Doncaster Council

Report

Agenda Item No: 10c
Date: 15 March 2018

To the Chair and Members of the Health and Wellbeing Board

BETTER CARE FUND QUARTER 3 UPDATE

Relevant Cabinet Member(s)	Wards Affected	Key Decision
All	All	No

EXECUTIVE SUMMARY

1) This report provides an update on the quarter three position of the Better Care Fund (BCF).

2) The Better Care Fund is one of the most ambitious programmes introduced across the NHS and local government. It encourages integration by requiring CCGs and local authorities to enter into pooled budget arrangements and agree integrated spending plans, which seeks to join-up health and social care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

3) There are a number of national BCF conditions that the partnership must meet and four key BCF national indicators must be monitored and reported against. Each quarter the partnership submits a statutory return that provides details of performance against the national indicators and the local BCF Plan. At the end of January 18 the report for quarter three was submitted. This report provides an update on the quarter three position as reported in the statutory return with updated data and information where appropriate.

4) Key points from the quarter 3 return are that the partnership fully meets all of the national conditions for BCF and we are on track to meet the targets set out for the four areas.

5) We are currently forecasting a small underspend of £11K (mainly relating to vacancies) against the BCF plan.

6) The Q3 BCF return also includes a maturity assessment of the Council's current status in relation to implementing a "High Impact Change Model," (HICM) a national initiative to improve flows of patients in and out of hospitals and to address issues relating to Delayed Transfers of Care (DToC). There are eight transformational change strands within the HICM. Good progress is being made in this area with plans in place or established for all of the eight strands within the HICM.

EXEMPT REPORT

7) The report does not contain any exempt information.

RECOMMENDATIONS

8) That the board notes progress against planned spend, the national conditions, performance indicators and wider integration of health and social care.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

9) The Better Care Fund (BCF) is a key resource to enable health and social care integration and transformation of current services. Doncaster residents should expect to be supported to maintain their independence as long as possible and also see a more integrated seamless response from health and care partners.

BACKGROUND

10) The BCF encourages integration by requiring CCGs and local authorities to enter into pooled budget arrangements and agree integrated spending plans, which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

11) The Government's ambition, facilitated through the BCF, is to establish integrated health and social care across the country by 2020. The partnership has formally agreed a joint BCF plan with the Department for Health and Social Care and Ministry of Housing Communities and Local Government in October 2017 *(for 2017/18 and 2018/19)*.

12) In Doncaster the BCF is an important vehicle for integration and a key resource that will enable us to transform current services and deliver efficiencies to ensure that we can meet the increasing challenges of rising demand and an ageing population.

13) There are a number of national BCF conditions that the partnership must meet and four key BCF national indicators which must be monitored and reported against. Each quarter the partnership submits a statutory return that provides details of performance against the national indicators and the partnerships local BCF Plan. At the end of January 18 the report for quarter three was submitted. This report provides an update on the quarter three position as reported in the statutory return as well as an update on our

forecast spend.

Update on forecast spending plans for the Better Care Fund (BCF).

14) The BCF is to transform health and social care services so that people are provided with better integrated care and support. It aims to help manage the pressures across the health and social care systems and improve long term sustainability of services in the context of demographic changes and on-going pressures on core budgets for health and social care services.

15) The BCF sets out a number of national conditions that must be delivered by each local plan. For 2017/18 those national conditions are:

a) Plans must be jointly agreed

b) NHS contribution to adult social care is maintained in line with inflation.

c) Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care.

d) Managing transfers of care

16) Beyond this, there is flexibility in how the Fund is spent over health and social care services, but there needs to agreement how this spending will improve performance in the following four metrics:

a) Delayed transfers of care;

b) Non-elective admissions (general and acute);

c) Admissions to residential and care homes; and

d) Effectiveness of reablement.

17) Appendix 1 sets out the 2017/18 plan and forecast spend. Overall we are forecasting a small underspend of £11k mainly relating to vacancies. Any underspend will be carried forward within the non-recurring BCF reserve.

