

**HEALTH AND WELL-BEING BOARD
11 JULY 2017****BETTER CARE FUND**

Board Sponsor

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Priorities

Good Mental Health and Well-being throughout life
Being Active at every age
Reducing harm from Alcohol at all ages
Other (specify below)

(Please click below
then on down arrow)

Yes

Yes

No

Item for Information and Assurance**Recommendation****1. The Health and Well-being Board is asked to:**

- a) **Note the financial outturn to the BCF for 2016/17;**
- b) **Note the outcome of the evaluation of existing schemes and agree the changes to current schemes as set out in paragraph 5 and appendix A (available on-line),**
- c) **agree in principle the BCF programme for 2017/18 and 2018/19 as outlined in Appendix B (available on-line), and to delegate to the Director of Adult Services in consultation with the Chief Officers of the Clinical Commissioning Groups the authority to make the relevant submission to the Department of Health,**
- d) **Note the proposal to discuss further with the District Councils the opportunity to retain on a County-wide basis the additional Disabled Facilities Grant for 2017/18 [paragraph 12]**
- e) **Note the outline agreement between the CCGs and the Council for the deployment of the Department for Communities and Local Government grant.**

Background

2. The Better Care Fund (BCF) was announced in June 2013 with the overarching aim of facilitating integration of health and social care through creation of a single pooled budget. The BCF complements the direction set in the Next Steps on the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan.

3. The BCF budget for 2016/17 totalled £33.906m from the CCGs, and £4.236m from Worcestershire County Council [Disabled Facilities Grant] - and was included in the Worcestershire Section 75 agreement.

4. The Worcestershire 2016/17 BCF plan grouped schemes under three main headings - Admission Prevention, Facilitated Discharge, and Independent Living. The plan was agreed by the Board in February 2016, and approved by NHS England without condition or support.

Outturn for 2016/17

5. The final outturn of the 2016/17 Better Care Fund was a **£178k underspend**. Major variances included:

- a. An underspend of £126k on the Urgent Promoting Independence service
- b. An underspend of £87k on the Enhanced Interim Packages of Care budget. The demand for this service has greatly reduced due to the introduction of discharge Pathway 1
- c. An underspend in Urgent and Unplanned placements of £379k. The number of placements has reduced due to the alternative use of Community Hospital Beds
- d. An overspend in Plaster of Paris placements and Pathway 3 placements of £414k. The number of placements increased in 2016/17

Evaluation of Schemes

6. A summary of the evaluation of schemes is set out in Appendix A (available on-line). The evaluation demonstrates that the schemes have largely achieved the BCF objectives of Admission Prevention, Facilitated Discharge, and Independent Living in the context of each scheme's objectives. However, it is acknowledged that in the context of overall BCF performance, Worcestershire still has progress to make:

Metric		Q4 Return
Reduction in Non-elective admissions	On track for improved performance, but not to meet full target	Q4 16/17 plan - 12,652. Actual Q4 16/17 - 12,899. This is a slight increase against plan (247) caused by winter pressures but reduction by 3.77% than compared with Q4 in 15/16. There are a number of work streams in place focussing on paediatric non-elective admissions and the over 75 category (specifically around frailty, falls, COPD, pneumonia, stroke, neurology). CCGs are also supporting the development of Ambulatory Emergency Care clinics at the local acute trust hospital sites.

Delayed Transfers of Care (Delayed Days) from hospital per 100,000 population 18+)	On track for improved performance, but not to meet full target	The Q4 rate in 16/17 is 1,859.7 , this is a decrease on the Q3 rate of 1,886.5. However it is an increase on the Q4 rate in 15/16 of 1,320.3. The increase in Delayed days is due to WHCT now having more areas to report.
Emergency Admissions for Falls >75	On track to meet target	Current performance for Q4 2016/17 is 32.60. This is a reduction and therefore an improvement on the Q3 rate of 37.31. It is also an improvement on the Q4 rate in 15/16 of 39.18.
Rate of Permanent Admissions to Residential Care	No improvement in performance	Data for this indicator comes from the national ASCOF indicator 2A (2). The methodology for this metric "captures data on sequels to events in the customer journey, even if the eventual funding arrangements are not yet confirmed". So for example, if funding for the placement will be made using a 12-week disregard arrangement this is included. Performance to Q4 2016-17 is 643.19 (822 planned admissions/127800 older people) - this is above target (where good performance is low). The aim is that people remain as independent as possible for as long as possible and that alternatives are always considered prior to placements being made. In circumstances where a person is no longer eligible for CHC funding or can no longer fund their own care these are picked up as compulsory admissions – numbers are rising and make up 40% of actual admissions.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	No improvement in performance	The year end result for this measure is based on a three month sample of older people, who were discharged from hospital into reablement / rehabilitation services during Oct-Dec 2016, followed up to see if they were still at home 91 days later (Jan-Mar 17). The result for this cohort is 78.3% and is below the target of 86.1%. Increasing complexity of the needs of people going into these services has impacted on results.

