

<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>Monday 7 December 2020</b>
<b>Title of report:</b>	<b>Better care fund quarter 4 and year-end 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**

To review the better care fund (BCF) 2019/20 quarter four national performance and end of year feedback, as per the requirements of the programme.

Due to additional pressures on systems around the COVID-19 pandemic, the timeframe for returns was extended to the end of July 2020.

## **Recommendation(s)**

**That:**

- (a) the better care fund (BCF) 2019/20 quarter four national performance and end of year feedback report at appendix A as submitted to NHS England, be reviewed and the board determine any further actions necessary to improve performance.**

## **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.

## Key considerations

2. End of year performance showed that Herefordshire did not meet the ambition for the national metric of reducing the rate of non-elective admissions. Managing the demand, to assist in supporting individuals at home and avoiding admissions in Herefordshire remains a challenge for the system and pressures continue which has impacted on the non-elective admission target not being met.
3. 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. However, with the introduction of a more robust monitoring and recording methodology for 91 day reviews, the performance has changed significantly showing an increase in performance within the last 6 months of the year.
4. Although there continues to be a constant pressure for partners, in quarter four, the target for delayed transfers of care has been achieved with Herefordshire recording some of the lowest DToC days for a number of years between the months of December 2019 to February 2020. (NB. Data is only available to February 2020).
5. The overall delivery of the BCF in Herefordshire for 2019/20 has had a positive impact on integration. Further detail on performance data is available in the BCF quarter four 2019/20 national performance report at appendix A.
6. 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 A, following its submission to NHS England.
7. The end of year report showed that Herefordshire did not meet the ambition for the national metric of reducing the rate of non-elective admissions. A number of key schemes including Home First and Hospital at Home, continue to be delivered to assist in supporting individuals at home and avoiding admissions, where possible.
8. Although the target for the rate of permanent admissions into residential care per 100,000 (65+) was not achieved at year end, this target was set at an ambitious reduction of 16.9% compared to the previous year (target of 546.96 compared to a 2018/19 total of 661.6).
9. Despite the target not being met, a significant reduction of 10.8% has been achieved in 2019/20 with an admission rate of 589.81 per 100,000 population compared to a rate of 661.6 in 2018/19.
10. In Q4, the proportion of older people who were still at home 91 days after discharge from hospital into reablement services and did not meet the set target. The recruitment for the post of Head of Integrated Community Services was successful. The new post will support the delivery of the transformation programme. The role will build capacity and resilience within the services to promote wellbeing and sustain independence through a strengths based approach. Demand for the service continues to grow. The performance for this measure has changed significantly over the last six months of the financial year. Although the overall percentage for 2019/20 is 74.0%, the percentage for the last six months of the year was 81.8% (1.8% better than target), with the first six months of the year recording a percentage of 67.4%. This change in performance is due to the introduction of a more robust monitoring and recording methodology for 91 day reviews.
11. Integration is underway for therapy across both Wye Valley NHS Trust and Herefordshire Council response teams. Understanding and monitoring of daily capacity and demand

across both teams is in place. As a response to Covid-19 an integrated hub was implemented.

12. Herefordshire recorded some of the lowest Delayed transfers of care (DToC) days for a number of years between the months of December 2019 to February 2020. The overall DToC for combined delayed days for Social Care, Health and Joint was projected to be achieved for 2019/20. Although the overall target has been achieved in Q4, it continues to be a constant pressure. The requirement to collect DToC data was rescinded in March 2020 due to new Covid-19 discharge arrangements, therefore DToC data for March 2020 is not available.
13. 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.
14. Q4 seven day service was covered by the discharge team seven days a week. Discharges were able to be covered for a Saturday and Sunday due to Home First providing cover.
15. Throughout quarter four progress continues around integration work areas. BCF resources have been utilised to address COVID-19 response with the integration of Home First and Hospital at Home and the creation of a community integrated response hub for the county. The hub brings together health and social care to support discharge follow-ups, rehabilitation and urgent or crisis community responses for people within the community.
16. Partners continue to work together to ensure sufficient schemes through the Improved Better Care Fund (iBCF) are in place and that the risks identified are mitigated. Quarterly reporting is undertaken to track performance and risk and reported to the council's Commissioning Programme Board and Joint Commissioning Board (JCB).
17. In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. The actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant can be viewed at appendix A.
18. Significant changes to the planned approach for the use of the Winter Pressures Grant, included Home Care contracts for additional hours being let on the basis of a maximum number of hours, with payment for actual hours delivered- the providers under-delivered slightly during the year, with one contract ending early as the provider withdrew from the market.
19. The underspending on these specific contracts was offset in increases in spot-purchase spending on home care in adult social care budgets. The CCG and local authority partners were fully informed on the position in each Joint Commissioning Board. Wye Valley NHS Trust was involved during the planning stage and also through the local integration board.
20. **Year end feedback**
  - A number of schemes are funded through the BCF in Herefordshire. Throughout the year all schemes have been implemented, as planned. Key achievements include the implementation of the Trusted Assessor roles. 32/84 care homes signed up to Memorandum of Understanding (MoU). 21 care homes out of county have signed the MoU. On writing the report, 100% of the assessments were completed within 24 hours of referral (given that the patient is medically optimised).

