

To the Chair and Members of the HEALTH & WELLBEING BOARD

BETTER CARE FUND UPDATE

EXECUTIVE SUMMARY

1. The purpose of this report is to provide members with an update on the BCF, Performance and future direction of travel.

EXEMPT REPORT

2. There is no exempt information contained within the report.

RECOMMENDATIONS

3. That the Health & Wellbeing board consider the information provided.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Health & Wellbeing Board aims to improve health and wellbeing for the residents of Doncaster and reduce inequalities in health outcomes. This aim is shared by partners to the BCF and wider Place Plan.

BACKGROUND

5. Proposals around the Better Care Fund (BCF) were launched in December 2013 through a joint letter sent out from the Department of Health and Department for Communities and Local Government. Partners were required to formulate joint plans for better care, so that the pooled budgets worth £3.8m between health and social care announced in June 2013 could start from April 2015.
6. The BCF is the biggest ever financial incentive for the integration of health and social care. It has required Clinical Commissioning Groups and local authorities across the country to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. In the first full year local areas contributed an additional £1.5 billion to the fund in addition to the £3.8 billion committed by the Government.
7. In year 2 of the fund – 2016-17, the mandated minimum deployed rose marginally to £3.9 billion with the flexibility to pool more if partners agreed. The emphasis of the fund is to support greater integration and this is seen as a potential way to use resources more efficiently, in particular by reducing avoidable hospital admissions and supporting early discharge. The BCF and other drivers of integrated care such as new care models are seen to pave the way for greater integration of health and social care services. There was also an emphasis on aligning the BCF plans to other programmes of work as set out

in the NHS Five Year Forward View and the delivery of 7 day services.

8. During 2016, work has accelerated around Place Plans and Sustainability, Transformation Plans (STP). In Doncaster a Place Plan has been developed and has already been shared with the H&WB, it features within the South Yorkshire and Bassetlaw STP. Work is currently in hand to develop the Place Plan as a delivery plan and partners from across Doncaster are working with a strategic partner to work this up and develop further the key elements outlined in the NHS Five Year Forward Plan.
9. The ambition remains to establish integrated health and social care across the country by 2020, this is set out in the spending review and will require everyone to have a plan for this in 2017. In Doncaster we consider the BCF to be both an important vehicle for integration but also a resource that will enable us to transform current services and delivery efficiencies to ensure that we can meet the increasing challenges of rising demand and an ageing population.

Performance in Q3

10. The BCF sets out a number of national conditions that must be met and subsequently delivered by each local plan. For 2016/17 those national conditions are:

1) Plans to be jointly agreed
2) Maintain provision of social care services (not spending)
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate
4) Better data sharing between health and social care, based on the NHS number
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

7) Agreement to invest in NHS commissioned out-of-hospital services

8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan

11. Doncaster meets most of the national conditions for the BCF, however, work is still in progress in a few areas. For example although 7 day working is provided across many health and social care settings, work is being undertaken within intermediate care to better understand the benefits across the whole IC pathway.
12. With regards to the metrics linked to the £23,906,550 BCF spend in Doncaster, performance has been challenging. With regards to non-elective admissions the BCF plan, in line with national expectations, was to reduce the number of non-elective admissions in year. However, between April-December 2016 non-elective admissions increased around 0.7% (2.19% above the plan). This pattern is not unusual- during December 2015-December 2016 non-elective admissions via A&E increased by 3.6% nationally. Work to reduce non-elective admissions is currently focussed around intermediate care and the provision of a rapid response to urgent needs within the community, as detailed in the Doncaster Place Plan.
13. There were 5360 reported delayed days due to delayed transfer of care during April-December 2016 which is significantly above both the BCF target (35.2%) and the corresponding period in 2015 (28.3%). This is due to an improved understanding of national definitions and data capture locally, following the release of new national guidance. Further work is underway locally to drive this further forward to ensure that reporting is fully in line with national definitions. At this stage there is no concern that this represents a rise in actual delays, although this position is monitored weekly at the multi-agency operational group
14. Assistive technology installations per 100,000 population aged 65+ are on target during the year to December 2016, there were 942 installations which is 23.1% above BCF target.
15. Admissions to residential care per 100,000 population (65+) is on track for improved performance but not to meet the full target. There were 288 admissions in the period which is 28% lower than the corresponding period in 2015, but 38.1% above the BCF target of 209. A more robust multi-disciplinary residential admissions panel was introduced in November 2015 which has enabled more people to be cared for in the community rather than in residential homes. The proportion of people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services is on track for improved performance but not to meet the full target. The percentage of patients still at home was 78.9% which is lower than the BCF target of 83.6%.

16. The Doncaster Place Plan will establish a central assessment and navigation service which will coordinate reablement and rehabilitation plans in each of the 4 neighbourhoods in Doncaster.

17. In conclusion, although Doncaster is only ahead of trajectory in one of the metrics, good progress over last year is noted in two other areas. The planned transformation work together with the development of an integrated approach to the implementation of the Place Plan should see continued progress moving into 2017/18.

Governance and performance management moving forward

18. It is proposed that the current governance and performance management arrangements around the BCF are further strengthened during 2017. This will ensure that all projects funded through BCF are regularly reviewed so that remedial action can be taken early to ensure ineffective projects are decommissioned and others commissioned to support the delivery of key metrics. The revised proposals will be circulated to H&WB members for comment when they are completed, however, there will be no changes to the role of the H&WB as senior body within the sign off process.

Moving forward

19. Although we are yet to see the final arrangements for BCF for 2017-19, we have begun to plan for our submission for the period. Doncaster has a good track record for submitting high quality BCF plans, the 2017-19 submission will be strongly linked to the ambitions set out in the Doncaster Place Plan and proposals outlined in transformations across the system. This should enable us to accelerate our performance and deliver services that provide excellent outcomes for the citizens of Doncaster, H&WB will be updated regularly on progress.

OPTIONS CONSIDERED

20. There are no alternative options within this report. Any future proposal will receive an appropriate options appraisal.

REASONS FOR RECOMMENDED OPTION

21. N/A

IMPACT ON THE COUNCIL'S KEY OUTCOMES

22.

	Outcomes	Implications
	All people in Doncaster benefit from a thriving and resilient economy. <ul style="list-style-type: none">• <i>Mayoral Priority: Creating Jobs and Housing</i>• <i>Mayoral Priority: Be a strong voice for our veterans</i>	The work of the health and wellbeing board has the potential to have an impact on all the Councils key objectives.

	<ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

LEGAL IMPLICATIONS

23. There are no specific legal implications arising from this report.

FINANCIAL IMPLICATIONS

24. The overall BCF fund is identified in Paragraph 11. There are no specific financial implications arising from the recommendations detailed in this report.

HUMAN RESOURCES IMPLICATIONS

25. There are no specific human resources implications.

TECHNOLOGY IMPLICATIONS

26. There are no specific technology implications.

EQUALITY IMPLICATIONS

27. There are no significant equality implications associated with this report.

CONSULTATION

28. Any specific issues arising from future de-commissioning/commissioning activity will be subject to appropriate communication.

BACKGROUND PAPERS

29. None

REPORT AUTHOR & CONTRIBUTORS

Jon Tomlinson, Assistant Director - Commissioning
Telephone: 01302 737519 Email: jon.tomlinson@doncaster.gov.uk

Kim Curry
Interim Director, Adults, Health & Wellbeing