



Doncaster Council

Agenda Item No: 9

Report

Date: 6 September 2018

To the Chair and Members of the Health and Wellbeing Board

BETTER CARE FUND: ANNUAL REPORT FOR 2017/18

EXECUTIVE SUMMARY

- 1) This report updates on the 2017/18 year end 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 under pins the Government's vision for integrated health and social care services; and requires CCGs and local authorities to enter into pooled budget arrangements and to agree integrated spending plans. It seeks to join-up health and social care services, so that people can manage their own health and wellbeing, and live independently in their local 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 confirms compliance with the national conditions; and updates on performance against the national indicators and the joint local BCF Plan. This report provides an update on the 2017/18 year end position as reported in the statutory returns and includes updated data and information where appropriate.
- 4) Key points from the quarterly returns submitted in 2017/18 are that the partnership continued to fully meet all of the national conditions for BCF and remained on track to meet the targets set out for the four national indicators.
- 5) **Appendix 1** provides the final out-turn position against the plan for 2017-18. The CCG considered how best to maximise resources at year end. This enabled costs of one of the transformation projects, the intermediate care transformation project, to be managed from other CCG resources and ensure that BCF was maximised to provide the resources required in 2018/19. In total £615k BCF has been carried forward within the non-recurring BCF reserve and are committed in 2018/19.

EXEMPT REPORT

- 6) The report does not contain any exempt information.

RECOMMENDATIONS

- 7) That the Board notes the final BCF out-turn position for 2017/18 and notes progress against the BCF national conditions and performance indicators; and progress in moving towards the wider integration of health and social care.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

- 8) 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

- 9) 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.
- 10) The Government's ambition, facilitated through the BCF, is to establish integrated health and social care across the country by 2020. The partnership formally agreed a joint BCF plan with the Department for Health and Social Care; and the Ministry of Housing Communities and Local Government in October 2017 (for 2017/18 and 2018/19).
- 11) In Doncaster the BCF is an important vehicle for integration and a key resource that will enable the partnership to transform current services; and deliver efficiencies to meet the increasing challenges of rising demand and an ageing population.
- 12) 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 partnership's local BCF Plan. This report provides an update on the 2017/18 year end position as reported in the statutory returns as well as an update on the outturn position against the BCF local plan.

UPDATE ON SPENDING PLANS FOR THE BETTER CARE FUND (BCF).

- 13) The BCF sets out a number of national conditions that must be delivered by each local plan. For 2017/18 these 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
- 14) Beyond this, there is flexibility in how the fund is spent over health and social care services, but there has to be 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
 - d) Effectiveness of reablement
- 15) **Appendix 1** sets out the final out-turn position against the plan for 2017-18. The CCG considered how best to maximise resources at year end and this enabled costs of one of the transformation projects, the intermediate care project, to be managed from other CCG resources; and ensure that BCF was maximised to provide the resources required in 2018/19. In total £615k BCF has been carried forward within the non-recurring BCF reserve and are committed in 2018/19.

PERFORMANCE AGAINST NATIONAL BCF CONDITIONS AND INDICATORS

- 16) The partnership submitted quarterly BCF statutory returns for 2017-18. The returns included 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. They also included an overall assessment of performance against the local BCF Plan for integrating health and social care. A summary of the position reported in the statutory returns for 2017-18 is as follows:

a) National Conditions for BCF

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

- i) There are jointly agreed plans in place for working towards health and social care integration.
- ii) There is agreement on the planned financial contribution from the CCG to social care in line with the BCF Planning Requirements.
- iii) There is agreement to invest in NHS commissioned out of hospital services.
- iv) Plans are in place and improvement activity is taking place to manage transfers of care.
- v) The partnership 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 March 17 to March 18. Key points for the indicators as reported in the statutory returns are as follows:

