



HEALTH & WELLBEING BOARD
13th September 2018

ITEM 08

Report of the Strategic Director of People

Integration and Better Care Fund update (2017 – 2019)

SUMMARY

- 1.1** In September 2017, Board Members approved and endorsed the Integration and Better Care Fund (BCF) plan for Derby for 2017 – 2019. The plan was subsequently approved by NHSE. This report provides a progress update as at September 2018.

RECOMMENDATION

- 2.1** The Health & Wellbeing Board note the progress being made against the Derby Integration and Better Care Fund (BCF) 2017-19.

REASONS FOR RECOMMENDATION

- 3.1** Health & Wellbeing Boards are required to have oversight of the Integration and Better Care Fund in their localities to ensure that the required outcomes and performance that is expected is being delivered. The BCF is collaboration between NHS England, the Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and the Local Government Association to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Five Year Forward View.

SUPPORTING INFORMATION

4.1 The Better Care Fund (BCF) was created in 2013 as part of a wider process of change within NHS England under the Health and Social Care Act 2012. It was primarily aimed at driving forward integration of health and social care to improve outcomes for individuals and so they could be supported with the health and social care needs as close to home as possible. This ambition was closely aligned to the 5 Year Forward View, and the priorities that needed to be addressed in the Sustainability and Transformation Plans (STPs). The Planning guidance on the fund for 2017-19 renamed the programme as the Integration and Better Care Fund and set out proposals for further integration by 2020. There is no separate process for local integration plans, however there are a wide range of resources, integration models and indicators to help Health and Well Being areas move towards greater person-centred and coordinated care.

4.2 Derby's BCF Performance

At the September 2017 meeting, a summary of the performance and achievements of the Better Care Fund activity for 2016/17 was presented, as well as the plan for 2017-19 which was considered and approved. Since then, and in line with the conditions attached to the 2017-19 funding programme, the Council and CCG have provided quarterly reports on progress to Department of Health and Social Care (DHSC) via NHSE. This has included progress on the Improved Better Care Fund which was a separate grant allocated to Council's that formed part of the overall fund for 2017-19, and was subject to specific grant conditions. As previously reported, the 2017-19 BCF and IBCF's funding breakdown for Derby is as follows:

	2017-18	2018-19
CCG mandated contribution	£16,587,079	£16,902,233
Council funding - Disabled Facilities Grant	£1,748,286	£1,897,568
Council additional funding - DICES	£264,654	£269,683
CCG Additional funding	£4,490,524	£4,394,328
iBCF grant to Council	£6,097,106	£8,397,770
TOTAL	£29,187,649	£31,861,582

Appendix two has a more detailed breakdown.

- 4.3** As stated above, monitoring of the programme continues to be through the NHSE quarterly reporting arrangements, and local governance is through the Joint Better Care Fund Programme Board that is in place with Derbyshire County Council, operating on behalf of both Derby and Derbyshire's Health and Wellbeing Boards. This Board reviews the monitoring report in advance of its submission to the Department of Health and Social Care, as there is a dedicated Performance & Finance sub group where officers coordinate and review the required information. Performance against the national metrics during the final quarter of 2017-18 and during the first 6 months of 2018/19 has been mixed.

A narrative summary is provided below.

Area	September 2017 – September 2018
Residential Admissions per 100,000 population 65+	Performance in this area has continued to be strong and we have been maintaining sustained reductions in the numbers of people being permanently admitted to long term care following a crisis or hospital admission. This is down to a variety of interventions (many of which are funded by the BCF) and by being able to manage the demand for care against the demographic changes in Derby. Whilst overall performance continues to improve, we did not meet the planned projections as at the end of March 2018, but Derby is on track as at the end of June for performance targets in 18/19.
Reablement – still at home 91 days after discharge	This measure monitors the impact of “reablement” support that is provided to people following a hospital admission. In Derby this intervention is provided by both the Council and DCHS and work continues to improve the overall performance and capacity of the offer, maximising opportunities to work together as much as possible. Capacity was severely stretched during the winter period in 2017/18, meaning that performance at year end was not as good as had planned. The picture during the first 6 months of 18/19 has however improved and we are currently on track to meet this year's performance targets.
Delayed Transfers of Care (DTOC) per 100,000 population 18+	This continues to be an area of strong performance for Derby overall, despite challenging targets set by Department of Health and Social Care. This measure is an indicator of how the wider health and social care system is operating as it measures how quickly people who have finished their medical episode go onto have their care “transferred” as they are discharged from hospital. The measure is one which involves a range of health and social care partners, as well as family members where they are supporting loved ones. Delays that are classed as being attributable to the NHS continue to be an area that requires

