

Meeting:	Health and wellbeing board
Meeting date:	Monday 8 July 2019
Title of report:	Better care fund quarter 4 report 2018/19
Report by:	Director of adults and communities

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review the better care fund 2018/19 quarter four national performance and end of year feedback, as per the requirements of the programme. In summary, the report identified the following points:

- At the end of 2018/19 Herefordshire was on track to meet the ambition rate for the national metric for non-elective admissions;
- Achievement of the ambition rates for the proportion of older people who were still at home 91 days after discharge from the reablement service and delayed transfers of care both continued to pose challenge to partners;
- Herefordshire showed significant improvement in delayed transfers of care although achieving the ambition rates was still continuing to pose a challenge.
- The overall delivery of the BCF in Herefordshire for 2018/19 has had a positive impact on integration.

Recommendation(s)

That:

- (a) the better care fund (BCF) quarter four performance report at appendix one as submitted to NHS England, be reviewed and the board determine any further actions necessary to improve performance; and
- (b) on occasions when board meetings do not coincide with national submission dates, the director for adults and communities has delegated authority, following consultation with the accountable officer of the Clinical Commissioning Group, to approve the submission and to present this to the next available board meeting to enable review of performance and make recommendations for improvement; and
- (c) the director for adults and communities be authorised, following consultation with the chairperson of the Health and Wellbeing Board and with the agreement of the accountable officer at the Clinical Commissioning Group, to approve the 2019/20 BCF and Integration plan.

Alternative options

1. The content of the returns have already been approved by the council's director for adults and communities and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines, however this gives the board an opportunity to review and provide feedback.
2. The board could reconvene and have an additional meeting, if there are any significant changes to the guidance and budgets.

Key considerations

3. The national submission deadlines for quarter four performance returns have already passed and therefore the board is requested to note the completed data, at appendix one, following its submission to NHS England.
4. End of year performance showed that Herefordshire was on track to meet the ambition for the national metric of reducing the rate of non-elective admissions. This has been a consistence performance during 2018/19.
5. Delayed transfers of care (DToC) continued to be higher than the ambition rates set across the health and social care system in Herefordshire; however, during the first three months (January, February, March) of the year, there was a significant improvement.
6. In February 2019 the council underwent a DToC peer review carried out by the Local Government Association (LGA). This has provided Herefordshire health and social care system with some clear recommendations for the next steps and highlighted some integrated working across the system. The review also provided an opportunity for all staff and partners directly affected to input into the process, improvements and current work being undertaken.
7. Demand within the care home market in Herefordshire continues to impact upon the ability to achieve the ambition rate of permanent admissions into residential care. The council has been experiencing a higher number of respite placements, which has in some instances

converted into long term placements. In addition, Herefordshire has a growing older age population requiring care home placements.

8. Demand continues to be high for the Home First service. Improvements have been made including training for new and some existing staff, a CQC inspection rated the service as good and additional staff recruited too. With a new structure, training and new staff the target for March was achieved.
9. Throughout quarter four progress has been made on the key areas of integration work areas, including the following:

Herefordshire's Integrated Urgent Care Model, which includes two key initiatives:

- Integrated Hospital Discharge - previously the local authority hospital discharge team and the Wye Valley Trust Complex discharge team work together to support hospital discharge. However, this program of work is to achieve an improved flow for discharged through implementing a single, **integrated discharge team (IDT) function**. This consists of a group of professionals, from both social care and health, who are co-located at the acute hospital and collaboratively work together to ensure the safe and timely discharge of patients
- An Integrated Discharge Lead has been recruited across the IDT and partners have put in place reporting mechanisms, a clear set of principles and agreement of work plan across the team.
- Integrated Community Capacity Function - Health and social care both currently provide a number of community services to support individuals to remain within their own home or to transfer home from hospital. Although the services work together, where necessary this work programme is scoping options where closer working could enhance the community offer in Hereford and improve outcomes for people who require these services. Hospital at Home (WVT) and Home First (HC) are the two teams that are being reviewed and considered within the scope of the project.
- Discharge to Assess (D2A) – The D2A beds is a pilot delivered by Shaw Healthcare in Ledbury and has been operational since 4 March 2019. The pilot service, which is due to run to 31 March 2020, consists of a 14 bed-based provision for adults, predominantly aged over 65 years, who could potentially return home after a period of additional rehabilitation and assessment of their future needs. The service provision focuses on patients who have completed an acute episode of care but are unable to return to their previous place of care and need on-going assessment of their long-term care needs.
- The lead commissioner is the council and the council along with the CCG, has redesigned and negotiated the model with the provider and additional funding for the scheme has been through BCF/iBCF.
- Trusted Assessor (TA) – The 'Trusted Approach' approach is an initiative driven to reduce the number of delayed discharges and improve the experience for patients. The underlying principle of the approach is to promote safe and timely discharges from NHS Trusts to adult social care services, which allows trusted assessors to undertake assessments on behalf of the care home market to reduce duplication and improve the flow of transfer from hospital.

