

Meeting:	Health and wellbeing board
Meeting date:	Tuesday 13 February 2018
Title of report:	Better care fund quarter 2 and quarter 3 report 2017/18
Report by:	Director for adults and wellbeing

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review the better care fund 2017/18 quarter two and quarter three national performance reports, as per the requirements of the programme. In summary, the report identifies the following points:

- Herefordshire is currently on track to meet the target for the national metric of reducing the rate of permanent admissions into residential care;
- achieving the target rates for non-elective admissions and delayed transfers of care both continue to pose significant challenges to all partners;
- service developments are being implemented to assist in improving performance in the proportion of older people who were still at home 91 days after discharge from the reablement service; and
- jointly agreed funding allocations are in place for the improved better care fund, which meet the grant conditions and align to the national high impact change model, as required.

Recommendation(s)

That:

- (a) the better care fund (BCF) quarter two and quarter three performance reports, at appendix 1 and 2 as submitted to NHS England, be reviewed;
- (b) the improved better care fund (iBCF) quarter two and quarter three performance reports, at appendix 3 and 4, be reviewed; and
- (c) the board determine any actions it wishes to recommend to secure improvement in efficiency or performance.

Alternative options

- 1. There are no alternative options. The content of the returns have already been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines.

Key considerations

- 2. The national submission deadlines for these quarterly returns have already passed and therefore the board is requested to note the completed data, following its submission to NHS England.
- 3. As detailed in the quarter three report, recent performance indicates that Herefordshire is currently on track to meet the target for the national metric of reducing the rate of permanent admissions into residential care. Capacity within the care home market within Herefordshire continues to challenge partners, specifically nursing care provision. To date this year, the number of new permanent admissions to residential and nursing homes has been kept at a lower level than in the previous year, which was itself lower than was the case for most of Herefordshire's statistical neighbours. There remains a close degree of scrutiny over new placements.
- 4. Changes to the process and pathway for the adults wellbeing brokerage function have been implemented during quarter three. This has resulted in a more timely and efficient process being in place. Improvements in communication, and streamlining of the placement process, have reduced duplication and released social worker time to complete other tasks.
- 5. As reflected in the performance reports, achieving the target rate for non-elective admissions continues to pose a challenge to all partners. A number of key schemes continue to be delivered to assist in supporting individuals at home and avoiding admissions, where possible. These include the hospital at home service, the falls response service and the home first service. Seasonal pressures have caused additional challenges during quarter three.
- 6. Both the quarter two and quarter three reports identify that Herefordshire is currently not on track to meet the target for the proportion of older people who were still at home 91 days after discharge from the reablement service. The existing community reablement contract ended on 31 July 2017 and the service has been operated directly by the council since that date. Continuing to deliver a robust service at the same time as reviewing and improving delivery has created challenge. At quarter three performance remained at 78.8% at period end, which is in relation to clients who were discharged in to the existing reablement service, rather than the fully revised home first service.

7. Home first, the redesigned community reablement service, has been implemented during quarter three. Initially there were significant challenges posed by a large demand for the service and difficulties recruiting staff. There were also issues with the skills and levels of training that inherited staff had received prior to their transfer. This has required a significant training programme to be developed and implemented.
8. The home first development work completed during quarter two identified a number of issues with patient flow through the service. Workshops were held with home first staff, therapists and community Wye Valley NHS Trust (WVT) staff. Then further occupational therapy and physiotherapist workshops, for both council and WVT therapists, were held. These workshops produced a fully detailed map of patient flow into, through and out of the service. Processes, procedures and protocols were agreed between staff and systems developed to support this. It was an extremely positive and productive process that will ensure the patient experience is a smooth and effective one.
9. Achieving the delayed transfers of care (DToC) target continues to pose a significant challenge to all partners. A range of schemes continue to be delivered to assist in this including the provision of community equipment and adaptation, intermediate care provision and the development of the home first service.
10. During quarter two a number of system wide workshops were held in Herefordshire to further discuss DToC. Attendees included representation from the council, Herefordshire Clinical Commissioning Group (CCG) and Wye Valley NHS Trust. Key points of discussion included the following:
 - a. agreeing a consistent process for identifying, counting, verifying and reporting DToCs;
 - b. discussing potential amendments to current practice, particularly in terms of assessments; and
 - c. beginning to look in detail at current practice for each DToC reason.
11. The better care fund national condition four requires areas to implement the high impact change model for managing transfers of care. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge, as follows:
 - early discharge planning
 - multi-disciplinary/multi-agency discharge teams
 - seven-day services
 - focus on choice
 - systems to monitor patient flow
 - home first/discharge to assess
 - trusted assessors
 - enhancing health in care homes
12. As detailed in the reports at appendix one and two, local systems are required to identify the current level of maturity for each of the eight change areas for the reports quarter and the planned/expected level of maturity for the subsequent quarters in the year. Herefordshire has established initiatives in several of the impact areas including multi-disciplinary discharge processes, focus on choice and seven-day services. Further developments are required in relation to trusted assessors and systems to monitor patient flow. During quarter four a self-assessment tool, developed by the Local Government Association (LGA), will be completed and shared amongst partners.

