Herefordshire Council

Meeting:	Health and wellbeing board
Meeting date:	Monday 1 October 2018
Title of report:	Better Care Fund quarter 1 report 2018 and approval of the Integration and BCF plan 2018/19 refresh
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 (BCF) 2018/19 quarter one performance report and approve the integration and BCF plan 2018/19 refresh, as per the requirements of the national programme. In summary, the report identifies the following points:

- The national conditions and metrics from the 2017/18 policy framework remain;
- Partners have reviewed the existing plan and refreshed to reflect scheme level changes and to identify key areas of investment for 2018/19, including urgent care investment, trusted assessor, discharge to assess, community capacity and improving quality of care in care homes;
- Quarter one performance illustrates the performance on the key metrics within the BCF plan

Recommendation(s)

That:

(a) the better care fund (BCF) 2018/19 quarter one report, at appendix 1, as submitted to

NHS England be reviewed;

- (b) the Integration and BCF plan 2018/19 refresh, at appendix 2 and 3, as submitted to NHS England be approved; and
- (c) the board determine any actions it wishes to recommend to secure future improvement in efficiency or performance.

Alternative options

1. There are no alternative options, this is a national requirement The content of the quarter one return and the Integration and BCF plan 2018/19 refresh have been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted to NHS England prior to the national deadline of 20 July 2018 and 24 August 2018, however this gives the board an opportunity to review and provide feedback on the changes.

Key considerations

- 2. The Integration and BCF national operating guidance for 2017/19 was published on 18 July 2018. Local areas were provided with the opportunity to revise targets, funding allocations and narrative plans through resubmission of a planning template and brief description of rationale. Any changes had to be jointly agreed between local authority and CCG and submitted by 24 August 2018.
- 3. The four national conditions from the existing policy framework remain:
 - a. that a BCF plan must be signed off by the Health and wellbeing board (HWB), and by the constituent LA and CCG;
 - b. a demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
 - c. that a specific proportion of the area's allocation is invested in NHScommissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
 - d. all areas implement the High Impact Change Model for Managing Transfer of Care (HICM) to support system-wide improvements in transfers of care.
- 4. The four existing national metrics remain consistent. As detailed in the resubmitted planning template (located at appendix 3), the following ambitions have been jointly agreed for 2018/19:

Metric	Existing ambition 2018/19	Refreshed ambition 2018/19	Rationale for change
Non-Elective Admissions (NEA)	16,520	19,596	To align with CCG Operating Plan, as required

Delayed Transfers of Care (DToC)	Total 11.1 per day	Total 13.4 per day	Partners across Herefordshire have agreed to align DToC ambitions to the national expectation, however it is recognised that achieving the required target will require substantial performance improvements Detailed breakdown of this ambition is located within appendix 2 and 3.
Reablement	85%	80%	Expansion in client cohort due to change in ethos of service- service now open to all rather than focussed on targeted service users. 80% represents realistic stretch target based on performance since change in scheme ethos.
Permanent admissions to 'Res. Care'	No changes	required	

- 5. The refreshed narrative plan, located at appendix 2, provides an overview of current performance and a rationale of the agreed changes to the Integration and BCF plan for Herefordshire 2018/19. A reviewed planning template, as located at appendix 3, has also been submitted which reflects the detailed changes.
- 6. Achieving the ambitions set in relation to Delayed Transfers of Care (DToC) continue to pose a significant challenge to partners across the system. Whilst partners have agreed to align DToC targets to the national ambitions it is recognised that achieving this will require substantial performance improvements. To support the necessary improvements, partners have agreed to invest core BCF and iBCF funds in a number of additional areas throughout 2018/19, including the following:
 - a. Urgent care investment
 - b. Trusted Assessor
 - c. Discharge to Access (D2A) investment
 - d. Community capacity
 - e. Improving Quality of Care in Care homes
- 7. As described at appendix 2, currently the local authority hospital discharge team and the Wye Valley Trust complex discharge team work together to support hospital discharge. However, there are vast improvements to be achieved through further alignment of the teams with an integrated discharge manager having system oversight of transfers of care, whilst ensuring the statutory responsibilities of each organisations are supported.
- 8. During 2017/18 partners approved Herefordshire's discharge to assess (D2A) pathway. The D2A model provides an appropriate setting for needs to be assessed to determine the ongoing appropriate level of care and support. The implementation of the Integrated discharge team will facilitate the delivery of this model and assist in ensuring that discharge to assess pathways meet the needs of all people leaving acute hospital care.