- A number of schemes funded through the BCF continue to contribute to reducing non elective admissions (NEA). Partners across the health and social care system in Herefordshire continue to work together to develop and implement schemes to further assist in achieving NEA targets and to assist in supporting individuals at home and avoiding admissions, where possible. A number of key schemes including Home First and Hospital at Home, Integrated Community Equipment Service, emergency respite placements and carer support services continue to be delivered. The use of Data Contracts allows information to be shared about our clients. Sharing systems with health colleagues has improved.
  - Throughout 2019/20 partners have worked closely together to monitor DToC, to further understand the underlying issues and track performance. Pre-screening for all new referrals to adults social care to ensure that priority of work is focused on those patients that are about to become medically stable continues pre and post COVID.
  - DToC reporting stopped due to Covid but Medically Fit for Discharge measures are in place resulting in low numbers due to quicker integrated response to discharges from acute and community hospitals. Work continues on the admission avoidance element.
  - Integrated Discharge Lead in post and working across Health and Social Care. Head of Service for Integration commenced in post March 2020. This role has brought better understanding of the pathways and improved discharge processes and communication between teams. Detail about the 91 Day Checks has improved significantly. Integration of therapy across both Wye Valley NHS Trust and Herefordshire Council response teams. Understanding and monitoring daily of capacity and demand across both teams is in place.
  - Throughout 2019/20 all residential and nursing placements have to be agreed by senior practitioners and panel to ensure that other options have been considered. Commissioners are working to improve accommodation options, as well as supported living models and domiciliary options and delivery. Discharge to assess model was put in place as a pilot to enable people to return home where possible rather than put them into a permanent care home placement.
21. The Policy Framework and Planning requirements for 2020/2021 has been delayed. This has an impact on quarterly reporting going forward. It was indicated that this may be published during September 2020 but is still awaited. At this point, there will be a clearer idea of the metrics being asked for in the quarterly reports and the extent to which retrospective information is required. Partners continue to work together to proceed with planning delivery and agreeing budgets, where possible.

## Community impact

22. 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.

## Environmental impact

23. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability,

achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

24. Whilst this is a decision on back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

## **Equality duty**

25. 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.
26. 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.
  27. 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.
  28. 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.
  29. 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 Sustainability and Transformation Partnership (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.
  30. 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**

31. Overall the schemes that comprise the section 75 agreement have a net overspend of £1,933k (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) and Pool 3 (iBCF).

32. The table below shows the summary outturn at month twelve (March 2020) for the schemes that make up the section 75 agreement.

Section 75 Agreement- Summary of Pool Balances	Annual Plan	Final Out- turn M12	Over / (Under) Spend	% Over / (Under) Spend
	£,000	£,000	£,000	
Total Pool One- Mandated Revenue & Capital Contributions to BCF	14,942	13,912	(1,030)	(6.9%)
Total Pool Two- Additional Voluntary Contributions to BCF	34,552	35,756	1,203	3.5%
Total Pool Three- Improved Better Care Fund	5,703	5,528	(175)	(3.1%)
Total Pool Four- Winter Pressures Grant	881	821	(60)	(6.8%)
Total Pool Five- Children's Services	3,787	5,740	1,953	51.6%
Total Pool Six- Integrated Community Equipment Store (ICES)	1,300	1,342	42	3.2%
<b>Total Section 75 Agreement Funding</b>	<b>61,165</b>	<b>63,098</b>	<b>1,933</b>	<b>3.2%</b>

## Legal implications

33. 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.
34. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
35. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
36. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the health and wellbeing board as well as the CCG (Clinical Commissioning Group), which represents the NHS side of the equation.

## Risk management

37. 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.
38. Monitoring the delivery of the Herefordshire BCF Plan is undertaken via the Commissioning Programme Board and Joint Commissioning Board. The project manager monitors a risk register and escalates 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
<p>Schemes that have investment do not achieve the desired outcomes and impact planned</p>	<p>Implementation milestones and clear outcomes were agreed for each scheme, the delivery of which was monitored on a regular basis by a dedicated project manager and reported to JCB.</p> <p>All funded schemes were evaluated and their impact reviewed. A number of schemes did not continue following this review.</p>
<p>Increasing demand due to the demography of expected older age population could outstrip the improvements made</p>	<p>A number of the schemes include both areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the local authority continues to lead on development with communities and implementing strengths based assessments to reduce demand where possible.</p>
<p>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 Ministry of Housing, Communities and Local Government may clawback any underspend at year end, which would reduce the impact and outcomes achieved</p>	<p>Actual spend was monitored. Any slippage in spend was reallocated to other services in agreement with the CCG and local authority. In previous years other local authorities that have underspent iBCF did not have funds clawed back.</p>
<p>The 2020-21 Better Care Fund (BCF) Policy Framework has been delayed, with systems needing to focus effort into dealing with COVID-19.</p> <p>Updated guidance to support planning has been delayed.</p>	<p>Partners continued to work together on activity to address demands in community health and social care, and prioritise continuity of care, maintaining social care services and system resilience.</p> <p>Funding allocations have been made for 2020/21.</p> <p>Due to COVID-19 indication has been provided that there will be no major changes to BCF for 2020/21.</p>
<p>BCF Funding 2021 /22 onwards: If changes in the BCF policy framework moves from current position then the council could be at risk of a funding deficit of approximately £13m (including iBCF) for adults social care.</p> <p>At a national level ministers and senior civil servants are aware of the negative impact on health and social care that would result from removal of BCF and iBCF funding.</p>	<p>This is a national risk to all councils 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.</p>

## **Consultees**

39. 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 A – Better care fund quarter four 2019/20 national performance report

## **Background papers**

None