



HEALTH AND WELLBEING BOARD

Date

Report sponsor: Andy Smith, Strategic Director
of People Services
Report author: Kirsty McMillan, Service Director
– Integration & Direct Services

ITEM 10

Integration and Better Care Fund update July 2019

Purpose

- 1.1 In September 2018, Board Members received a progress update the current 2017-19 Integration and Better Care Fund (BCF) plan for Derby. This report provides a progress update to the year end (March 2019). It also provides details of the proposals for the BCF for 2019/20 and beyond.

Recommendation(s)

- 2.1 To note the progress that was made against the Derby Integration and Better Care Fund (BCF) during 2018, and note the arrangements in development for 2019/20.

Reason(s)

- 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 a 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 health and social care needs as close to home as possible.
- 4.2 As in previous years, the Planning guidance will be issued by the Department for Health & Social Care and will inform the requirements for submitting the Better Care Fund plans for 19-20 and beyond. The Policy Framework has already been released

and this confirms that there will be an expectation of a minimum CCG contribution of £3.84 billion nationally to establish the BCF in 2019-20 and any future year's allocations will be decided through the 2019 Spending Review. NHS England will be mandating that a set of “National Conditions” are in place, or areas risk funds being recovered. As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. Funding previously earmarked for reablement (£300 million) and for the provision of carers’ breaks (£130 million) also remains in the NHS contribution. For 19/20, allocations of the Improved Better Care Fund , Winter Pressures funding and Disabled Facilities Grant are likely to be including in the planning arrangements however the funds will come directly from Government to local authorities (i.e. not via CCGs).

Derby’s BCF Performance in 2018/19

4.3 The amount of funding allocated for Derby during 2018/19 is detailed in the table below, and was fully committed within the year: **Appendix 1** has a more detailed breakdown of BCF funded activity.

	2018-19
CCG mandated contribution	£16,902,233
Council funding - Disabled Facilities Grant	£1,897,568
Council additional funding - DICES	£269,683
CCG Additional funding	£4,394,328
iBCF grant to Council	£8,397,770
TOTAL	£31,861,582

4.4 At the September 2018 HWB meeting, a summary of the performance and achievements of the Better Care Fund activity for the first half of the financial year was reported. The monitoring regime required of the Council and CCG has continued by way of quarterly reports on progress to Department of Health and Social Care (DHSC) via NHSE. This has included progress on the Improved Better Care Fund with monitoring focused on its separate and specific grant conditions.

4.5 Locally, governance continues through the Joint Better Care Fund Programme Board that is established jointly with Derbyshire County Council, and Derbyshire CCG’s operating on behalf of both Derby and Derbyshire’s Health and Wellbeing Boards. This Board continues to review monitoring reports through a dedicated Performance & Finance sub group as well as considering any specific issues or developments with

individual schemes.

- 4.6 For Derby, some of the reported highlights of integration activity as a result of the investments made by the BCF in 2018/19 include:
- Continued reduction in non-elective admissions – so that overall Derby met targets for year-end performance. This is a remarkable achievement against a back drop of rising demand for acute NHS services locally.
 - The rate of permanent admissions to residential care for older people continues to meet the BCF targets, highlighting the success of demand management approaches and also interventions designed to retain people independently for longer.
 - Managing to maintain very low levels of Delayed Transfers of Care (DTC) continues to be an area of strength in Derby meaning patients are moved on to a more appropriate setting once a medical episode in hospital is completed.
 - The IBCF and additional in year “winter monies” have also been used to support BCF activity in terms of supporting NHS pressures, supporting the care provider market and continuing to meet demands for packages of care.
 - The Integrated Discharge "Hub" at University Hospital of Derby and Burton continues to support hospital discharges, managing and tracking patients through discharge pathways – with health and social care input where required. More patients have been supported onto the best pathway for them than previously achieved and onward moves home or to other care settings continue to take place in a reduced timeframe, maintaining flow out of the hospital.
 - The IBCF and winter monies also enabled an enhanced social care presence at the front door of the hospital and also at Mental health access points. This allowed greater links to be made to other BCF funded admission avoidance schemes such as Carers support and the Healthy Housing Hub. Equipment and Occupational Therapy support continues to be used to aid discharges and prevent admissions from people living in the community.

Performance against the national metrics during the final quarter of 2019 is described in **Appendix 2**.