	improvement (which is typical across the country), however due to the strong performance on social care attributable delays, year end targets were met for 17/18 and work is ongoing to maintain this position during 18/19.
Non Elective Admissions to hospital	It is widely acknowledged that this measure is not directly influenced by activity funded by the BCF alone. Patterns of attendances at A&E and unplanned admissions are subject to a range of factors – including patient behaviour and patterns of service provision within “out of hospital” services. At the end of March 2018, we reported that we were not on target to meet the required performance, even though increases in unplanned admissions were lower in Derby than the overall picture across England. The first half of the year in 18/19 has seen an improved position; however given the demand experienced last winter for hospital services, it is too early to say whether overall performance will improve in 2018/19.

- 4.4** As part of its 2018-19 work programme the BCF Monitoring and Finance Group is reviewing the services funded through the BCF to ascertain their contribution to the vision of the programme, which is wider than just the metrics (i.e. contribution to the BCF vision). A number of work streams within the overall Derbyshire STP have been expected to drive forward the integration agenda as well – particularly around “Place” based models within primary care. These however have been slow to develop and the potential impact has yet to be realised, however wherever possible alignment with the BCF programme is being pursued.
- 4.5** In relation to the Improved Better Care Fund (the specific grant to Council’s for social care) there are no separate performance measures – rather specific grant conditions. In Derby, it has been used in the following ways:
- To manage demand for assessments and care packages as a result of an increasing aging population – this is often described as “demographic” pressures.
 - To assist with rising costs in the care provider sector - largely paying for any above inflationary price increases requested by care providers and the cost of providing care overnight.
 - To increase the amount of social work reviews completed so that new care packages can be reviewed quickly to maximise the potential for an individual’s re-ablement and independence, therefore reducing their dependence on paid support.
 - To fund additional support in for teams working with the impact of the increasing demand from children with disabilities surviving into adulthood. Often these young adults have increasingly complex needs.
 - To fund our hospital based social work team (Hospital2Home) which is fully embedded into the acute discharge arrangements.
 - To enhance the offer from social care to the NHS during winter by providing

- more intermediate care beds and “step down” support from hospital
- To fund the additional burdens and costs associated with increased statutory assessments under the Deprivation of Liberty Safeguards. This includes completing best interest and mental capacity assessments for individuals in care homes, nursing homes and in hospitals.

OTHER OPTIONS CONSIDERED

- 5.1** The Integration and Better Care Fund is a mandatory national requirement and all areas need to submit a plan should they wish to make use of the funding flexibilities between Council and CCGs. Non compliance is not an option. The integration agenda between health and social care remains a key priority for the current government and the BCF is seen as an integral lever for change and system transformation.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Olu Idowu, Head of Legal Janice Hadfield, Group Accountant n/a n/a Kirsty McMillan , Service Director – Integration & Direct Services
For more information contact: Background papers: List of appendices:	Kirsty McMillan 01332 642743 kirsty.mcmillan@derby.gov.uk None Appendix 1 – Implications Appendix 2 – detailed financial plan for BCF

IMPLICATIONS

Financial and Value for Money

- 1.1 The BCF comprises the original BCF funding from 2013 that has been previously subject to an existing section 75 agreement, and also the specific Council grant known as the Improved Better Care Fund. Monitoring and reviewing performance against the plan will enable the Council and the CCG to benefit from the flexibilities of the funding to support pressures in the local health and social care agenda, and to further progress the integration agenda.