- i) **Non-elective admissions:** There has been good progress in this area. For the 11 months ending 28th February non-elective admissions are 3.1% below the BCF target and 0.24% below the corresponding period in 2016-17. Avoidable emergency admissions are 6.6% lower than in 2016-17.
- ii) **Admissions to care homes:** 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 remaining at home which is in line with the 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 continue to work effectively together to reduce Delayed Transfers of Care. Significant and sustained progress has been made with DTOC reduced to below the BCF target November 17 to February 18.

c) High Impact Change Model

The quarter four BCF return includes a maturity assessment of the partnership's progress in 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 is working across health and social care to implement the HICM. 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 7 day working arrangements within the hospital. A business case has been agreed to pilot a "HomeFinder" role to improve the discharge to home process and reduce delays into 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 2017/18 in this area to move towards Doncaster's vision for integration. This includes:

- Substantial progress in the delivery of a shared care platform across Doncaster Health and Care partners. IT services will be interoperable to allow practitioners to access information in all care settings. Proof of concept will be via a 6 month pilot in the Rapid Response pathway within Intermediate Care which has recently gone live.
- Doncaster Health and Social Care Partners are working effectively together to reduce Delayed Transfers of Care. Significant and sustained progress has been made in reducing DTOC. In January 107 days were signed off, reduced from 535 days in August.
- The development of a suite of draft agreements: System Partnership Agreement, Commissioning Agreement and Provider Agreement.
- Integrated provision models are being tested in intermediate care (joint working between council and Rdash reablement teams).

IMPACT ON THE COUNCIL'S KEY OUTCOMES

17)

	Outcomes	Implications
	<p>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;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	None
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • 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 	None

	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • 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
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • 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
	<p>Connected Council:</p> <ul style="list-style-type: none"> • 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 residents to provide effective leadership and governance 	None

RISKS AND ASSUMPTIONS

18) N/A

LEGAL IMPLICATIONS

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

FINANCIAL IMPLICATIONS

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

HUMAN RESOURCES

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

TECHNOLOGY IMPLICATIONS

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

HEALTH IMPLICATIONS

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

EQUALITY IMPLICATIONS

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

BACKGROUND PAPERS

25) NA

REPORT AUTHOR & CONTRIBUTORS

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Appendix 1: BCF Quarter 4 Out-turn 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	16	-4	0
3	Fay Wood	DMBC	Community capacity and well- being support / social prescribing	225	210	-15	240
4	Nick Germain	DMBC	Well North Project	262	262	0	167
5	Fay Wood	DMBC	Community mobile day service / borough wide	125	125	0	125
6	Fay Wood	DMBC	Dementia mobile day services	45	46	1	45
7	Vanessa Powell Hoyland	DMBC	Winter Warm	99	89	-10	85