Performance Against the National BCF Conditions and Indicators

18) The partnership submitted the quarter three BCF statutory return at the end of January 18. The return includes an assessment of the extent the partnership is meeting the national conditions for BCF, an assessment of performance against the four BCF national indicators; and an assessment of performance against the agreed targets within the local BCF Plan. It also includes an overall assessment of performance against the local BCF Plan for integrating health and social care. A summary of the quarter 3 position reported in the statutory return is as follows:

a) National Conditions for BCF

The partnership fully meets all of the national conditions for BCF as follows:

- There are jointly agreed plans in place for working towards health

and social care integration.

- There is agreement on the planned financial contribution from the CCG to social care in line with the BCF Planning Requirements.
- There is agreement to invest in NHS commissioned out of hospital services in accordance with the national conditions.
- Plans are in place and improvement activity is taking place to manage transfers of care.
- Additionally, the Council has a signed off and legally binding section 75 agreement in place that governs the pooling of BCF monies between the Council and CCG.

b) National BCF Performance Indicators

The overall assessment of performance for all of the four national BCF indicators is that they are all on track to meet the planned target for the quarter. Appendix 2 provides details of performance trends for each of these indicators from December 16 to Dec 17. Key points for the indicators are as follows:

i) **Non-elective admissions:** There has been good progress with the number of non-elective admissions consistently remaining below the target from March 17 onwards. Notably for the 9 months up to December 17, non-elective admissions are 4% below the BCF target and 1% below the corresponding period in 2016.

ii) **Admissions to care homes:** This is on track to meet the planned target. There has been a significant reduction in admissions over the last 2 years and this has resulted in the lowest number of people in residential care for many years.

iii) **Reablement:** The percentage of people remaining at home after hospital discharge has improved year on year for the past 3 years. In the 9 months to December it has increased by 2.7%. This means that just over 81% of people are now remaining at home which is in line with our 82% target. Key challenges remain around building community capacity to provide additional support to enable people to remain at home and the capacity of homecare providers.

iv) **Delayed Transfers of Care (DTOC):** Doncaster health and social care partners are working effectively together to reduce Delayed Transfers of Care. Since November the daily rate of delays has been below the national target. The draft upload for January suggests that this improving trend is continuing.

c) High Impact Change Model

The Q3 BCF return includes a maturity assessment of the partnership current status in relation to implementing a “High Impact Change Model,” (HICM) a national initiative to improve flows of patients in and out of hospitals and to address issues relating to Delayed Transfers of Care. A project manager has started to work across health and social care to implement the high impact change model. The council has worked with the CCG and providers to establish a steering group to

oversee the implementation, with a number of working groups established to drive change forward.

Key priorities have been identified and short term initiatives have been agreed to review the hospital discharge process, develop proposals for a swoop team to proactively challenge and discharge people from hospital beds and strengthen our 7 day working arrangements within the hospital. The project manager and business lead are also working with the hospital to work up proposals for a Homefinder role to reduce delays into our care homes.

d) Progress against local plan for integration of health and social care

The partnership is required to report on key areas of progress in delivering the local BCF Plan to enable the integration of health and social care. Significant work has taken place in this area to move towards Doncaster's vision for integration. This includes:

- The development of a suite of draft agreements: System Partnership Agreement, Commissioning Agreement, Provider Agreement which are expected to be well developed by 1 April 2018.

- Governance mechanisms are also being reviewed to ensure that joint commissioning decisions can be made via a joint committee with delegated authority.

- Six "Areas of Opportunity" have been identified and agreed as the first areas to test the local Accountable Care Partnership approach; namely Intermediate Care, Complex Lives, Urgent Care, Dermatology, Starting Well, Vulnerable Adolescents and LD is also under consideration.

- Integrated provision models are already being tested in intermediate care (joint working between council and Rdash reablement teams) .

IMPACT ON THE COUNCIL'S KEY OUTCOMES

19)

	Outcomes	**Implications**
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	None
	Doncaster Living: Our vision is for Doncaster's people to live in a	None

	borough that is vibrant and full of opportunity, where people enjoy spending time; • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage	
	Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work	None
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes	None
	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and	None

	residents to provide effective leadership and governance	

RISKS AND ASSUMPTIONS

20) N/A

LEGAL IMPLICATIONS

21) No Legal implications have been sought for this update paper.

