

Somerset Health and Wellbeing Board

24 May 2018

The Better Care Fund 2017/18 to 2018/19 – Year End Report 2017/18

Lead Officer: Author: Tracey Tilsley, Head of Business and Strategy, Somerset CCG
Contact Details: tracey.tilsley@nhs.net

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Stephen Chandler, Director for Adult Social Services Alison Henly, Chief Finance Officer and Director of Performance	11.05.18
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence, Chair	
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	09.05.18
Summary:	<p>The Better Care Fund (BCF) is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most. The BCF provides a framework for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF).</p> <p>This report outlines the year end 2018/19 position.</p>		
Recommendations:	<p>That the Health and Wellbeing Board:</p> <ul style="list-style-type: none">• Note the 2017/18 year end position		
Reasons for Recommendations:	<p>The Local Authority and Clinical Commissioning Group have been working together to progress the two year BCF plan for 2017/19.</p>		
Links to Somerset Health and Wellbeing Strategy:	<p>We have been working together as a health and care system for some time and have an aligned vision and approach for our population. This vision outlines the need for a patient population to be able to access care or support that is joined up. This is further supported by the Somerset Health and Wellbeing Strategy which outlines our commitment to supporting people to live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-</p>		

	<p>quality and efficient public services when they need them.</p> <p>The Better Care Fund plan aims to improve care and support for people by providing a framework to support creating a more integrated approach across health and social care.</p>															
Financial, Legal and HR Implications:	<p>The funding for 2017/18 and 2018/19 in summary is:</p> <table border="1"> <thead> <tr> <th>Contribution</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Total Local Authority Contribution</td> <td>£3,755,754</td> <td>£4,045,252</td> </tr> <tr> <td>IBCF contribution (LA)</td> <td>£12,083,687</td> <td>£16,359,653</td> </tr> <tr> <td>CCG Total Contribution</td> <td>£35,842,859</td> <td>£36,523,873</td> </tr> <tr> <td>Total Pooled Budget</td> <td>£51,682,300</td> <td>£56,928,778</td> </tr> </tbody> </table>	Contribution	2017/18	2018/19	Total Local Authority Contribution	£3,755,754	£4,045,252	IBCF contribution (LA)	£12,083,687	£16,359,653	CCG Total Contribution	£35,842,859	£36,523,873	Total Pooled Budget	£51,682,300	£56,928,778
Contribution	2017/18	2018/19														
Total Local Authority Contribution	£3,755,754	£4,045,252														
IBCF contribution (LA)	£12,083,687	£16,359,653														
CCG Total Contribution	£35,842,859	£36,523,873														
Total Pooled Budget	£51,682,300	£56,928,778														
Equalities Implications:	None															
Risk Assessment:	In common with all aspects of the health and social care economy there is a risk that the fund will not be sufficient to meet the rising demand associated with local demographic changes.															

1. Background

- 1.1. The Better Care Fund is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most. The BCF provides a framework for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF). The 2017 Budget announced an additional £2 billion to support social care in England. This money is included in the IBCF grant to Local Authorities and will be included in local BCF pooled funding and plans.
- 1.2. Both the Local Authority and the Clinical Commissioning Group have progressed the BCF plans and a 2017/18 year end position was submitted to NHS England on 20 April 2018 in line with the assurance timeline. This was signed off by Director for Adult Social Services, Somerset County Council and Alison Henly, Chief Finance Officer and Director of Performance, Somerset CCG on behalf of the Joint Commissioning Board.

2. Metrics

- 2.1 The following metrics are monitored through the Better Care Fund. Appendix One details the progress against these metrics.

Non-elective Admissions

- 2.2 We are not on track to meet targets for Non-elective admissions. This is due to a sustained increase (and further increase over the winter period) in emergency admissions during 2017/18 to date correlating with an increase in A&E attendances and ambulance arrivals.
- 2.3 The Academic Health Science Network (AHSN) was requested by the Somerset A&E Delivery Board to undertake a growth review upon A&E attendances and emergency admissions on both a Somerset wide and Provider basis. This compliments detailed analyses upon Emergency growth at Taunton and Somerset NHS Foundation Trust which was requested by the A&E Delivery Board; a Short Task and Finish Group was convened to bring this work together.
- 2.4 In addition, Health are looking to further develop Community schemes that will have a positive impact on reducing Emergency Admissions.

