MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**30 January 2018**
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Report summary table	
Report title	Better Care Fund Plan 2017-2019 Update
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List of attachments	Appendix 1: 2017-2018 Performance Dashboard Appendix 2: Update on schemes Appendix 3: Risk Register
Background papers	Report to the Health and Wellbeing Board and BCF Submission 2017-19 http://www.bathandnortheastsomersetccg.nhs.uk/documents/strategies/better-care-fund-201719
Summary	The B&NES Better Care Plan describes how the BCF is being used as an enabler for the integration of services and also the journey towards further integration with a focus on prevention. The first plan was published in 2014, followed by a revised plan in 2016/17. The later plan specifically referenced the *your care your way* community services review and the vision and priorities for our people and communities. The 2017/18 -2018/19 BCF Plan builds on this whilst also setting out how new conditions will be met, including those for Improved Better Care Fund (iBCF) adult social care grant funding. The plan was submitted to NHS England on 11th September 2017 as part of the assurance process for 2017-2019. Formal written confirmation that the plan has been signed off was received on 20th December 2017. A link to the plan is included above. This report gives an update on performance against the plan, including an update on schemes, governance, finance and the position against delayed transfers of care (DTOCs) from hospital.

Recommendations	The Board is asked: To note the update on the Better Care Fund 2017-19 provided in this report and the appendices attached.
Rationale for recommendations	The Better Care Fund is a key enabler of the national and local vision of integrated health and care services. In B&NES, the journey towards closer integration is set out within the *your care your way* programme. *Your care, your way* was introduced in the

	BCF plan 2016-17 and the 2017-19 Better Care Fund (BCF) Plan and associated pooled budget will incorporate all of the care and health services procured under *your care your way*. The inclusion of the full range of *your care your way* services in the BCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the BCF. This local vision is aligned with and makes a significant contribution to delivery of the outcomes in the Joint Health and Wellbeing Strategy as follows: Theme One - Helping people to stay healthy: • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. Theme Two – Improving the quality of people's lives: • Improved support for people with long term health conditions; • Reduced rates of mental ill-health; • Enhanced quality of life for people with dementia; • Improved services for older people which support and encourage independent living and dying well. Theme Three – Creating fairer life chances: • Improve skills, education and employment; • Reduce the health and wellbeing consequences of domestic abuse; • Increase the resilience of people and communities including action on loneliness. A requirement of NHS England is that the plans for investing the 2017-19 BCF must be agreed by the Health and Wellbeing Board, which will then have strategic oversight of the delivery of those plans.

Resource implications	This update gives a financial update and position for the BCF as at November 2017.
Statutory considerations and basis for proposal	This report responds to the technical and planning guidance published on 4th July 2017. In order to draw down the maximum B&NES' BCF allocation, it is necessary for BCF plans and proposals to comply with this guidance.
Consultation	Not required for this plan update.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1 SUMMARY AND INTRODUCTION

1.1 This report summarises progress against the Better Care Fund plan 2017-19 which was submitted to NHS England on 11th September 2017 and received formal approval on 20th December 2017. This year's plan has seen a renewed focus on prevention, stabilising adult social care and supporting hospital discharges. The inclusion of the Virgin Community Services contract within the Better Care Fund from 2017 demonstrates B&NES' commitment to integrated working.

1.2 The report is supported by 3 appendices as follows:

Appendix 1: 2017-19 Performance Dashboard

Appendix 2: 2017-19 Scheme Updates

Appendix 3: Risk Register

1.3 The Government is clear within the Better Care Fund Policy Framework for 2017-19 that people need health, social care, housing and other public services to work seamlessly together to delivery better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.

1.4 In B&NES, the journey towards closer integration is set out within the *your care your way* programme. *Your care, your way* was introduced in the BCF plan 2016-17 and the 2017-19 Better Care Fund (BCF) Plan and associated pooled budget incorporates all of the care and health services procured under *your care your way* under the Virgin Care community services contract. The inclusion of the full range of *your care your way* services in the BCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the BCF. The management of the Virgin Care community services contract is separate to the BCF process and therefore is not reported in detail as part of this update.