FINANCIAL IMPLICATIONS

22) No Financial implications have been sought for this update paper.

HUMAN RESOURCES

23) No HR implications have been sought for this update paper.

TECHNOLOGY IMPLICATIONS

24) No Technology implications have been sought for this update paper.

HEALTH IMPLICATIONS

25) No Health implications have been sought for this update paper.

EQUALITY IMPLICATIONS

26) No Equality implications have been sought for this update paper.

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Appendix 1: BCF Forecast spend

Project No.	Project Lead	Commissioning Lead	BCF Workstream	Plan 2017/18 £'000	Forecast Spend 2017/18 £'000	Variance 2017/18 £'000	Plan 2018/19 £'000
1	Anthony Fitzgerald	CCG	Community Aids and Adaptations	2,061	2,061	0	2,349
2	Anthony Fitzgerald	CCG	Carers Support Services & Breaks	844	844	0	844
3	Anthony Fitzgerald	CCG	COPD Early Supported Discharge (RDASH)	40	40	0	40
4	Anthony Fitzgerald	CCG	Dementia Services (RDASH)	2,019	2,019	0	2,019
5	Anthony Fitzgerald	CCG	Liaison Schemes (RDASH)	260	260	0	260
6	Anthony Fitzgerald	CCG	Care Home Liaison (RDASH)	244	244	0	244
7	Anthony Fitzgerald	CCG	Other Schemes ie Alzheimers & S256 contracts	205	205	0	205
8	Anthony Fitzgerald	CCG	Clinical Services Review Community based services - Mex Mont re-design (RDASH)	1,144	1,144	0	1,144
9	Anthony Fitzgerald	CCG	Assessment Unit Health Staffing	302	302	0	302
10	Anthony Fitzgerald	CCG	Single Point of Access	473	473	0	473
11	Anthony Fitzgerald	CCG	Respite Services (RDASH)	1,302	1,302	0	1,302
12	Anthony Fitzgerald	CCG	Discharge Schemes inc Early Supported Discharge	834	834	0	834
13	Anthony Fitzgerald	CCG	Bed Based Intermediate Care (RDASH)	3,418	3,418	0	3,419
14	Anthony Fitzgerald	CCG	Mental Health Crisis Services (RDASH	2,022	2,022	0	2,022
				15,168	**15,168**	**0**	**15,457**
1	Clare Henry	DMBC	Falls Development Programme (Age UK)	50	50	0	50
2	Lisa Swainston	DMBC	Round 2 Innovation Fund (Having a Good Day)	20	20	0	0
3	Fay Wood	DMBC	Community capacity and well- being support / social prescribing	225	180	-45	240
4	Nick Germain	DMBC	Well North Project	262	265	3	167
5	Fay Wood	DMBC	Community mobile day service / borough wide	125	125	0	125
6	Fay Wood	DMBC	Dementia mobile day services	45	45	0	45

7	Vanessa Powell Hoyland	DMBC	Winter Warm	99	99	0	85
8	David Eckersley	DMBC	Phase 1 Review officers	50	40	-10	0
9	Rosemary Leek	DMBC	Dementia Friendly Communities programme	18	18	0	0
10	Rosemary Leek	DMBC	Enhancement of Dementia support services (Alzheimers dementia café's)	77	77	0	77
11	Rosemary Leek	DMBC	The Admiral service (making space)	88	88	0	88
12	Louise Shore	DMBC	Hospital based Social Workers	209	150	-59	213
13	Fay Wood	DMBC	Home from Hospital (Age UK)	50	50	0	70
14	Collette Taylor	DMBC	Direct Payment Support Unit and Business Support Unit temporary staffing	116	101	-15	118
15	Alan Wiltshire	DMBC	Integrated health and social care information management systems - (Caretrak)	50	50	0	50
16	Rosemary Leek	DMBC	Dementia Advisor (Peer Support pilot)	0	0	0	0
17	Sarah Sansoa	DMBC	Telecare Strategy	119	140	21	150
18	Rachael Thompson	DMBC	HEART	531	531	0	542
19	Rosemary Leek	DMBC	Dementia ccg post fully BCF funded	5	5	0	0
20	Rosemary Leek	DMBC	Dementia Advisor (Age uk)	32	32	0	32
21	Rachael Thompson	DMBC	STEPS / OT service	1,334	1,452	118	1,510
22	Louise Shore	DMBC	RAPT	108	69	-39	110
23	Rachael Thompson	DMBC	(Positive Steps) Social care Assessment Unit	1,650	1,691	41	1,724
24	Louise Shore	DMBC	Hospital Discharge Worker	27	26	-1	28
25	Rachael Thompson	DMBC	SPOC/One Point 1	90	65	-25	92
26	Debbie John-Lewis	DMBC	Intermediate Care and support strategy	170	170	0	170
27	Fay Wood	DMBC	Mental Health - Doncaster Mind	156	156	0	245