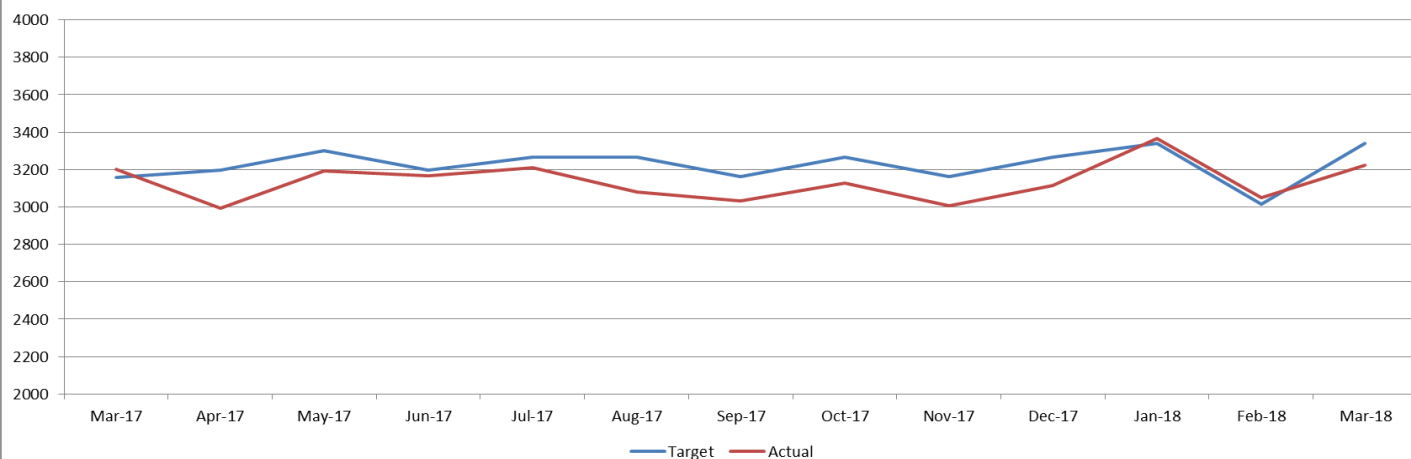
Project No.	Project Lead	Commissioning Lead	BCF Workstream	Plan 2017/18 £'000	Forecast Spend 2017/18 £'000	Variance 2017/18 £'000	Plan 2018/19 £'000
8	David Eckersley	DMBC	Phase 1 Review officers	50	37	-13	0
9	Rosemary Leek	DMBC	Dementia Friendly Communities programme	18	25	7	0
10	Rosemary Leek	DMBC	Enhancement of Dementia support services (Alheimers 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	170	-39	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	110	-6	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	111	-8	150
18	Rachael Thompson	DMBC	HEART	531	506	-25	542
19	Rosemary Leek	DMBC	Dementia ccg post fully BCF funded	5	0	-5	0
20	Rosemary Leek	DMBC	Dementia Advisor (Age uk)	32	32	0	32
21	Rachael Thompson	DMBC	STEPS / OT service	1,334	1,393	59	1,510
22	Louise Shore	DMBC	RAPT	108	67	-41	110
23	Rachael Thompson	DMBC	(Positive Steps) Social care Assessment Unit	1,650	1,791	141	1,724
24	Louise Shore	DMBC	Hospital Discharge Worker	27	36	9	28
25	Rachael Thompson	DMBC	SPOC/One Point 1	90	66	-24	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

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
28	Fay Wood	DMBC	Mental Health - Changing Lives	105	105	0	0
29	Patrick Birch	DMBC	PMO (Programme Management Office and Development)	177	163	-14	181
30	Andy Collins	DMBC	Alcohol Safe Haven	15	5	-10	0
31	Karen Tooley/ Ian Campbell	CCG	Doncaster Intermediate Health & Social Care – Phase 3- testing the model	600	0	-600	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	498	-2	0
33	Fay Wood	DMBC	Information and advice kiosks	0	0	0	0
34	Vanessa Powell Hoyland	DMBC	Healthy homes healthy people	13	12	-1	0
35	Fay Wood	DMBC	Disabled Go	35	35	0	8
36	Lisa Swainston	DMBC	Dev & Enhancement of vibrant provider market	15	0	-15	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				10
				7,166	6,551	-615	7,302
Minimum CCG Contribution TOTAL				22,334	21,719	-615	22,759
1	Keith Sinclair	DMBC - DFG	Disabled Facilities Grants - capital funding	2,118	2,118	0	2,272

