



# City of Doncaster Council

## DONCASTER BETTER CARE FUND

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**TO:** Joint Commissioning Operational Group, Joint Commissioning Management Board, Health and Wellbeing Board and Better Care Fund Assurance Leads.

**DATE:** 17/6/2024

**REPORT TITLE:** Better Care Fund end of year template & planning template.

Relevant Cabinet Member(s)	Wards Affected	Key Decision?
Cllr Sarah Smith Cllr Nigel Ball	Boroughwide	No

### 1. EXECUTIVE SUMMARY

The Better Care Fund (BCF) report requires virtual sign off by Health and Wellbeing Board (HWB) and area assurance leads around:

- Confirmation of end of year BCF 2023/24 activity reporting, including income and expenditure at the end of the financial year.
- Actual and identified challenges, achievements, and support needs.
- BCF planning requirements and financial allocations for 2024-25.

### 2. EXEMPT REPORT

There are no exemptions or confidential information contained within this report.

### 3. RECOMMENDATIONS

BCF takes a strategic approach to integrated commissioning with reporting and planning jointly agreed by South Yorkshire Integrated Care Board (SY ICB) and City of Doncaster Council (CDC) prior to sign off from the Doncaster HWB. The recommendation is for HWB members to note the content of the report, formally agree sign off the end of year template 2023/24 and planning template for 2024/25 as an addendum to the original two-year plan.

### 4. WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

BCF plans address health inequalities and improved outcomes for people experiencing homelessness, people struggling to cope with their mental health and people living with learning disabilities and autism.

BCF is actioned jointly with a focus on working age and older adults.

BCF places emphasis on integrated working to improve outcomes for local people. Most notably improving discharge, reducing the pressure on urgent and emergency care and social care, supporting intermediate care, unpaid carers, and housing adaptations.

Additional funded support is available to reduce delays in discharge, improve prevention, manage overall system flow, and improve integration between health, housing, and social care services.

Improved BCF is ringfenced to reduce seasonal pressures, support hospital discharge and support the sustainability of the social care market.

Disabled Facilities Grants (DFG) as part of BCF is ringfenced to enable housing authorities to continue to meet their statutory duty as part of the Housing Grants, Construction and Regeneration Act 1996.

Adult Social Care Discharge Funding (ASC DF) as part of BCF is ringfenced to build additional social care and community based reablement capacity that helps to restore independence for older people and at the same time maximise the number of hospital beds freed up and deliver sustainable improvements for patients.

## **5. BACKGROUND**

Broadly speaking the BCF's main aim is to make the most efficient and effective use of health and social care resources by breaking down organisational barriers. In doing so, it assists people to live independently in their communities for as long as possible and enables professionals to deliver the right care, in the right place, at the right time.

The BCF is a single pooled budget for health and social care services to work strategically in local areas, based on a plan agreed between the NHS and local authority which is then signed off by the HWB. The BCF comprises a substantial level of funding to support health and social care integration.

BCF takes a strategic approach to integrated commissioning with reporting and planning jointly agreed by South Yorkshire Integrated Care Board (SY ICB) and CDC Chief Executive prior to sign off plans from the HWB.

## **6. OPTIONS CONSIDERED**

Different ways to reduce the pressure on urgent and emergency care and social care.

Models of supporting intermediate care, unpaid carers, and housing adaptations.

Joined up commissioning to develop the care market and independent sector providers that provide Care Quality Commission regulated services. This compliments planning undertaken as part of the market sustainability and improvement fund which

can be used by local authorities to build capacity and improve market sustainability in adult social care.




Metrics around reablement, avoidable admissions, discharges to usual place of residence, timely discharges, hospital admissions due to falls and admissions to residential care.






Intermediate care capacity and demand related to patients discharged from mental health services, learning disability and autism patient services and short-term care lasting up to 6 weeks.

## 7. REASONS FOR RECOMMENDED OPTION

The BCF end of year template for 2023/24 and BCF plans for 2024-25 are required to be signed off by Doncaster HWB as the accountable governance body for BCF locally. As national planning guidance and planning submission being brought forward, there is little alternative to continuing existing schemes between 2024-25.

## 8. IMPACT ON THE COUNCIL'S KEY OUTCOMES

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 <b>Tackling Climate Change</b>	✓			
BCF provides fuel poor and vulnerable private sector owner occupied households with grant funding to repair/replace boilers and/or heating systems and off gas properties.				
 <b>Developing the skills to thrive in life and in work</b>	✓			
BCF provides capacity and expertise to raise the profile of apprenticeships in health and social care and ensure that apprenticeships form a core part of workforce planning and development arrangements going forward.				
 <b>Making Doncaster the best place to do business and create good jobs</b>	✓			
BCF mitigated staffing capacity risks and market sustainability within adult social care by uplifting national living wage rates to support workforce retention through investment from the ASC DF.				