28	Fay Wood	DMBC	Mental Health - Changing Lives	105	105	0	0
29	Patrick Birch	DMBC	PMO (Programme Management Office and Development)	177	177	0	181
30	Andy Collins	DMBC	Alcohol Safe Haven	15	15	0	0
31	Karen Tooley/ Ian Campbell	CCG	Doncaster Intermediate Health & Social Care – Phase 3- testing the model	600	600	0	0
32	Patrick Birch	DMBC	Procurement of a strategic partner to support DMBC and partners across the Doncaster Health and Social Care sector to deliver the Doncaster Place Plan.	500	500	0	0
33	Fay Wood	DMBC	Information and advice kiosks	0	0	0	0
34	Vanessa Powell Hoyland	DMBC	Healthy homes healthy people	13	13	0	0
35	Fay Wood	DMBC	Disabled Go	35	35	0	8
36	Lisa Swainston	DMBC	Dev & Enhancement of vibrant provider market	15	15	0	0
37	Simon Marsh	CCG	Integrated Digital Care Record Pilot – Consultancy Support	0	0	0	0
38	Griff Jones	DMBC	Adults Health and Wellbeing – Creative Options for Learning Disability service users	0	0	0	673
39	Griff Jones	DMBC	CLS Community lead support	0	0	0	500
			UNALLOCATED			0	10
				7,166	**7,155**	**-11**	**7,302**

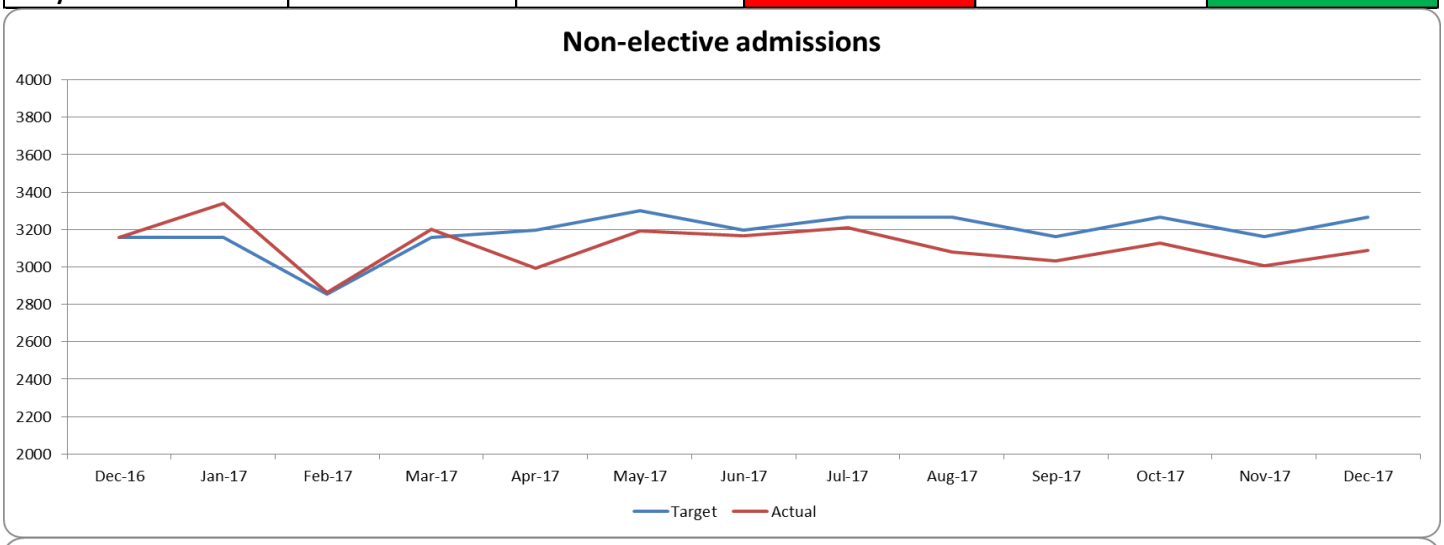
Minimum CCG Contribution TOTAL	**22,334**	**22,323**	**-11**	**22,759**