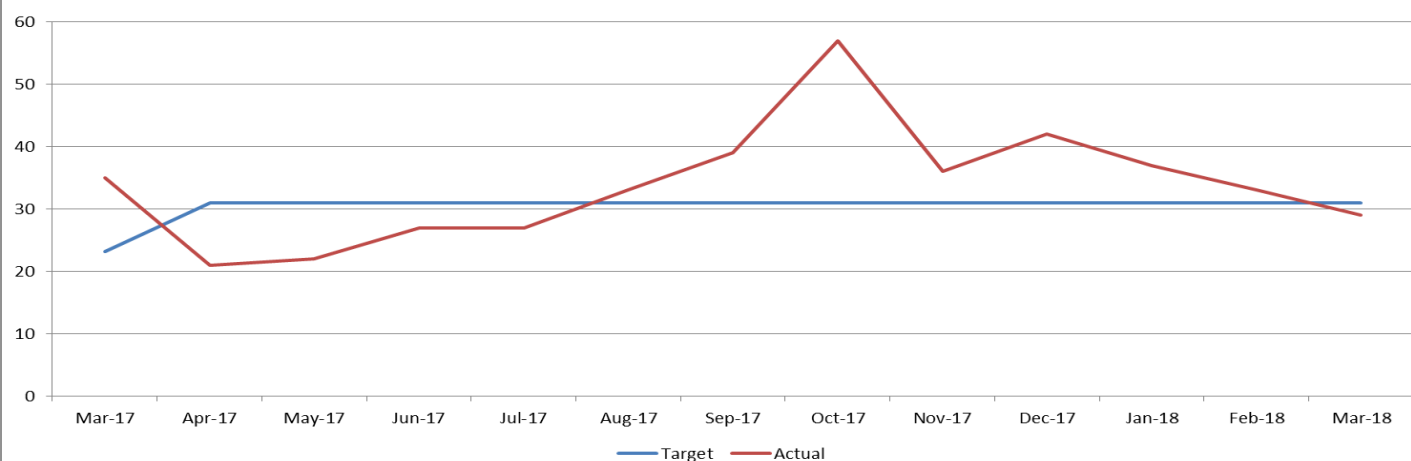
Appendix 2: Performance against national BCF indicators

	2017-18 target	2017-18 actual	Var.	2016-17	Var.
Reablement	82%	81.49%	-0.63%	78.72%	3.51%
Admissions to care homes	371	403	8.63%	410	-1.71%
Non -elective admissions	38772	37554	-3.14%	37630	-0.20%
Delayed Transfers	6291	6484	3.06%	7024	-7.69%