 <b>Building opportunities for healthier, happier, and longer lives for all</b>	✓			
<p>BCF enables people to stay independent for longer and improves hospital discharge and reablement pathways through services across health, public health, and adult social care.</p>				
 <b>Creating safer, stronger, greener, and cleaner communities where everyone belongs</b>	✓			
<p>BCF has recently commissioned a piece of engagement work which has informed the development of a Doncaster dementia strategy and future procurement of dementia services for pre and post diagnostic interventions and community therapies support service.</p>				
 <b>Nurturing a child and family-friendly borough</b>	✓			
<p>BCF provides access to counselling for children under 12 that has reduced waiting times and improved the standard of counselling. The vulnerable adolescents project reduces the number of adolescents entering the care system through a therapeutic preventative approach. Doncaster's single 1001 days offer has improved antenatal and postnatal pathways around family hub services and childcare placements.</p>				
 <b>Building Transport and digital connections fit for the future</b>	✓			
<p>BCF part funds the implementation of digital record sharing over five systems which include the DBTH clinical portal and RDASH System One. This will give Doncaster health and care professionals access to alerts, allergies, appointments, care plans, co morbidities, diagnoses, discharge information, encounters, medications, referrals, and vaccinations.</p>				
 <b>Promoting the borough and its cultural, sporting, and heritage opportunities</b>				✓
<p>Comments:</p>				
<b>Fair &amp; Inclusive</b>	✓			
<p>BCF funds the stronger community wellbeing service that works with community adult learning disability teams and sensory teams. The Gypsy Roma Traveller (GRT) link workers provide workforce training in how to open communications with GRT groups and break down barriers with activities including health fairs,</p>				

translation services, skills and training and further research into mental health/suicide prevention.

## 9. LEGAL IMPLICATIONS

Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do. Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services. The Care Act 2014 places several duties to promote an individual's wellbeing, ensuring care and support provision is integrated together with other health provision.

Section 75 of the NHS Act 2006 allows partners (NHS bodies and Councils) to contribute to a common fund which can be used to commission health and social care related services.

## 10. FINANCIAL IMPLICATIONS

NHS England have confirmed allocations of funding that forms part of the Better Care Fund Plan for both 2023/24 and 2024/25. The table below shows the combined budgets allocated to CDC and SYICB. The financial allocations for Doncaster are as follows:

<b>Funding Source</b>	<b>2023/2024</b>	<b>2024/2025</b>
Disabled Facilities Grant	3,024,906	3,034,618
Minimum NHS Contribution	28,996,056	30,637,233
lbcf	16,310,384	16,310,384
Local Authority Discharge Funding	2,286,690	3,811,151
ICB Discharge Funding	1,711,000	2,774,000
DFG B/F previous financial years	2,026,282	1,626,629
<b>Total</b>	<b>54,355,318</b>	<b>58,194,015</b>
<b>Total excluding DFG B/F</b>	<b>52,329,036</b>	<b>56,567,386</b>

The conditions of the funding are set out in guidance provided by NHS England and a detailed plan has been submitted.

The Local Authority allocations formed part of the Council's Revenue Budget 2023/24 – 2025/26 and Capital Strategy and Capital Budget 2023/24 – 2026/27 agreed by full Council on 27<sup>th</sup> February 2023.

## 11. HUMAN RESOURCES IMPLICATIONS [Officer Initials: \_\_ | Date: \_\_\_\_\_]

There are no specific human resource implications in relation to this report.

## 12. TECHNOLOGY IMPLICATIONS [Officer Initials: \_\_ | Date: \_\_\_\_\_]

There are no specific technology implications in relation to this report.

### **13. RISKS AND ASSUMPTIONS**

The BCF end of year template for 2023/24 and BCF plans for 2024-25 is required to be accepted by HWB as the accountable governance body for the BCF locally. If documents were not completed, then regional and national assurance cannot be granted and approval letters for funding cannot be issued.

### **14. CONSULTATION**

The annual return and narrative have been discussed with BCF scheme leads, Home First Board and the regional Better Care Fund Manager. The annual return has received feedback through to health, social care, public health, and finance colleagues.

### **15. BACKGROUND PAPERS**

#### **15a) BCF END OF YEAR SUMMARY 2023/24**

The transfer of care hub is strengthening the approach between health and social care by supporting the right pathways to create a community pull model, with multi-disciplinary teams between neighbourhood teams and community organisations.

There has been additional resource made available through BCF to increase capacity across 7 days within the integrated discharge team and supporting discharge into community services as soon as a person is safe to be at home. New contracts are in place to further develop pathway 0 provision (no reason to reside in hospital) which supports people to return home in line with the national targets.

During the past year we have increased co-production across a range of different projects, in addition to influencing and challenging decisions through the making it real board that is equally represented by people with lived experience co-chaired alongside the director of Adults Health and Wellbeing.

Co-production is also used to ensure that services continue to benefit the residents using them. For example, we ensure that tackling health inequalities in the Gypsy, Roma, Traveller community is culturally sensitive by working directly and regularly with members of those communities.

BCF funding has supported the strengthening of relationships between different teams, which has supported in the reduction of waiting times, and increased avoidable hospital admissions. The Positive Steps Team work closely with GP's, nurses, and social workers to come together to create plans that can be used amongst the team to ensure the best care for the resident. The integrated discharge team are working together with partner agencies to adapt to the home first model across the different agencies. They have begun to develop the discharge to assess nursing pathway, who are now looking at how to support people to return home as opposed to a bed-based setting which was the only offer from an acute setting previously.