7. In light of the need to improve performance, the following schemes have been identified as requiring change or reduction as follows:

Scheme	Proposed Changes
Howbury and the Grange Resource Centre	Remove Howbury budget for 2017/18 completely and reduce the Grange by 50% for 2017/18 and completely for 2018/19, to create investment in community-based reablement services

Howbury Replacement Services	Create investment in community-based reablement services
Urgent Promoting Independence	Increasing investment to recruit one nurse to work with team
Discharge Pathway 1 – Home Care	Increasing investment to improve co-ordination of discharge pathway and to consolidate and secure funding
Rapid Response Social Work Team	Increasing investment to expand capacity of team to increase admission avoidance
Enhanced Interim Packages of Care	Reducing investment to reflect fall in demand due to effectiveness of Pathway 1
Health Support for Step Down	Budget removed as activity now covered by the new CHC arrangements introduced by CCGs in 2016/17
Urgent Unplanned Placements	Reducing investment to reflect fall in demand due to use of Community Hospitals to avoid acute admissions
Social Care Access Centre	Returning to working hours pattern with rest of non-acute system
CA14 - Additional Demand for Home Care	Increasing investment to reflect demographic pressures and rising costs
Patient Flow Centre	Funding transferred to BCF from other sources to consolidate and secure funding
Integrated Community Equipment Services	Increasing investment to reflect demographic pressures
NHS Commissioned Out-of-Hospital Services	Increasing investment over the 2 years to contribute towards inflationary pressures

BCF for 2017/18 and 2018/19

8. The final version of the policy framework and guidance has yet to be published therefore it has not been possible to draft a submission for consideration by the HWB. The draft version however indicates that the plan will be for two years to introduce stability in the health and social care planning system and is consistent with the core NHS Operational Planning and Contracting Guidance for 2017-19.

9. Key changes to the policy framework since 2016-17 include:

- A requirement for plans to be developed for the two-year period 2017-2019, rather than a single year; and
- The number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four

10. The four national conditions require:

- i. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWB, and by the constituent LAs and CCGs;

- ii. 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;
- iii. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement;
- iv. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

11. The proposed use of the BCF will meet these conditions, although this is subject to approval of the final submission. The final submission will be reported to the HWB at the earliest available date.

12. The exact Better Care Fund amount for Worcestershire in 2017/18 has not yet been confirmed. For planning purposes, a revenue allocation of £34.513m has been assumed. This is the 2016/17 allocation plus 1.79% inflation. The Disabled Facilities Grant amount has been confirmed as £4.635m for 2017/18. Therefore the total amount of BCF for 2017/18 is currently estimated at £39.148m. Appendix B (on-line) sets out how the proposed expenditure on the BCF schemes for 2017/18 and 2018/19 taking into account the evaluation of current schemes.

Disabled Facilities Grant

13. The BCF draft guidance requires the DFG to be passported to Districts, unless an agreement is reached to make alternative arrangements. Discussions are currently taking place to see if there is scope for the additional monies for DFG [£399,000] to be deployed at a County level to meet the increasing demand for minor adaptations and equipment, which would support more effective use of the DFG at a local level.

IBCF (Improved Better Care Fund) 2017-2020

14. The budgets in Appendix B (on-line) do not include the Improved Better Care Fund. The IBCF was first announced by central government in the 2015 Spending Review, and was increased in the 2017 Budget. The grant is paid to Councils by the Department for Communities and Local Government. It is additional funding for Social Care and must not replace or be offset by reductions in CCG contributions to the BCF.

15. According to the grant conditions, the IBCF can be spent on three purposes:
- a. Meeting Adult Social Care Needs
 - b. Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
 - c. Ensuring that the local social care provider market is supported

16. There is no requirement to spend across all three purposes, or to spend a set proportion on each. Worcestershire's allocation is £10.1m for 2017/18, £6.7m for 2018/19 and £3.4m for 2019/20. The grant is not recurrent.

17. The spending plan for the IBCF does not require HWB sign-off, however this will be reported (for information only) alongside the BCF plan when this is brought to HWB.

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