



HEALTH & WELLBEING BOARD
14 September 2017

ITEM 6

Joint Report of the Strategic Director of People
& the Acting Chief Operating Officer of
Southern Derbyshire CCG

Better Care Fund 2017 – 2019

SUMMARY

- 1.1 In June 2016, Board Members approved the Better Care Fund (BCF) for Derby for 16/17. The Board are now required to approve and endorse the Better Care Fund for 2017-19, including additional resources that have been allocated to the Council for social care through the new Improved Better Care Fund grant (IBCF).
- 1.2 The planning guidance was severely delayed by Department of Health and Communities (DHC) and Local Government (CLG) and was only published at the beginning of July 2017. To meet the submission deadlines for NHS England (NHSE), the Chair, the Acting Chief Operating Officer at Southern Derbyshire Clinical Commissioning Group (SDCCG) and the Strategic Director of People at the Council have approved the submission. This report provides the Board with the final version of the BCF plan for Derby for 17-19.

RECOMMENDATION

- 2.1 To approve and endorse the Better Care Fund plan for Derby for 2017 - 2019.

REASONS FOR RECOMMENDATION

- 3.1 Health & Wellbeing Boards are required to agree the Better Care Fund in their localities and have oversight of the fund to ensure that the required outcomes and performance that is expected by Department of Health and the Department for Communities and Local Government are achieved.

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 Sustainable and Transformation Plans (STPs). In the first two years of the BCF, the total amount that was pooled between health and social care nationally was £5.3bn in 2015-16 and £5.8bn in 2016-17. The vast majority of the funding was contributed by the NHS, with each CCG having minimum contributions mandated to them.

4.2 Derby's BCF Performance – 2016/17. The Health and Wellbeing Board previously approved the final BCF for 16/17 at its meeting in June 2016. The BCF in Derby for 2016/17 amounted to £21.4m and NHSE required quarterly monitoring reports through the year, including a summary of performance at the end of the year. The areas of improvement reported to NHSE were:

- A significant downward trend in the number of people whose transfer of care from hospital were delayed, and a reducing number of acute bed days lost to delays. A number of BCF schemes are likely to have contributed to this; in particular those focused on discharge planning that have led to closer alignment and integration between social care and NHS providers. The newly established Accident & Emergency Board (A&E Board) has also driven improved performance.
- Overall non-elective admission rates reduced over the year, although the planned target was missed. This good performance is also likely to have been assisted by preventative and admission avoidance schemes within the BCF.
- The percentage of people still at home 91 days after a period of re-enablement (following hospital admission) was maintained throughout 2016-17 compared to 2015-16 – another indicator of improved hospital discharge and admission avoidance schemes.

Areas that were reported as causing some challenges and concern were:

- The rate of decline in the numbers of people admitted permanently into residential care was not quite at the rate expected – although numbers did indeed decline. This is likely to be due to overall demand for care services that continues to increase. Individuals appear to be presenting at a later stage of their life, but within increasing acuity and frailty, therefore more likely to need institutionalised forms of care.

- A number of work streams within the Derbyshire STP were expected to drive forward the integration agenda in 2016/17 – particularly around “Place” based models within primary care. These however have been slow to develop and the potential impact was therefore not realised in 2016/17.

The table below summaries the performance picture for 16/17 against the key performance measures:

Area	16/17 year end position
Residential Admissions per 100,000 population 65+	Improved performance, but full target not met
reablement – still at home 91 days after discharge	Improved performance but full target narrowly missed
Diagnosis Rate for people with Dementia.	Target met
GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?	Target met
Delayed Transfers of Care (DTOC) per 100,000 population 18+	Target exceeded
Non Elective Admissions to hospital	Improved performance, but full target not met

4.3 The 2017-19 Better Care Fund

The BCF Planning requirements and policy framework still focuses on integration; however there has been a renewed focus on addressing the pressures faced within the acute hospital sector and meeting the rising demand for social care. For 2017-18, the BCF has a mandated minimum of £5.128 billion nationally, rising to £5.617 billion in 2018-19, although the local flexibility to pool more than the mandatory amount remains. £431m of this is ring-fenced for Disabled Facilities Grant (DFG). NHS England has reduced the number of national conditions from eight to four, and has also revised the performance measurements. All BCF plans must demonstrate how the area will meet the following national conditions:

- Plans have to be jointly agreed by Councils and local CCGs;
- The NHS contribution to adult social care must be maintained in line with inflation;
- There has to be an agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care;
- All partners need to be working together to manage transfers of care for people leaving hospital.

The number of performance measures has also been reduced, with the key metrics being now being:

- The number of non-elective admissions (General and Acute) to hospital
- The number of permanent admissions to residential and care homes
- The effectiveness of re-enablement interventions
- The number of “Delayed transfers of care” (DTOCs)

Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of CCG funding where the performance outcomes or where the conditions attached to the BCF are not met, except for those amounts paid directly to local government under the IBCF.

The 2017-18 Mandate to NHS England confirms that NHSE will be required to consult the Department of Health and the Department for Communities and Local Government before using these powers.