- Improving quality in care homes – The quality within the care homes in Herefordshire had been reducing which was identified through the Care Quality Commission (CQC) inspections and the CCG/LA independent quality assurance visits.
 - The pilot commenced in January 2019 and aimed to develop and establish a joint health and social care, care home quality team. Teams are aligned under one joint manager who would provide leadership and oversight of the team and coordinate the resources effectively.
 - High Impact Change Model implementation - ongoing throughout 2019/20
10. Community EMIS, a digital clinical system supporting joined-up working across all care settings is being rolled out amongst health professionals, however this remains a challenge. A joint Digital Manager has been recruited through the BCF to support this integration of health and social care.
 11. The policy framework for the BCF was published in May 2019, however the BCF guidance for 2019/20 has been delayed, current advice is that it will be published during June 2019. Partners continue to work together to proceed with planning delivery and agreeing budgets, where possible.
 12. Early advice on the guidance is that 2019/20 will be a continuation of current plans and funding levels, which will be no more than £60m and the national conditions of:
 - a) a jointly agreed plan;
 - b) NHS contribution to adult social care is maintained;
 - c) agreement to invest in NHS commissioning out of hospital services; and
 - d) managing transfers of care

will remain the same as well as the national performance measures of:

 - a) non-elective admissions;
 - b) admissions to residential care home;
 - c) effectiveness of reablement; and
 - d) delayed transfers of care (DToC)
 13. The current integration and BCF plan can be found at appendix two which shows the expected levels of funding, spend and schemes which are currently being agreed between the council and CCG ahead of the guidance being issued.

Community impact

14. 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.
15. The changes described are aligned and integral to delivering the NHS Long Term Plan and by providing services at a locality level also supports the local authorities corporate objective to 'enable residents to live safe, healthy and independent lives.'

16. The plans are intended to move our health and social care system to a new service model in which patients get more options, better support and properly joined up care at the right time in the optimal care setting will support communities to remain within their own homes and reduce the need for hospitalisation and long term care. This will support our objectives of building community resilience and tackling health inequalities.
17. The BCF plan is a critical component of One Herefordshire, and financially supports many of the integration services and redesign. One Herefordshire is our place based partnership; a five year “integration” plan is currently being developed and the vision is for Herefordshire to be a county of healthy individuals living within healthy communities.
18. It will support One Herefordshire partners in improving wider wellbeing and population outcomes, as well as addressing their statutory duties around health inequalities. Citizens have the right to expect their NHS to assess the health requirements of their community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.

Equality duty

19. 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.
20. 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.
21. 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.
22. 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 homes and communities. There are no negative impacts for looked after children or with respect to the council’s corporate parenting role.
23. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying ‘due regard’ in our decision making in the design of policies and in the delivery of services. The STP is developing a more joined up approach to its equality duties, and has an STP equality work stream which is developing a robust and uniform approach to equality

impact assessment across Herefordshire and Worcestershire which the BCF will be included.

24. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF. Where large changes are planned via the BCF an EIA will be completed.

Resource implications

25. Overall the schemes that comprise the section 75 agreement ended the financial year with a net overspend of £1,345k (2.4% over budget), chiefly due to overspends on pool 2 in-county care home placements; and pool 5 – community equipment loans..
26. The table below shows the summary outturn at month twelve (March 2019) for the schemes that make up the section 75 agreement.