13. The spring budget 2017 recognised that adult social care services are under significant pressure nationally; one expression of this being the increased number of patients whose discharge from hospital has been delayed while they wait for a social care placement. As a consequence, the chancellor announced an additional £2bn for councils to spend on adult social care over the next three years (2017/18 to 2019/20). This funding is required to be included in the wider pooling of resources between councils and the NHS through the Improved Better Care Fund (iBCF). Of this national funding, the total allocation for Herefordshire is £7.3m.
14. It is a national requirement for all iBCF funding to be allocated within three clear grant conditions:
 - a. meeting adult social care needs;
 - b. reducing pressures on the NHS, including supporting hospital discharge; and
 - c. supporting the local social care provider market.
15. In addition, a local condition to improve integrated commissioning capacity has been applied, as agreed by both partners. The jointly agreed funding allocations meet the grant conditions, apply the agreed principles and align to the national high impact change model, as required. The iBCF quarter two and quarter three reports are located at appendix three and four, for information.

Community impact

16. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and CCG continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.

Equality duty

17. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

 - i. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - ii. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - iii. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
18. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taken into account.

19. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
20. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

Resource implications

21. The finance position of the better care fund represents the forecast outturn at month 8 (November), the most recent month available.
22. The 2017/18 forecast outturn for protection of adult social care (PASC) is a net overspend of £152k. The key components relate to:
 - a. forecast underspend of £50k due to vacancies in Rapid Access to Assessment and Care Beds (RAAC);
 - b. forecast overspend of £79k in carers support due to increases in direct payments and spot purchases;
 - c. forecast overspend of £119k for deprivation of liberty safeguarding (DoLS) due to continued high levels of demand; and
 - d. forecast overspend of £56k due to demand for long-term packages of care.
23. Also reflected in this report are the pressures seen in both residential and nursing care, particularly within 'in-county' nursing placements, which are included in the additional BCF pool. Both the council and CCG have seen increases in care home placements (care home market management) in the year. The forecast outturn for 2017/18 is a total overspend of £680k. The breakdown of the £680k is council £500k and CCG £180k. Each partner carries the risk of their own budget.
24. The improved better care fund (iBCF) is forecast to break even in 2017/18. IBCF grant monies cannot be carried forward into future years so partners have approved investment of non-recurrent slippage funding in schemes that offset additional costs incurred in relation to winter pressures in 2017/18.

Better Care Fund Finance Summary 2017/18	Plan	Forecast Spend	Forecast (Under) / Over Spend
Forecast Out-turn at Month 8 (November)	£'000	£'000	£'000
Spending on Social Care Services (PASC)	4,672	4,824	152
Spending on Social Care Services (Care Act)	470	470	(0)
Sub-Total- Spending on Social Care from Minimum Mandatory Fund	5,142	5,294	152
NHS Commissioned Out of Hospital Care	6,818	6,818	0
Sub Total- Mandatory Minimum BCF Contribution from CCG	11,960	12,112	152
Disabled Facilities Grant (Capital)	1,706	1,706	0
Total Pool 1- Mandatory Better Care Fund Contributions	13,666	13,818	152
Herefordshire CCG Funded Packages	8,594	8,774	180
Herefordshire Council Funded Packages	20,147	20,647	500
Total Pool 2- Additional Better Care Fund Contributions	28,741	29,421	680
Total Pool 3- Improved Better Care Fund (IBCF)	3,573	3,573	0

Legal implications

25. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

Risk management

26. The board is invited to review the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.
27. In relation to the iBCF funding element of this report, there is a risk that if the funding has not been spent in year, then the Department for Communities and Local Government may clawback any underspend at year end, which would reduce the impact and outcomes achieved. Actual spend will be monitored by the better care partnership group (BCPG) on a monthly basis. Any slippage in spend will be identified as soon as possible and will be reallocated to other schemes, following the agreement from both the council and CCG.
28. There is a risk that the schemes invested in do not achieve the desired outcomes and impact planned. In order to mitigate this implementation milestones and clear outcomes have been agreed for each scheme, the delivery of which will be monitored on a regular basis by a dedicated project manager and reported to the BCPG.
29. Partners continue to work together to ensure sufficient schemes are in place and that the risks identified are mitigated.

Consultees

30. The content of the returns have already been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the national deadlines.

Appendices

Appendix 1 – better care fund quarter two 2017/18 report

Appendix 2 – better care fund quarter three 2017/18 report

Appendix 3 – improved better care fund quarter two 2017/18 report

Appendix 4 – improved better care fund quarter three 2017/18 report

Background papers

None.