4.4 Derby’s BCF and IBCF 2017-19

The 2017-19 BCF in Derby funding breakdown 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

A summary of the pooled fund is provided at Appendix 2, including an indication of how each area of spend is expected to contribute to the BCF performance metrics. On the CCG elements, the budget is broadly funding areas of activity that are delivered by Derbyshire Community Health Services as part of their community /primary care health services. These are:

- Community Nursing
- Integrated Teams(Community Support Teams)
- Evening Nursing Services
- Care Co-ordinators

- Community Matrons
- Community Therapy
- Clinical Navigation Service

On the Council's side of the BCF, areas of spend remain the same as in previous years and funds core social care and preventative services provided by the Council, the Council's Home First and Perth House services which support hospital discharges, and also commissioned services for carers and community support for people with dementia. The services funded are:

- Local Area Coordinators
- Social Care assessments and the associated cost of care
- Assessment & Support Planning Teams
- Bed Based Respite / Out of Hours Emergency Care provided at Perth House
- Enablement & Intermediate Care provided by Home First
- Healthy Housing/Handy Person provided by the Council
- Mental Health Social work support
- Dementia Support currently provided by Making Space
- Carers Support currently provided by Derbyshire Carers Association and Creative Carers.
- Property Adaptions required using the Disabled Facilities Grant

A contribution is also made to the Social Care Commissioning team within the Council to support much of the activity listed above, and also in recognition that this team commissions and supports the wider care provider market which provides vital long term support to people in care homes and within their own home.

One service is jointly funded by the Council and SDCCG; the provision of community equipment which is delivered by Mediquip. This investment funds the equipment that individuals need to leave hospital and to assist in meeting their health and social care needs in the community.

4.5 In relation to the **Improved Better Care Fund**, the funding for social care will be 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 which the Council has duties under the Care Act to address and fund – largely due to above inflationary costs due to the introduction of the national Living Wage, the cost of providing care for people with complex needs and also the cost of paying for care on an hourly basis overnight.
- To fund a social work reviewing team 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 our “Transitions” team to deal with increasing demand from children with disabilities surviving into adulthood. Often these young adults have increasingly complex needs.

- To secure the funding for our hospital based social work team (Hospital2Home) which is becoming more embedded into the discharge arrangements at Royal Derby, and whose performance directly impacts on “Delayed Transfers of Care” (DTOCs).
- 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.

4.6 NHSE/ CLG Assurance process

The BCF was submitted to NHSE and CLG on the 11th September, as required. There now follows a rigorous assurance process whereby BCF Plans, and their accompanying narrative plan (Appendix 3) will be assessed against a set of “key lines of enquiry”. This will include an assessment of the following:

- Is there a plan for implementing the high impact change model for managing transfers of care?
- Is there a clear articulation of the local vision for integration of health and social care services?
- Does the BCF plan provide an evidence-based plan of action that delivers against the local needs identified and the vision for integrating health and social care?
- Is there an agreed approach to programme level risk management, financial risk management and, including where relevant, risk sharing and contingency?
- Has a metric been set for reducing Non Elective Admissions?
- If a metric has been set for a further reduction in Non Elective Admissions, beyond the CCG operating plan target, has a financial contingency been considered?
- Has a metric been set to reduce permanent admissions to residential care?
- Has a metric been set for increasing the number of people still at home 91 days after discharge from hospital to rehabilitation or reablement?
- Have the metrics been set for Delayed Transfers of Care?

The narrative plan that has been submitted has attempted to address these areas, and also sets out how these improvements will be monitored over the life of the BCF.

OTHER OPTIONS CONSIDERED

- 5.1** The 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 Pete Shillcock, 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 – BCF Finance Plan Appendix 3 - BCF Narrative Plan

IMPLICATIONS

Financial and Value for Money

- 1.1 The BCF comprises three funding sources:
 - The original BCF funding from 2013 that has been previously subject to an existing section 75 agreement.
 - The Improved Better Care Fund announced in the autumn of 2015 was due to be in place by 2018. The profiling of this funding has been changed as a result of recent lobbying from the LGA, CLG and DH due to the immediate need for additional ASC funding.
 - The third element also relates to the Improved Better Care Fund announcement in March 2017. This in essence brings forward and plugs the gap of the additional BCF profiled to hit in 2018.

The IBCF can only be sent on social care and comes to the Council by way of a separate grant from CLG. The main BCF is administered through CCGs by the DH. Use of all funds must meet the details set out in the Planning Requirements and satisfy a number of national conditions and performance metrics. The submitted plan will enable these conditions to be met and be assured by CLG and DH. If plans are not assured, there remains a risk to the funding being released.

Legal

- 2.1 The Council must enter into a section 75 agreement with Southern Derbyshire Clinical Commissioning Group to transfer the BCF funding to the Council, under section 75 of the NHS Act 2006. A revised s75, taking out any previous risk share arrangements, will need to be in place soon after the September submission deadline.. 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 could be required as a result of the BCF plan. This will require scoping by both the Council and its NHS partners to understand the options and implications for employers and employees, as further integration takes place.

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 Better Care Fund supports the Councils 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 Derby and SDCCG Plan to achieve good health for all. In addition, the BCF supports delivery of a number of the workstreams 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