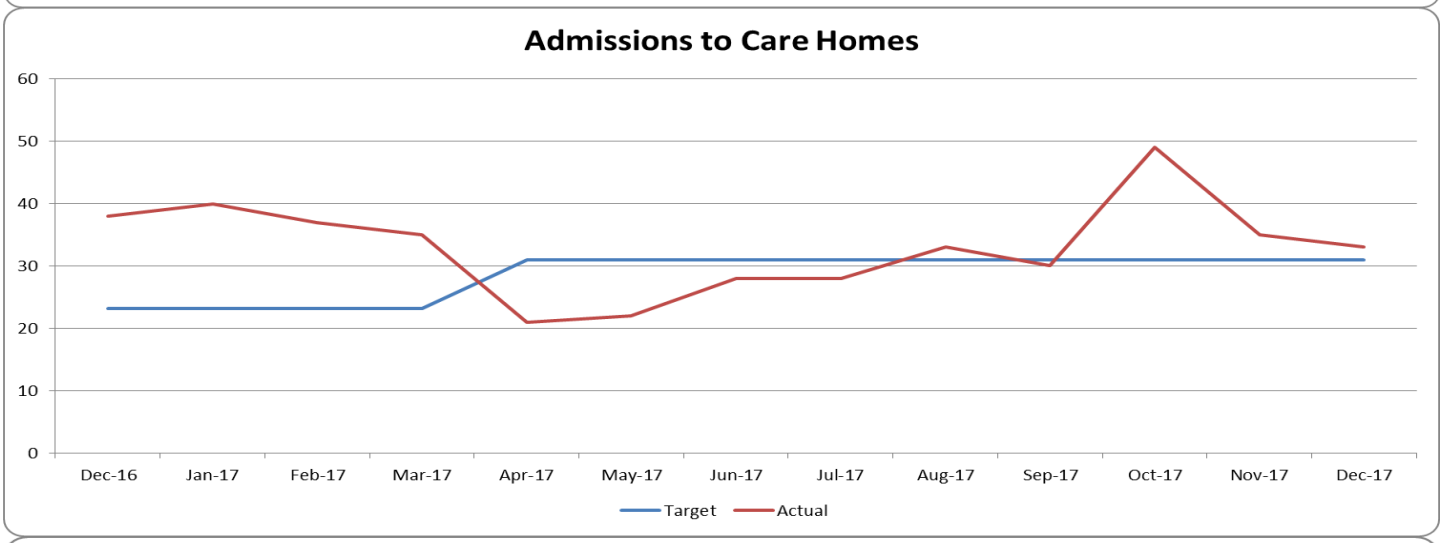
1	Keith Sinclair	DMBC - DFG	Disabled Facilities Grants - capital funding	2,118	2,118	0	2,272