2 THE 2017-19 INTEGRATION AND BETTER CARE FUND GRANT ALLOCATIONS POLICY FRAMEWORK

2.1 The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding and includes a new injection of grant funding for adult social care announced in the Spending Review 2015 and Spring Budget 2017 known as the Improved Better Care Fund (iBCF). The policy framework for the Fund covers two financial years.

2.2 National total amounts of adult social care grant funding announced in the Spending Review 2015 (one-off grant for 2017/18) and Spring Budget 2017 (3-years grant funding covering the period 2017/18-2019/20) are £1.115bn in 2017/18 and £1.499bn in 2018/19.

2.3 For B&NES the figures are as follows:

- 2017/18 - £3.428m*
- 2018/19 - £2.063m
- 2019/20 - £1.028m

*Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016.

2.4 Nationally, the total amount of Better Care Fund and iBCF funding amounts to £5.128bn for 2017/18 and £5.616bn for 2018/19. B&NES has chosen to pool more BCF funding than is required, by including the services commissioned under *your care your way,* within the Virgin Care Community Services contract. As a consequence, B&NES BCF pooled budget has increased from £13.4m in 2016/17 to £61.1m in 2017/18. The BCF Plan for 2017/18-2018/19 reflects this extension of services funding from the BCF pooled budget.

2.5 Conditions of Access to the Better Care Fund

For 2017-19, NHS England set the following conditions within the technical and planning guidance published in July 2017:

- Plans must be jointly agreed;
- The NHS contribution to adult social care is maintained in line with inflation;
- There is agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care; and
- There is a requirement to manage transfers of care between services and settings.

The plan received its formal approval from NHS England on 20th December 2017.

2.6 Measuring Success

Beyond the four national conditions set out above, areas are given flexibility on how the Fund is spent over health, care and housing schemes or services. However, the spending needs to demonstrate how it will improve performance against the four national metrics which are:

- Delayed transfers of care
- Non-elective admissions to hospital
- Admissions to residential and nursing homes
- The effectiveness of reablement.

These metrics and how we have performed against them so far this year are set out at Section Three and appendix 1.

2.7 The Improved Better Care Fund (iBCF)

Guidance on the use of new iBCF adult social care grant funding was released in April 2017 and included within the technical guidance for the BCF published in July 2017.

Key requirements are:

- Grant paid to a local authority may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

- A recipient local authority must:
    a) Pool the grant funding into the BCF; and
    b) Work with the relevant CCG and providers to meet the National Condition 4 (Managing Transfers of Care) in the Policy Framework and Planning Requirements for 2017-19); and
    c) Provide quarterly reports as required by the Secretary of State.

2.8 High Impact Change Model and Managing Transfers of Care

BCF and iBCF Conditions both make explicit reference to the implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care from hospital

The High Impact Change Model sets out eight high impact changes that can support local health and care systems reduce delayed transfers of care (DTOC):

- Change 1: Early Discharge Planning.
- Change 2: Systems to Monitor Patient Flow.
- Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.
- Change 4: Home First/Discharge to Assess.
- Change 5: Seven-Day Service.
- Change 6: Trusted Assessors.
- Change 7: Focus on Choice.
- Change 8: Enhancing Health in Care Homes.

The B&NES DTOC Action Plan has also been written to respond to each High Impact Change and this is monitored monthly by a multi-agency DTOC Action Group. The plan was revised in September 2017, to take into account delays in some areas of priority and progress in others. The plan will now be supported by a dedicated Community Services Commissioning Manager and a key focus for the remainder of 2017-18 will be a review of mental health delays, trusted assessor models and keeping the momentum with the Home First 7 day service and the opening of the 5 new Discharge to Assess beds..

As part of this year's plan, B&NES has been asked to submit a number of trajectories for delayed transfers of care and these are explained more in section three. , To help set trajectories in B&NES, the impact of schemes such as reablement and Home First has been assessed and estimated to help plan the reductions. Planned reductions have been tested with members of the multi-agency DTOC Action Group which monitors DTOCs and works to implement the Action Plan.