Challenges and Priorities for 19/20

- 4.7 As part of its 2018-19 work programme the BCF Monitoring and Finance Group reviewed the services funded through the BCF to ascertain their contribution to the vision of the programme, which is wider than just the metrics. Work that continues into 19/20, ahead of the Planning Guidance being released is as follows:
- A number of work streams within the overall Derbyshire STP were 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.
 - System financial pressures and the scale of savings required to achieve financial balance for Derbyshire CCGs and NHS providers continued to impact

on the sustainability and long term arrangements for acute led interventions that were in place over the winter of 2018.

- Maintaining older people at home for more than 3 months after their discharge. The target for 2018/19 was not met with the year-end performance being 77.4% against a target of 82% - which is lower than in 2017/18. Despite this, the volumes of people that have benefited from “reablement” support post hospital has increased to 848 throughout the year, as opposed to 561 in 17-18. Further diagnostic work has been undertaken, and any improvements that can be controlled have been considered. This remains an ongoing challenge in 19/20.

4.8 In relation to the Improved Better Care Fund (the specific grant to Council’s for social care) there were no separate performance measures in 2018/19 – rather specific grant conditions that Councils had to adhere to. In Derby, the IBCF was 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.

Public/stakeholder engagement

5.1 Not applicable.

Other options

6.1 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.

Financial and value for money issues

7.1 The BCF comprises the original BCF funding from 2013 that has been previously subject to an existing section 75 agreement, and also the specific Councils’ 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 implications

8.1 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).

Other significant implications

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 achievements of key elements of the STP and key performance measures designed to serve patients and citizens well.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal Finance Service Director(s)	Janice Hadfield, Group Accountant Kirsty McMillan , Service Director – Integration & Direct Services	17.07.19
Report sponsor Other(s)		

Appendix 1 - Financial Plan for BCF and IBCF for Derby for 2017-19

Detail of Expenditure	Derby City Council	Derbyshire CCGS	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-coordinators		£ -	£ -	£ -
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 – e.g Living Wage rates, sleep ins	£ 2,284,000		£ 2,284,000	£ 2,768,010
reviewing team - new cases	£ 240,000		£ 240,000	£ 295,200
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 and Personal Budgets	£ 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

Appendix 2

Performance area	Year-end position	Commentary
Reduction in non-elective admissions	Target met	This target was met as Derby recorded 26,451 unplanned admissions to hospital against a target of 26,889. Whilst this cannot be attributed to BCF funded interventions alone, overall, schemes funded by the BCF continue to manage rising demand and the in year winter monies was particularly successful in enabling an enhanced health and social care presence at the acute hospital “front door”, as well as other entry points into the health and care system. This helped avoid increased admissions during times of peak escalation.
Rate of permanent admissions to residential care per 100,000 population (65+)	Target met	The year-end position was that in Derby there were 249 new admissions to residential and nursing care for older people aged 65 and over – at a rate of 592.2, per 100,1000 population. This was within the target set for the year and was a result of demand management interventions continuing in 2018/19 to ensure there were manageable levels of referrals into care homes at all access points. Where people were able to remain at home, they were supported to do so.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Target not met	<p>Whilst activity in 18/19 increased, outcomes in terms of this measure have not quite met previously projected targets. This metric measures the numbers of people remaining at home, 91 days after they have been discharged from hospital and received a period of Reablement/ intermediate care support.</p> <p>Our year end performance was 77.4 % against a target of 82% - which is lower than our performance in 2017/18. However – the volumes of people that have been seen has increased to 848 throughout the year, as opposed to 561 in 17-18. This is due to increasing demand for post hospital support, and improved “turnover” i.e the speed at which people are seen, supported and transferred onto a lighter support package, or for many – no ongoing support being required. Work continues to understand why despite the increase in activity; the proportion of people returning to hospital has nevertheless increased by 3.7% during 2018/19.</p>
Delayed Transfers of Care (delayed days)	Target met	<p>Reducing Delayed Transfers of Care (DTC) – 18/19 full year results showed that there were 3,779 bed days delayed across the system against a target of 4,377, a reduction of 7% compared to 2017-18 – showing that the target had been achieved. The revised national expectation for Derby was to remain at or below 10.8 delayed days per day attributable to NHS, 0.7 to ASC and 0.5 joint delays. These equate to rates per 100,000 of 5.5, 0.3 and 0.3 respectively (6.1 total). Our actual rates of performance were 5 bed days per day per 100,000 for NHS delays, 0.2 for ASC and 0 for joint delays (5.2 total). So below target in each instance.</p> <p>In 2018/19, work continued to improve Multi-disciplinary working within mental health pathways and despite increased pressure throughout winter; DTC targets continue to have been met. This was due to integrated arrangements between health and social care, clear discharge pathways with daily flow reports and weekly resilience planning.</p>