- 9. A further area of investment agreed for 2018/19 is the implementation of a Trusted Assessor model in Herefordshire. As detailed at appendix 2, this key approach is to drive reduction in the number of delayed discharges. The underlying principle of the approach is to promote safe and timely discharges from NHS Trusts to adult social care services by undertaking assessments on behalf of the care home sector. This will streamline and reduce duplication of assessments whilst transferring the individual in a timely manner.
- 10. Partners recognise that Herefordshire is experiencing a decline in the quality standards of the care homes in the county which adds pressure into the transfer of care system. There are currently a number of nursing homes that have compulsory or voluntary suspensions on placements due to the quality improvements required and the number of homes identified by the CQC as 'inadequate' or 'requires improvement' has increased. To support and improve the quality in care homes a number of strategic redesigns have been approved between the local authority, CCG and acute and community trust which will be funded by the iBCF.
- 11. The quarter one performance report, as located at appendix 1, is the first joint reporting template issued by the national team, which combines reporting for the BCF and improved better care fund (iBCF). As detailed, at quarter one Herefordshire was on track to achieve targets for both non-elective admissions (NEA) and the rate of permanent admissions to residential care per 100,000 population (65+). Partners continue to support individuals in the community and facilitate independence, therefore reducing the rate of admissions into residential and nursing care. The adult social care pathway redesigned has been implemented and is delivering a strength based approach to support this approach
- 12. Herefordshire was not on track to meet target in relation to the proportion of older people who were still at home 91 days after discharge from hospital into reablement services at the end of quarter one. The Home First service, delivered by the local authority, continues to experience recruitment challenges, which impacts upon the service capacity available. During Q1 a service review has taken place and a clear implementation plan has been developed. In addition, this ambition target has been refreshed in order to reflect the expansion in client cohort due to change in ethos of service- service now open to all rather than focussed on targeted service users.

Community impact

13. The BCF and Integration 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

14. 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 -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 15. 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 taking into account.
- 16. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity race, religion or belief, sex and sexual orientation.
- 17. 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 aiming to improve 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.
- 18. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

Resource implications

19. As detailed in the resubmitted planning template, located at appendix 3, the following summary changes have been jointly agreed for 2018/19:

Herefordshire Better Care Fund Financial Summary					
Pool 1- Minimum Mandatory Fund	Original 2018/19 Budget £	Revised 2018/19 Budget £	Change to Original Budget £		
Planned Social Care Expenditure	5,239,806	5,239,806	0		
NHS Commissioned Out of Hospital Care	6,947,227	6,947,227	0		
Total Minimum Mandatory Contribution from CCG	12,187,033	12,187,033	0		
Disabled Facilities Grant (Capital)	1,852,932	1,852,932	0		
Total Pool 1	14,039,965	14,039,965	0		

Pool 2– Care Home Market Management	Original 2018/19 Budget £'000	Revised 2018/19 Budget £'000	Change to Original Budget £
Herefordshire CCG Contribution	8,757,286	9,564,000	806,714
Herefordshire Council Contribution	20,529,793	21,359,421	829,628
Total Pool 2	29,287,079	30,923,421	1,636,342
Pool 3- Improved Better Care Fund	Original 2018/19 Budget £'000	Revised 2018/19 Budget £'000	Change to Original Budget
IBCF Grant	4,721,971	4,721,971	0
Total Pool 3	4,721,971	4,721,971	0
Total Better Care Fund	48,049,015	49,685,357	1,636,342

20. The detail of changes at a scheme level is included within the overview document, located at appendix 4.

Legal implications

21. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for BCF. It allows for the mandate for 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

- 22. 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.
- 23. There is a risk that the schemes invested in do not achieve their desired outcomes. In order to mitigate this implementation milestones and clear outcomes have been agreed for each scheme, the delivery of which is monitored on a regular basis by a dedicated project manager and reported to the better care partnership group (BCPG).
- 24. Partners continue to work together to ensure sufficient schemes are in place and that any identified risks are mitigated. The BCPG review risk registers for both the BCF and iBCF on a monthly basis and escalate any issues to the joint commissioning board.

Consultees

- 25. The content of the quarter one return was approved by the council's director for adults and wellbeing and Herefordshire CCG's accountable officer prior to the submission to the national teams.
- 26. Prior to submission of Integration and BCF plan 2018/19 refresh consultation took place with a number of key stakeholders including Wye valley trust and Herefordshire clinical commissioning group. The Joint Commissioning Board and Chair of the HWB were consulted and supported the content of the refresh prior to submission to the national team on 24 August 2018.

Appendices

- Appendix 1 Better care fund national reporting template quarter one
- Appendix 2 Integration and better card fund refresh 2018/19
- Appendix 3 BCF national planning template Herefordshire
- Appendix 4 Detail of changes to BCF budgets 2018

Background papers

None.