2.9 National Performance Metrics

As in 2015-16 and 2016-17, local areas are asked to agree and report metrics in the following four areas:

- Delayed transfers of care from hospital;
- Non-elective admissions in acute hospitals (using the same metric which is agreed in the CCG's Operational Plan);
- Admissions of older people (65+) to residential and care homes; and
- The effectiveness of reablement.

The latest dashboard, presented to the Joint Commissioning Committee in December 2017, is attached at appendix 1. Whilst meeting the four metrics above, B&NES has also set itself three local targets which are as follows:

- Number of live in care packages (which monitors whether B&NES is offering people support in proportion to their needs)
- Volume of community equipment provided which helps to monitor all spend that supports people to stay at home, not just directly provided care.
- Length of stay in community hospitals which will help support patient flow through the community.

The metrics so far this year demonstrate a health and social care system under significant pressure. A summary of performance is set out below:

- Non-elective admissions were 15.0% above plan (×). However, the CCG has identified that this is not indicative of a drop in performance but recording methods that have not changed to reflect different ways of supporting patients. This means that those being treated in A&E under short stays are being coded as inpatients. This is being addressed with the RUH.
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 populations were 2% below plan (✓).
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services: while reported performance is below plan at 72.3% against a plan of 89.1% (×), the community provider has reported that the method used in 2016/17 over-stated performance, so the trajectory for 2017/18 was based on an incorrect data. An interim proxy measure has been used to calculate the Q2 result while a corrected reporting method is developed. The variance against plan reflects a change in reporting methodology rather than a change in outcomes for individuals compared to 2016/17.
- Delayed transfers of care (delayed days) per 100,000 18+ populations: performance at Q2 is above plan (×). Further detail is provided in section three to explain the DTOC position.

In terms of local metrics set:

- Number of live in care packages agreed (✓) - this target continues to make good progress with only three packages started against a target of 12 in the first six months of the year. This indicator helps to monitor alternatives to permanent placements being made and shows that the overall trend for both live in care and

permanent placements is dropping, which demonstrates an increasing ability and focus on keeping people as independent as possible and managing risk appropriately.
- The level of DTOCs due to care home and domiciliary care capacity has fluctuated with peak demand in August and improved performance since then. (x)
- Community hospital length of stay was expected to reduce this year, following the review into issues affecting length of stay and an action plan being developed by Virgin Care. Sustained performance in reducing the length of stay continues to be a challenge and it is hoped that this will improve going into 2018 (x).

3 DELAYED TRANSFERS OF CARE UPDATE (DTOC)

For 2017 onwards, B&NES was required to set a number of metrics to reduce Delayed Transfers of Care from hospital (DTOCs). Different expectations have been set by different organisations (the NHS Executive (NHSE) and the Department of Communities and Local Government (DCLG). NHSE set a target to reduce occupied bed days (OBD) to 3.5% in all providers. DCLG set a target to reduce social care delays to 2.6 delayed days per 100,000 population. Performance against these targets is explained below. The approach to monitoring delays has been confusing and time-consuming and is not an element of the BCF plan which has added particular value to improving patient experiences across health and care.

There are a number of schemes in place to reduce DTOCs; many funded either by BCF or iBCF monies. These include:

- Reablement and its review
- 7 day working in Home First
- Discharge to Assess beds
- Support planning and brokerage (commissioning Care Home Select to provide interim support)
- Community equipment