Permanent Admissions to Residential Care

- 2.5 We are not on track to meet the target. February 2018 figure shows a projected year end figure of 675, one per 100,000 population. This is a slight improvement on the figure reported at Q3 (681.4) but is still some way from the target of 520. Providing the right health and social care capacity to keep more people at home is difficult without changes elsewhere in the whole system. Expectations are set by the wrong conversations and low aspirations for independence. This year has also seen a rise in "new" placements to social care following a capital drop from self-funding.
- 2.6 This rate has reduced marginally since the last report, with an emphasis on homecare and the home first initiative helping discharges. However we have missed the annual target and failed to continue with previous years improvements in line with expectations.
- 2.7 The health system needs to be able to support health needs at home as well as social care addressing some of the capacity issues in their workforce. Health are looking at investment in Community Services for 2018/19 and Social care are working with providers on capacity and capability solutions.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

- 2.8 We are on track to meet the target. 2017/18 performance confirmed as 92.36% (previously this was only draft) compared to a target of 91.8%.
- 2.9 We continue to provide good quality reablement and other care options that keep people out of hospital for more than 90 days. This has been further strengthened by a therapy and reablement based "Home First" model.

Delayed Transfers of Care

- 2.10 We are on track to meet the target. The volume of admissions and presentations to the urgent care system in Somerset have increased considerably this winter, negating some of the good work in reducing delays and necessitating escalation beds to still be opened. Length of stays are reducing though due to less DToC's.
- 2.11 Given the description of the challenges, the impact of Home First and significantly reducing delayed transfers of care has enabled the urgent care system to continue to function despite the huge increase in demand.
- 2.12 There is a need for continued support for joint risk share and financial models across the NHS and Social Care to allow investment in peoples independence and to obtain the best outcome for individuals.

3. High Impact Change Model

- 3.1 The high impact change model offers a practical approach to manage transfers of care. It can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for action they can take to reduce delays throughout the year. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes.

It is included in the BCF national conditions for 2017/18 to 2018/19 and therefore we are required to report against it at part of the BCF.

Early Discharge Planning

- 3.2 The volumes of admissions and capacity of acute hospitals has increased the pressure and meant working with more patients and families earlier. Joint working on wards has led to clarity on issues of plans for discharge. This has been picked up by Home First discharge to assess.
- 3.3 Engagement with patients/carers /community services and primary care continues as part of this process. Joint planning starts early in acute settings and we need to share this learning with our community hospital settings where resources and decisions are not as focused. This will create a mature system as a whole.

Systems to Monitor Patient Flow

- 3.4 Systems are in place to monitor patient flow and there are no significant challenges to date.

Multi-Disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector

- 3.5 Teams are in place and there are no significant challenges to date.

HomeFirst/Discharge to Assess

- 3.6 Capacity to provide increased amounts of care at home, including therapy, is stretched due to more traditional bed based models remaining in the community system at present. However, Finance for 2018/19 has been secured as the system recognises the importance of the Home First model both for DToC's as well as the patient experience and recovery.
- 3.7 The consultancy company Impower is working with Somerset to help us align and understand benefits and how some principles could be transferred to admission avoidance. We have indicated to NHS England that any other such national reviews of discharge to assess would be helpful. NHS England is also looking at the Somerset work to share excellent and integrated practice in this area.

Seven-day Services

- 3.8 Challenges have been identified with operating 7 days per week and this has been identified as a priority area for the Somerset A&E Delivery Board for System Wide Urgent and Emergency Care.

Trusted Assessors

- 3.9 Trusted Assessors in place across acute and Social Care and there have been no significant challenges to date.

Focus on Choice

- 3.10 Communication materials have been developed for Home First and there have been no significant issues to date.

Enhancing Health in Care Homes

- 3.11 A new approved Treatment Escalation Plan has been devised and will now be rolled out to homes. Quality improvement work has continued with care homes via the care home support team. A fair cost of care exercise has also been carried out and will be implemented Quarter one of 2018/19.

