted schemes have been commissioned, funded by HDP monies, to support discharge pathways. As a local System we are committed to future planning of how BCF monies may be re-focussed, particularly around Intermediate Care. We believe there are opportunities to develop a bigger pool of therapeutic and re-abling interventions to fully harness individuals' opportunities to maintain and regain independence. Progression of this work will be linked to the outcomes of the IMPOWER project.

As part of the Dorset ICS, Dorset and BCP Councils are working far more collaboratively in supporting the Home First model, striving where it is right to do so, to commission the same services across the footprint of Dorset to gain maximum impact to support people ready to be discharged. Multi disciplinary project teams have worked together to fully develop the foundation for commissions that will facilitate swiftly accessible, intermediate care beds, that are adequately resourced with wrap around therapy and rehabilitation support.

6.1.2 Utilising equipment and technology

Integrated Community Equipment Service capacity and resources, since March 2020, has been focused on discharge and admission avoidance activities. The service has coped well to date, but there has been an adverse impact on non-Covid-19 related work.

Home First has generated an increased focus on the delivery of core electrical mechanical equipment. This has seen an increase in the supply of profiling beds, riser recliner chairs, moving and handling equipment and pressure care mattresses and cushions. There have been issues with supply of products, as is nationally recognised, which has impacted on timeliness of discharges.

6.1.3 Integrated working

As previously referenced, the lack of workforce in home care, reablement and therapy is impacting on the Dorset System's ability to maintain swift discharges. The implementation of the Hospital Discharge Policy included people being discharged from hospital earlier in their recovery, meaning people's care needs are of higher acuity at the point of discharge. They are therefore requiring more care at home, meaning resources are not stretching as far as they have done previously. In order to mitigate the lack of available home care, more interim care home placements are being utilised in order to maintain discharge pathways, which is one element exacerbating the pressures on the HDP funding streams.

Work is also underway to map the therapy workforce resource across all partners within Dorset aiming to ensure the greatest utilisation of therapy, targeting earlier input post-discharge to optimise care needs and recovery potential. We have well-established integrated working through Multi Disciplinary Teams who facilitate and monitor discharges, both through a single point of access and out to localised cluster teams. This approach will further support discharge and reduce length of stay in short term services.

In order to support Acute partners, there continues to be a strong presence of social worker support at the hospital front door including ED, medical assessment and rapid access clinics with a model of putting patients at the centre throughout all hospital pathways.

Dorset wide System pressures are co-ordinated by CCG, this includes facilitation of regular communication so that if System Partners reach Opel 3 or above resilience levels, Partners can be 'called to arms' to work together to prioritise resources, address challenges and seek joint solutions together.

7. Disabled Facilities Grant (DFG) and wider services

Dorset Council's Dorset Accessible Homes contract covers the statutory duties for the local authority to assess for and deliver Disabled Facilities Grants (DFGs).

Adult Social Care and Housing colleagues have historically worked together as one team to support the administration, monitoring of spend and quality assurance of the work undertaken via the DFG. Housing colleagues have specialist technical skills that support the ongoing development of services. This in turn has forged good working relationships with Registered Social Landlords who also undertake adaptations, as well providing the right level of intervention with Private Sector Landlords who may have reservations about homes being adapted. Ongoing work seeks to support housing options for those whose needs may be better met by a positive move to more suitable accommodation.

The aim of the service is to promote independence in a strength based approach to maximise someone's ability to carry out activities of daily living in their home which can enhance their health and well-being and reduce their reliance on statutory care services. Adaptations can also assist carers to continue to care for longer by reducing the physical barriers to caring and make day to day caring activities easier. Health partners can access this arrangement in order to allow equipment such as overhead ceiling hoists to be installed to support people to remain at home.

8. Equality and health inequalities

Dorset Council and the CCG are committed to addressing health inequalities. The development of the Dorset Information & Intelligence Service (DiiS) supports commissioners, as well as clinicians, to have a greater access to better understand their populations from a Health & Well-being area perspective. It includes PCN and patient level detail to enable services planning to meet care and health needs. It will enable 'place based' gap analysis to inform commissioning decisions.

In August 2021, Dorset Health and Wellbeing Board, working with People and Health Scrutiny Committee has facilitated a webinar that explored inequalities in the area. The overarching aim of the webinar was to present information in relation to deprivation and inequality and its impact on Dorset's communities. This initial webinar set the scene, giving the context and a further webinar will share strategies and services in place, along with longer term plans to address. This information will help Dorset ensure it maintains a clear focus on equality and health inequalities and will influence prioritisation of funding going forward.

There are 11 areas in Dorset within the top 20% most deprived nationally for multiple deprivation – 10 of these are in the Weymouth and Portland area, the other in West Dorset.

Dorset is keen to review how the BCF could be re-focussed to better support our work to address inequalities. There is a pilot project underway in the Weymouth and Portland area, that is exploring how we can make better use of community assets in order to address gaps

in provision and strengthen links so support is far easier to access. Whilst the pilot is not directly BCF funded, it has dependent links to key schemes such as Maintaining Independence and Strengths Based Care. Weymouth and Portland area, like most areas of Dorset, has a lack of formal registered care, so by exploring how alternative care solutions may be appropriate, this is help us understand how we can stretch the formal care further.

This highlights again, the importance of the role of informal Carers. It is widely acknowledged that Carers experience greater health inequalities. Highlighted above is how the BCF Plan supports informal carers with mental health and wellbeing via Counselling and befriending, to physical health via GP support and short-breaks.