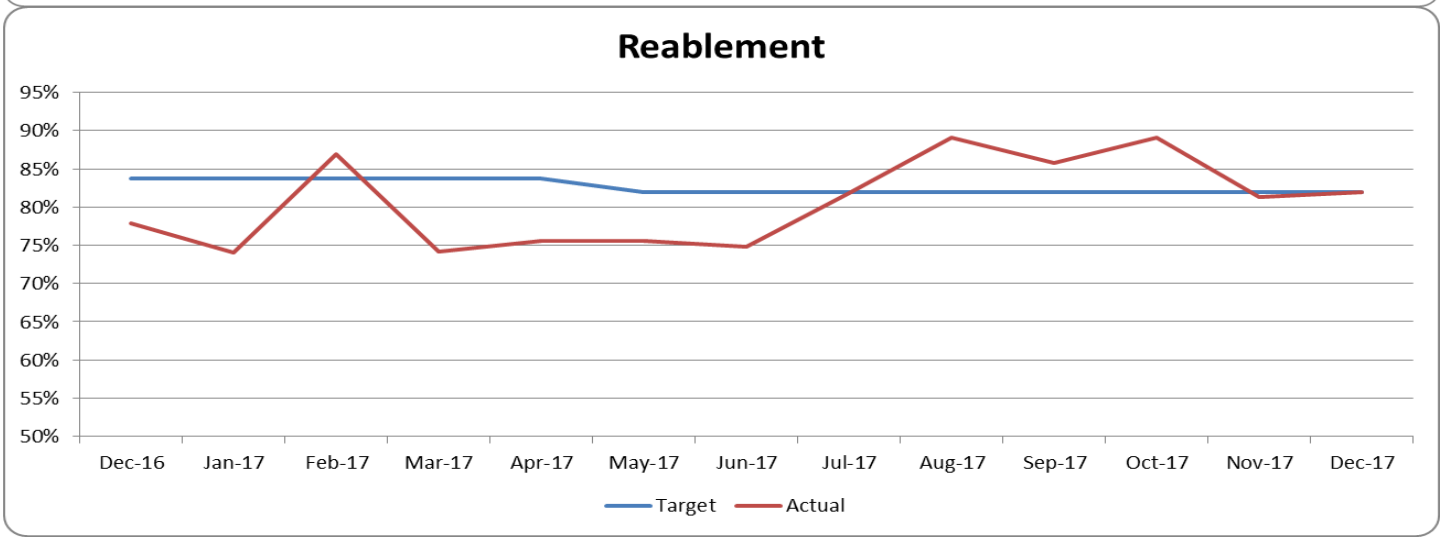
Appendix 2:

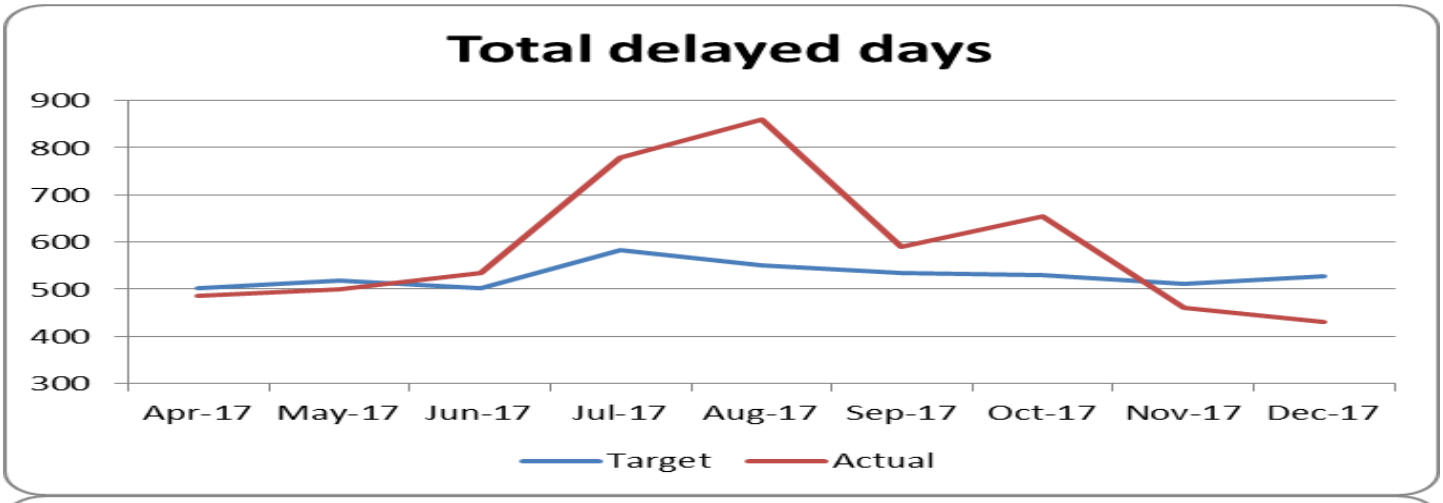
Performance against national BCF indicators