Section 75 Agreement Finance Summary 2018/19	Plan	Spend	(Under) / Over Spend	% (Under) / Over Spend
Out-turn at Month 12 (March 19)	£'000	£'000	£'000	
Spending on Social Care Services (PASC)	4,760	4,695	(65)	(1.4%)
Spending on Social Care Services (Care Act)	479	350	(129)	(26.9%)
Sub-Total- Spending on Social Care from Minimum Mandatory Fund	5,240	5,046	(194)	(3.7%)
NHS Commissioned Out of Hospital Care	6,947	6,935	(12)	(0.2%)
Sub Total- Mandatory Minimum BCF Contribution from CCG	12,187	11,981	(206)	(1.7%)
Disabled Facilities Grant (Capital)	2,072	2,072	0	0.0%
Total Pool 1- Mandatory Better Care Fund Contributions	14,259	14,053	(206)	(1.4%)
Herefordshire CCG Funded Packages	9,564	9,611	47	0.5%
Herefordshire Council Funded Packages	21,359	23,246	1,886	8.8%
Total Pool 2- Additional Better Care Fund Contributions	30,923	32,856	1,933	6.3%
Improving Integrated Commissioning Capacity	226	248	21	9.5%
Meeting Adult Social Care Needs	3,285	3,360	76	2.3%
Reducing Pressures on the NHS including Supporting Hospital Discharge	971	999	28	2.8%
Supporting Local Social Care Provider Market	200	115	(85)	(42.6%)
Total Pool 3- Improved Better Care Fund (IBCF)	4,722	4,722	0	0.0%
Childrens' Commissioning Unit	80	72	(8)	(9.4%)
Childrens' Short Breaks	440	408	(32)	(7.4%)
Childrens' Complex Needs Solutions	3,493	2,908	(585)	(16.8%)
Childrens' Safeguarding Board	214	214	0	0.0%
Total Pool 4- Childrens' Services	4,227	3,602	(625)	(14.8%)
Integrated Community Equipment Store	1,000	1,243	243	24.3%
Total Pool 5- Integrated Community Equipment Store	1,000	1,243	243	24.3%
Total Section 75 Agreement	55,131	56,476	1,345	2.4%

Legal implications

27. 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

28. 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.
29. The Better Care Partnership Group (BCPG), a joint steering group between the council and CCG, responsible for monitoring the delivery of the Herefordshire BCF Plan, will monitor a risk register and escalate to the directorate risk register where necessary. Higher risks, such as ability to deliver DToC, will also be escalated to the council's corporate register.

Risk / Opportunity	Mitigation
Schemes that have investment do not achieve the desired outcomes and impact planned	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.
Increasing demand due to the demography of expected older age population could outstrip the improvements made	A number of the schemes are both areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the local authority is leading development with communities and implementing strengths based assessments to reduce demand where possible.
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 is 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.
The national policy framework has been received however, planning guidance is yet to be published and confirmation of the funding allocation for 2019/20, which provides a level of risk to some of the iBCF schemes	Partners continue to work together to proceed with planning delivery. Further discussions will take place when planning guidance is received.
BCF Funding 2020 onwards: If changes in BCF planning guidance moves from current position then the council could be at risk of a funding deficit of approximately £11m (including iBCF) for protection of ASC etc.	This is a national risk to all council's and council officers continue to work in partnership with health colleagues to develop integrated ways of working to improve outcomes whilst ensuring efficient services are delivered.

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Consultees

30. The content of the returns have already been approved by the council's director for adults and communities and Herefordshire Clinical Commissioning Group's (CCG) accountable officer following consultation with Joint Commissioning Board (JCB) and submitted prior to the national deadlines.
31. The director for adults and communities will sign off the 2019/20 Integration and BCF plan on behalf of the Health and Wellbeing Board following consultation with the chairperson of the Health and Wellbeing Board and with the agreement of the CCG's accountable officer.

Appendices

Appendix 1 – Better care fund quarter four 2018/19 report

Appendix 2 – Herefordshire Integration and Better Care Plan 2017/19

Background papers

None