4. The Red Bag Scheme

- 4.1 The red bag is an example of one initiative which is helping to improve communication between care homes and hospitals at all points of the resident's journey.
- 4.2 When a resident becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the resident's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items.
- 4.3 The Red Bag Scheme is now monitored through the Better Care Fund.
- 4.4 A single project group has been established for Somerset. However, there have been challenges regarding the funding for this scheme. Somerset has asked NHS England for support in provision of evidence from other areas where this

has been implemented on multiple sites

5. Summary of Year End Feedback on Delivery of the BCF

- 5.1 The delivery of the BCF has contributed towards the delivery of the reducing delayed transfers of care across the Somerset System, particularly through a collaborative approach between health and social care.
- 5.2 Through the BCF we have progressed the four schemes we identified in 2016/17 in 2017/18:
- Reablement
 - Joined upon person centric care
 - Improved discharge arrangements
 - and housing adaptations.
- 5.3 All these schemes have had a positive impact on the integration on health and social care in Somerset, although challenges remain.
- 5.4 The difficulties of health and care supply in some rural areas has made the approach to MDT working on hospital discharge challenging. A particular issue has been therapy resource which in many cases comes from more central resource due to a largely bed based community health system.

6. Progress on Integration

- 6.1 Current integration initiatives continue to revolve around the hospital and social care interface as per BCF guidelines and targets. The Home First (D2A) model has now been expanded and funded into 2018/19 and includes cross organisation therapy and care overseen by joint strategic teams to ensure coordinated care that is right for recovery and a person's independence. Progress has now also begun on a joint Health and Care strategy for Somerset with significant change expected.
- 6.2 The sustained reduction in Delayed Transfers of Care has helped free up crucial resource for the huge increase in admissions that has been experienced in Somerset and nationally. The success of integrating joint therapy resource for use in the model has really worked and helped bridge gaps between NHS and social care therapists in particular with joint goals and shared learning. Success this quarter was evidencing the impact and securing ongoing system funding for the "Home First" service.

7. Options considered and reasons for rejecting them

- 7.1. The BCF is a mandatory requirement from central government and NHS England. Therefore, there is no option not to adopt and progress a Better Care Fund plan.

8. Consultations undertaken

- 8.1. Somerset County Council and the Somerset Clinical Commissioning Group have engaged and worked together on the progression of the plan.

9. Financial, Legal, HR and Risk Implications

- 9.1. Central government has introduced the Better Care Fund and the subsequent Care Bill by statute and Somerset would be in breach of this were it not to agree a plan. The CCG and Somerset County Council will need to re-enter into an agreement under Section 75 of the NHS Act 2006 for the Better Care Fund for 2017/19. The Act gives powers to the CCG and Local Authority to establish and maintain pooled funds, out of which payment may be made towards expenditure incurred in the exercise of prescribed Local Authority and NHS functions. The budgets which create the BCF will be pooled under this Agreement and jointly commissioned by the parties.
- 9.2. The funding for 2017/18 to 2018/19 in summary is:

Contribution	2017/18	2018/19
Total Local Authority Contribution	£3,755,754	£4,045,252
IBCF contribution	£12,083,687	£16,359,653
CCG Total Contribution	£35,842,859	£36,523,873
Total Pooled Budget	£51,682,300	£56,928,778

This is applied to the Better Care Fund schemes as follows:

Scheme	2017/18	2018/19
Community Reablement and other social care schemes, including carers breaks	£26,710,491	£31,667,471
Person Centred Care	£18,216,055	£18,216,055
Improved Discharge Arrangements	£3,000,000	£3,000,000
Disabled Facilities Grant	£3,755,754	£4,045,252
Total	£51,682,300	£56,928,778

10. Background papers

- 10.1. Appendix A – Better Care Fund Dashboard
- 10.2. The 2017/19 Integration and Better Care Fund Policy Framework can be found: <https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>
- 10.3. The Integration and Better Care Fund planning requirements for 2017/19 can be found: <https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>