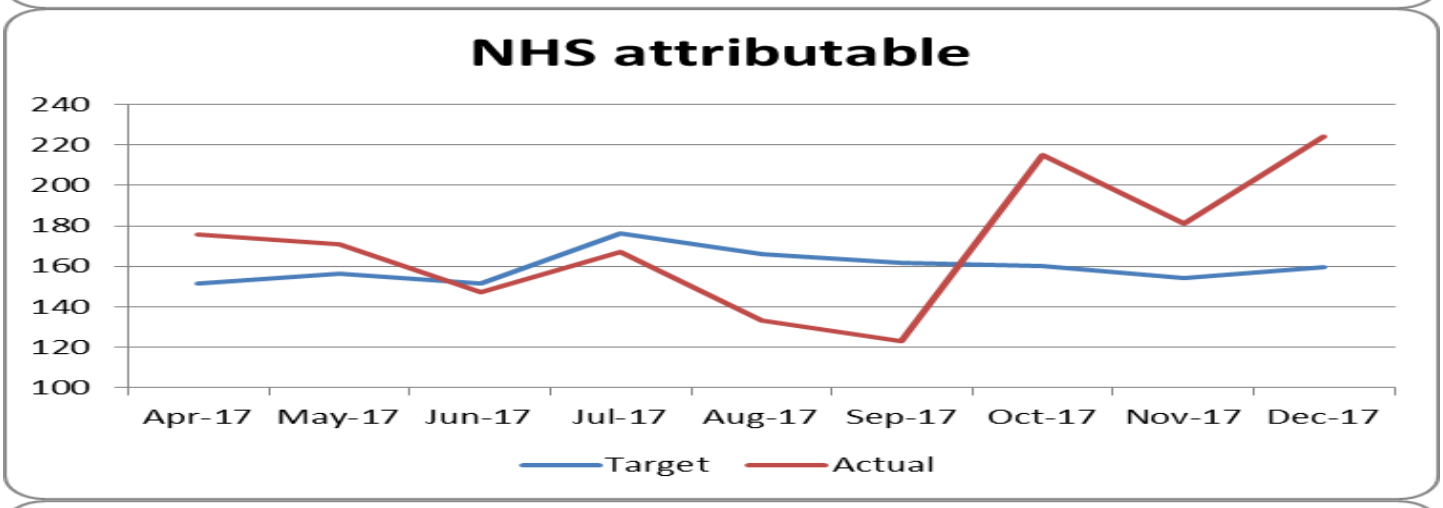
	2017-18 target YTD	2017-18 actual YTD	Var.	2016-17	Var.
Reablement	82%	81.01%	-1.21%	78.88%	2.70%
Admissions to care homes	278	279	0.27%	298	-6.38%
Non -elective admissions	29079	27892	-4.08%	28225	-1.18%
Delayed Transfers	4759	5285	11.05%	5360	-1.40%