Legal

- 2.1 The Council and the Derbyshire CCGs must enter into a section 75 agreement as part of the Planning expectations, under section 75 of the NHS Act 2006. A revised s75, is in place accordingly. As a direct grant to the Council, the use of the IBCF must be reported to CLG via the Council's statutory s151 Officer (Director of Finance).

Personnel

- 3.1 Council employed care staff already work collaboratively with NHS staff and further movement in this direction is required as a result of the BCF plan.

IT

- 4.1 In order to facilitate information sharing at a patient level, the NHS patient identifier is being captured in all source systems to support professionals working with individuals in order to better plan and co-ordinate care with NHS colleagues.

Equalities Impact

- 5.1 Better care for older people and disabled people, particularly following a hospital admission is a key aim of the BCF plan. The plan is likely to have a positive impact on how care and support is delivered for vulnerable people in Derby as services should become more joined up to deliver integrated care wherever possible.

Health and Safety

- 6.1 None arising directly from this report.

Environmental Sustainability

- 7.1 None arising directly from this report.

Property and Asset Management

- 8.1 None arising directly from this report.

Risk Management

- 9.1 The Integration and Better Care Fund supports the Councils and the CCG's overall budget as an income stream to allow delivery of key care services to support the overall health and care system in Derby. The loss of this fund would present a significant financial risk to the Council.

Corporate objectives and priorities for change

- 10.1 The vision and guiding principles set out in the BCF plan are compliant with the Council's corporate objectives and those of the Derbyshire CCGs plan for achieve good health for all. In addition, the BCF supports delivery of a number of the work streams and transformation plans set out in the STP for Derbyshire.

Appendix 2 - Financial Plan for BCF and IBCF for Derby for 2017-19

Detail of Expenditure	Derby City Council	NHS Southern Derbyshire CCG - City	Detail Total 2017-18	Detail Total 2018-19
Community Nursing		£ 5,550,226	£ 5,550,226	£ 5,550,226
Integrated Teams (Community Support Teams)		£ 1,112,100	£ 1,112,100	£ 1,112,100
Evening Nursing Services		£ 352,479	£ 352,479	£ 352,479
Care Co-ordinators		£ -	£ -	£ -
Community Matrons		£ 610,358	£ 610,358	£ 610,358
Community Therapy		£ 269,441	£ 269,441	£ 269,441
Local Area Coordinators	£ 305,370		£ 305,370	£ 311,172
Social Care assessments and cost of care	£ 5,035,000		£ 5,035,000	£ 5,130,665
Assessment & Support Planning Teams	£ 1,241,838		£ 1,241,838	£ 1,265,433
Perth House	£ 1,117,654		£ 1,117,654	£ 1,138,890
Healthy Housing/Handy Person	£ 407,160		£ 407,160	£ 414,896
Mental Health Enablement Workers x 6	£ 229,028		£ 229,028	£ 233,379
Warwick House	£ -		£ -	£ 945,000
Demographics (system pressures)	£ 2,631,000		£ 2,631,000	£ 3,236,130
Provider fee pressures - Living Wage, specialist rates, overnight reviewing team - new cases	£ 2,284,000		£ 2,284,000	£ 2,763,010
Transitions team	£ 140,000		£ 140,000	£ 172,200
Clinical Navigation Service		£ 426,913	£ 426,913	£ 426,913
Home First/ Perth House - Enablement & Intermediate Care	£ 1,923,831		£ 1,923,831	£ 1,960,384
DICES	£ 264,654	£ 1,232,000	£ 1,496,654	£ 1,501,682
Out of Hours Emergency Care/ Perth House	£ 152,685		£ 152,685	£ 155,586
Dementia Support	£ 239,207		£ 239,207	£ 243,751
Hospital social work team	£ 568,000		£ 568,000	£ 698,640
DOLS, best interest and mental capacity assessments	£ 234,000		£ 234,000	£ 287,820
Property Adaptions	£ 1,748,286		£ 1,748,286	£ 1,897,568
Carers Support	£ 627,000		£ 627,000	£ 638,913
Social Care Commissioning	£ 245,314		£ 245,314	£ 249,975
	£ 19,634,026	£ 9,553,517	£ 29,187,543	£ 31,861,811