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| <b>Meeting:</b>         | <b>Health and wellbeing board</b>                              |
| <b>Meeting date:</b>    | <b>Monday 10 February 2020</b>                                 |
| <b>Title of report:</b> | <b>Better Care Fund Quarter 2 and Quarter 3 report 2019/20</b> |
| <b>Report by:</b>       | <b>Director of adults and communities</b>                      |

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose and summary**

As part of the statutory function of the board the purpose is to review the better care fund (BCF) quarter two and three performance reports and recommend any future improvements.

The better care fund (BCF) provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures grant.

In Herefordshire managing the demand remains a challenge for the system and pressures continue which has impacted on the non-elective admission target not being met. Achieving the ambition rates for the proportion of older people who were still at home 91 days after discharge from the reablement service continues to pose a challenge to partners. Although there continues to be a constant pressure for partners, in quarter three, the target for delayed transfers of care has been achieved. Integration plans and jointly agreed funding allocations are in place for the improved better card fund and partners continue to work together to progress these.

## **Recommendation(s)**

**That:**

- (a) the better care fund (BCF) quarter two and three performance reports for 2019/20, at appendix 1 and 2 as submitted to NHS England, be reviewed; and**
- (b) 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 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.

## **Key considerations**

2. The national submission deadlines for the quarter two and three performance returns have already passed and therefore the board is requested to note the completed data, at appendix one and two, following its submission to NHS England.
3. The quarter two performance report only required information on the Improved BCF (iBCF) and this was specifically in relation to fees, this was due to the timings of the reporting which was during the planning and approval process of the 2019/20 BCF plan.
4. As detailed in the quarter three report, 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 and to reduce demand, where possible. Managing the demand remains a challenge for the system.
5. As reflected 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. Based on the last three months, there is potential by the end of the year the target will have been achieved. However, it should be noted, seasonal pressures could have an impact on the target being reached.
6. Quarter three report indicates 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. Capacity within the service and demand continues. There is a focus on recruitment to meet demand and the recruitment for the post of Head of Integrated Community Services has been successful. The new post will support the delivery of the transformation programme by influencing, challenging and facilitating change to drive improvements across the health and wellbeing system. The role will build capacity and resilience within the services to promote wellbeing and sustain independence through a strengths based approach.
7. For the first three quarters of 2019-20, 72.3% of service users 65+ discharged from hospital into reablement were still at home 91 days later. Due to work recently undertaken, a significant amount of checks have been completed and therefore, for quarter three the

percentage still at home after 91 days is 77.5%, above the year to date performance indicating a move closer to the target of 80%.

8. Quarter three data demonstrates the overall delayed transfers of care (DToC) target has been achieved, however it continues to be a constant pressure. Investment in the urgent care part of the system has been undertaken and redesign of services, however demand still continues across the health and social care system in Herefordshire
9. To support DToC improvements, daily integrated DToC meetings are taking place to ensure the current delay codes are agreed on the day and a review of DToC codes has been undertaken with delays being recorded as jointly.
10. Furthermore, pre-screening for all new referrals to adult social care has commenced to ensure that priority work is focused on those patients that are about to become medically stable rather than responding to those that may not be ready for discharge.
11. Throughout quarter three partners have continued to discuss and develop integration arrangements. Development by three operational teams across different providers who have used patient, carer and peer review feedback to change the way they work, establishing an integrated model of care for adults requiring palliative and end of life care.
12. Winter pressures 2019/20 funding has been invested in additional capacity in home care, particularly for hard to place clients and rural areas of the county. Additional capacity in residential and nursing care homes, a mix of spot purchases of short-term and respite placements and a contract for long term nursing placements has also been invested in.

## **Community impact**

13. 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**

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 taken into account.

16. 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.
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 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

18. The finance position of the better care fund represents the forecast outturn at month 8 (November 2019), most recent month available.
19. Overall the schemes that comprise the section 75 agreement have a net forecast overspend of £1,939k (3.2%), chiefly due to forecast overspends in Pool 2 (Additional Contributions to BCF) and Pool 5 (Children's Services), partially offset by underspends in Pool One (BCF)

| Section 75 Agreement- Summary of Pool Balances                  | Annual Plan   | Forecast Out-turn M8 | Forecast Over / (Under) Spend | % Over / (Under) Spend |
|---|---------------|----------------------|-------------------------------|------------------------|
|   | £,000         | £,000                | £,000                         |                        |
| Total Pool One- Mandated Revenue & Capital Contributions to BCF | 14,942        | 14,744               | (198)                         | (1.3%)                 |
| Total Pool Two- Additional Voluntary Contributions to BCF       | 34,552        | 35,221               | 669                           | 1.9%                   |
| Total Pool Three- Improved Better Care Fund                     | 5,703         | 5,392                | (310)                         | (5.4%)                 |
| Total Pool Four- Winter Pressures Grant                         | 881           | 881                  | 0                             | 0.0%                   |
| Total Pool Five- Children's Services                            | 3,787         | 5,515                | 1,728                         | 45.6%                  |
| Total Pool Six- Integrated Community Equipment Store (ICES)     | 1,300         | 1,350                | 50                            | 3.9%                   |
| <b>Total Section 75 Agreement Funding</b>                       | <b>61,165</b> | <b>63,104</b>        | <b>1,939</b>                  | <b>3.2%</b>            |

and Pool 3 (IBCF).

20. The table below shows a summary forecast outturn for the schemes that comprise the section 75 agreement. A more detailed forecast for each pool within the section 75 agreement is available upon request.

## Legal implications

21. 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**

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. 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.
24. 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.
25. Partners continue to work together to ensure sufficient schemes are in place and that the risks identified are mitigated. Quarterly reporting is undertaken to track performance and risk and reported to Adults directorate leadership team (DLT), Joint Commissioning Board (JCB) and the Integrated care alliance programme board (iCAB).

## **Consultees**

26. 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 national deadlines.

## **Appendices**

Appendix 1 – better care fund quarter two 2019/20 report

Appendix 2 – better care fund quarter three 2019/20 report

## **Background papers**

None.