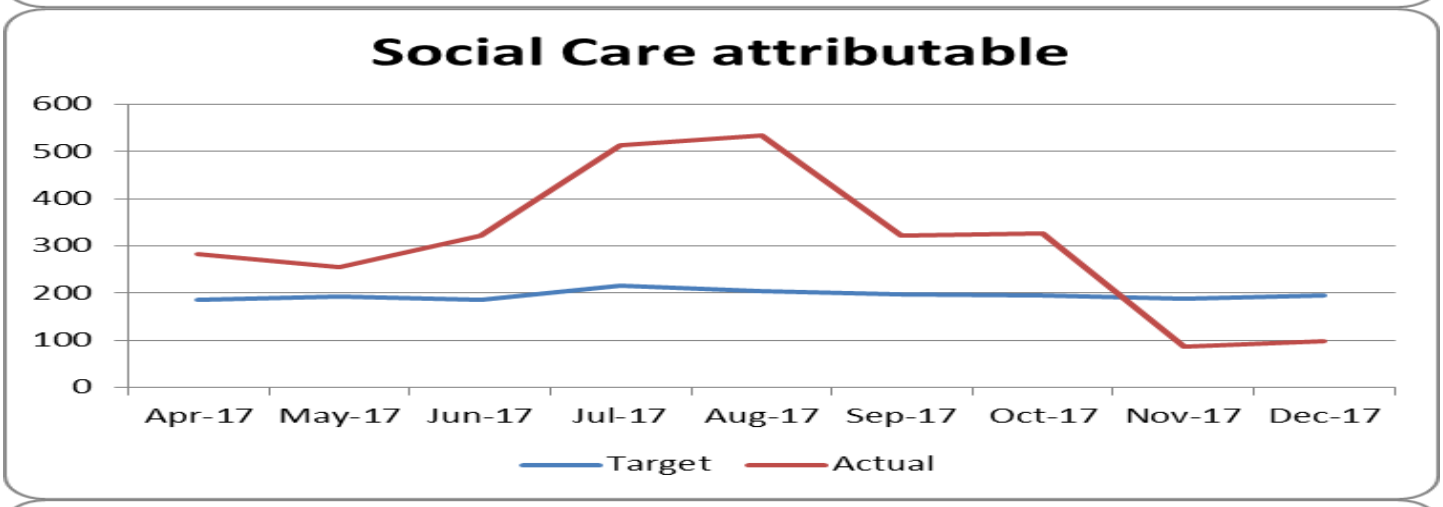


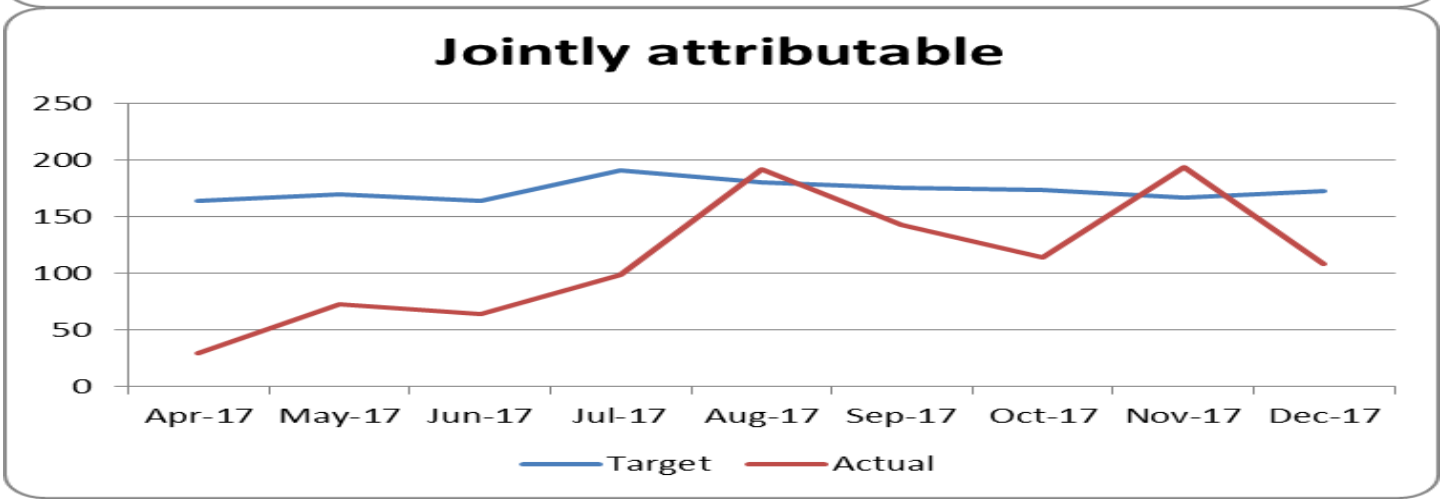





Total delayed days
900
800
700
600
500
400
300
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Target
Actual


NHS attributable
240
220
200
180
160
140
120
100
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Target
Actual


Social Care attributable
600
500
400
300
200
100
0
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Target
Actual


Jointly attributable
250
200
150
100
50
0
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Target
Actual