Due to the cost-of-living crisis, there has been a large increase in demand public services, which means capacity is stretched especially as a high proportion of people living in Doncaster live in poverty. Furthermore, many schemes are dependent on the private market, and with the increase in demand, providers can raise the prices for

their services. Therefore, the Council is reliant on accommodation outside of Doncaster, not only does this separate resident from their home and families, but also reduces their access to services and more difficult to access prescriptions or appointments with healthcare professionals.

This year we created a new post to encourage and organise apprenticeships across the Adult and Social Care sector. Further work needs to be done to encourage new applicants within health and social care and integrated roles between health and social care. Further improvements could also be made around understanding of the roles and responsibilities in terms of the multi-disciplinary teams' approach to reduce the risk of blurred boundaries affecting decision making.

### 15b) BCF Metrics

	<b>2023/24 Report</b>	<b>2024/25 Plans</b>
<b>Avoidable admissions</b>	BCF funding has supported a range of projects to reduce hospital admissions. For example, community wellbeing officers, complex lives team and the rapid assessment programme team. By working alongside therapists to return people home with appropriate support we ensure the emergency department isn't the default referral route.	The ambition for avoidable admissions is set around additional virtual ward capacity (support at home), especially for people with chronic respiratory conditions. Introducing a Primary Care and community integrated neighbourhood working plan to tackle the underlying causes of ill health by promoting activities to promote active ageing.
<b>Falls</b>	When looking at reasons behind hospital admissions relating to falls, generally there is a correlation between blood thinner medication, lack of fluids and postural drops. BCF funding has supported falls reductions, through funding home emergency alarm response team which responds to falls. Over the past year the team has responded to 3982 fallen clients, and returned them to a place of safety, the positive steps team also reduces falls via implementing assistive technology such as telecare, bed sensors, and door sensors.	I-Stumble as part of the Home Emergency Alarm Team is being distributed into care homes and learning disability care homes. This provides immediate care and assistance for patients experiencing a health crisis within their homes. BCF funded urgent community response team supports older people and adults with complex health needs who urgently need care, get priority access to a range of health and social care professionals. This supports delivery of multi-disciplinary, multi-agency working in integrated ways, pulling in relevant skills, expertise and community assets as required.
	Challenges for people being discharged to normal place of residence includes unsuitable	The implementation of discharge to assess pathway, will ensure a timely review of patients

<b>Discharge to usual place of residence</b>	environments and severe carers stress. Overnight support has also been raised as a concern as our current commissioning offer and personal assistant market does not support care between 10pm & 7am. BCF funding has supported multiple schemes around hospital discharge, such as the Home Emergency Alarm Response Team, who installed 676 units of alarm responses to support patients returning home.	accessing social care in a bedded setting and support people to return home. This will stabilise the workforce on a weekend and increase capacity for therapy support following discharge from hospital. Ensuring rehabilitation assessments and interventions are therapy-led, i.e., overseen by a registered therapist who will offer advice, support and guidance as required, with strategic oversight for quality, including safety.
<b>Residential admissions</b>	We have placed 422 new people into permanent care in 2023/4. Sometimes people are unable to return home as they require support 24 hours a day. We prioritise strength-based reviews and support people in short stay. Prioritising 6-week reviews ensures that people have timely strength-based conversations about what needs to happen to support them to return home. In instances where a nursing setting is required, support is provided from an enhanced care home team to support with physical or cognitive issues to offer the best chance of the resident returning home.	The Adult Social Care Discharge Fund will allow additional investment into the Social Care sector to recruit and retain the workforce and allow individuals to be supported to leave hospital at the right time to the right place. This will provide an expected 252 hours of additional capacity per week and deliver much needed additional capacity from 6am to 12 midnight daily. This will provide additional capacity in the City to people needing immediate support either to avoid an admission to hospital or to support them to go home after a hospital stay.
<b>Reablement (no longer a performance metric for 24/25)</b>	Through BCF funding we have significantly increased our Home First offer including social work cover over 7 days. Workforce leads have reviewed demands as part of the Intermediate Care Framework review. During winter, several processes have been refined regarding community discharges e.g., pull model into intermediate care and non-weight bearing pathway. No right to reside conversations take place and protocols are in place around challenging conversations around discharge.	

## 16. GLOSSARY OF ACRONYMS AND ABBREVIATIONS

- ASC DF - Adult Social Care Discharge Funding
- BCF – Better Care Fund
- CDC – City of Doncaster Council



- DBTH – Doncaster Bassetlaw Teaching Hospital
- DFG - Disabled Facilities Grants
- GRT - Gypsy Roma & Traveller
- HICM - High Impact Change Model
- HWB - Health and Wellbeing Board
- IBCF - Improved Better Care Fund
- JCOG – Joint Commissioning Operational Group
- RDASH – Rotherham, Doncaster, and South Humber Foundation Trust
- SY ICB - South Yorkshire Integrated Care Board

## **17. REPORT AUTHOR & CONTRIBUTORS**

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