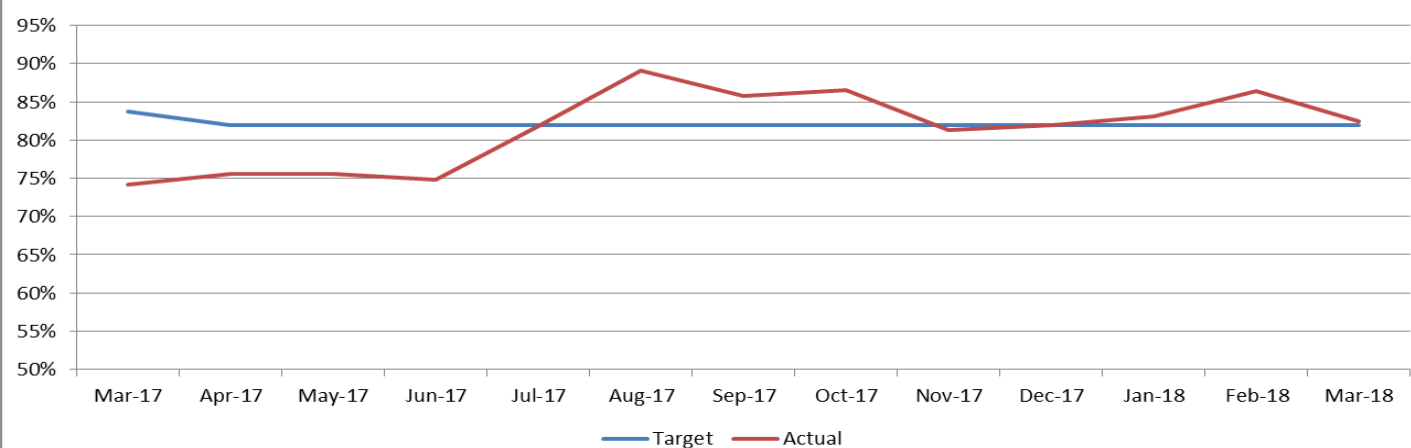
Non-elective admissions



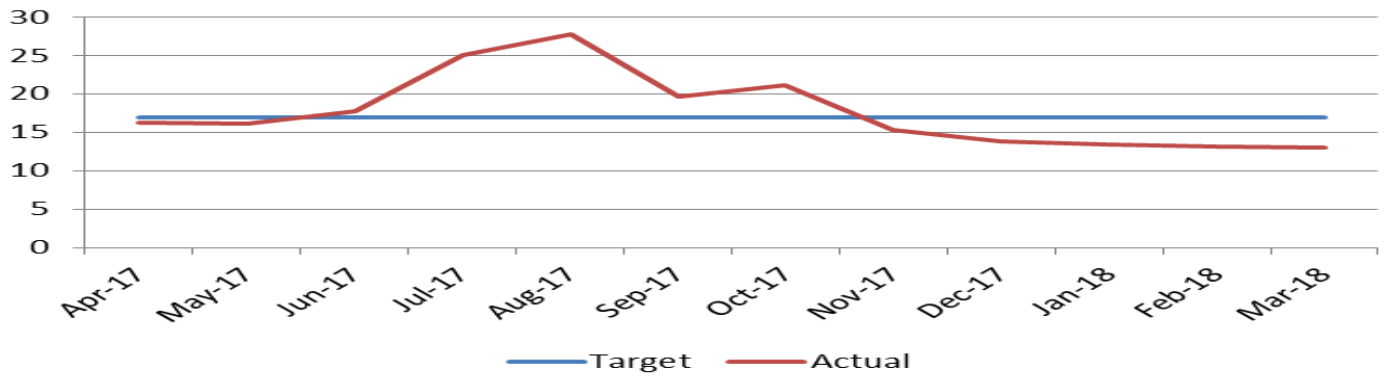
Admissions to Care Homes



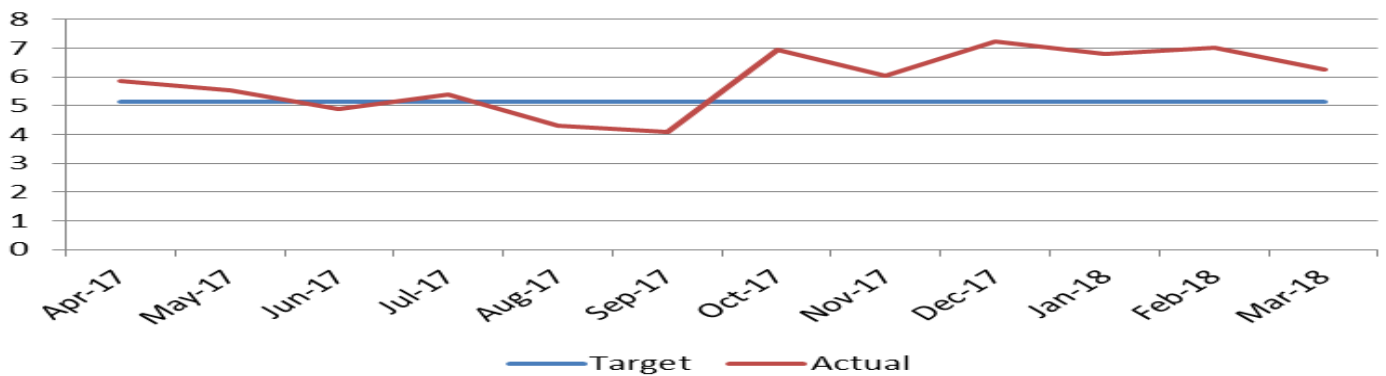
Reablement



Total delayed transfers of care



NHS attributable delayed transfers



Social Care attributable delayed transfers



Jointly attributable delayed transfers