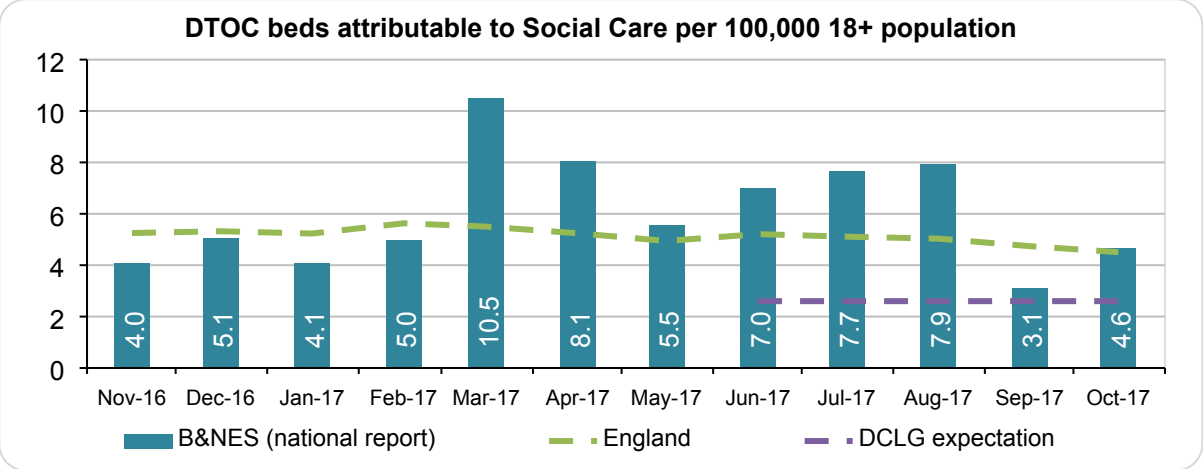
Plus other schemes which are not funded by the BCF or iBCF but contribute and these include:

- The fracture support pathway beds and care (for people in plaster following a fracture)
- The community hospital review

There are other schemes also supporting DTOCS, although not all listed here. Some schemes have seen delays in implementation, including the Discharge to Assess beds and the reduction in length of stay expected at the community hospitals. Other schemes have been agreed to help mitigate this position, and these include purchasing additional brokerage support to help self-funders access care homes in a timely way and offering additional care and care home placements for people on the Fracture Support pathway (who are in plaster and would normally be placed in a community hospital or be cared for by the reablement team).

3.1 DTOC Targets

Department for Communities and Local Government (DCLG) set a target to reduce social care delays to 2.6 delayed days per day (known as DTOC beds) per 100,000 adult population. B&NES baseline for planning, based on 2016/17 actuals, was over 5 DTOC beds per 100,000 (for all providers excluding the community provider). The LGA has stated that it deems the target to be significantly challenging. Where B&NES has in recent years had a high proportion of social-care attributable delays when compared to other areas, there has been a shift in recent months which may in part be due to the review of coding.



The improvement in September was helped by the availability of social workers, which had led to delays in previous months. Referrals to social workers also dropped in September, but have subsequently increased in October.

NHSE monitors the number of delayed days reported nationally from organisations with beds. Currently, B&NES does not report national data for community hospital beds and there is a lack of consistency across the country with this approach. However, it has been agreed that community hospital beds will report nationally from January 2018. This will affect the B&NES reported position, however, it will not change the overall performance.

NHSE asked all CCGs to create a trajectory to reduce delays, using baseline data from 2017-18. The baseline for B&NES was set incorrectly and this has been the subject of considerable discussion with NHSE, however, a position has now been confirmed with NHSE and B&NES reports on RUH delays for its agreed trajectory. Performance against this trajectory is in the table below.

HWBs were asked by NHSE to plan that their providers would achieve targets in thresholds that were set based upon 2016/17 performance. For RUH, AWP, UHB and NBT the target was to limit delayed days to 3.5% of occupied bed days (OBDs) in September 2017 and March 2018. The BCF trajectory, based on RUH data, also has a 3.5% target therefore.

Providers' performance against this target and the plan in September is as follows:

Provider	RUH	AWP	UHB	NBT
NHSE expectation	3.5%	3.5%	3.5%	3.5%
Plan (Sep-17)	4.1%	8.4%	4.0%	44.7%
Actual (Sep-17)	6.0%	5.5%	0.9%	28.2%

(B&NES' low proportion of estimated beds at NBT means that the percentage of OBDs always appears high. UHB and NBT return low numbers of delayed days for B&NES patients and are subject to variation depending on whether there is a B&NES patient with a long delay.)

RUH performance was higher than planned as there was an increase in delays for patients awaiting community hospital beds. This is being kept under review, as there has been a recent review of the coding of delays, so some increase may be attributable to this change. AWP were better than planned but continue to face challenges in sourcing suitable placements for complex patients as any available bed is in demand from multiple HWBs.

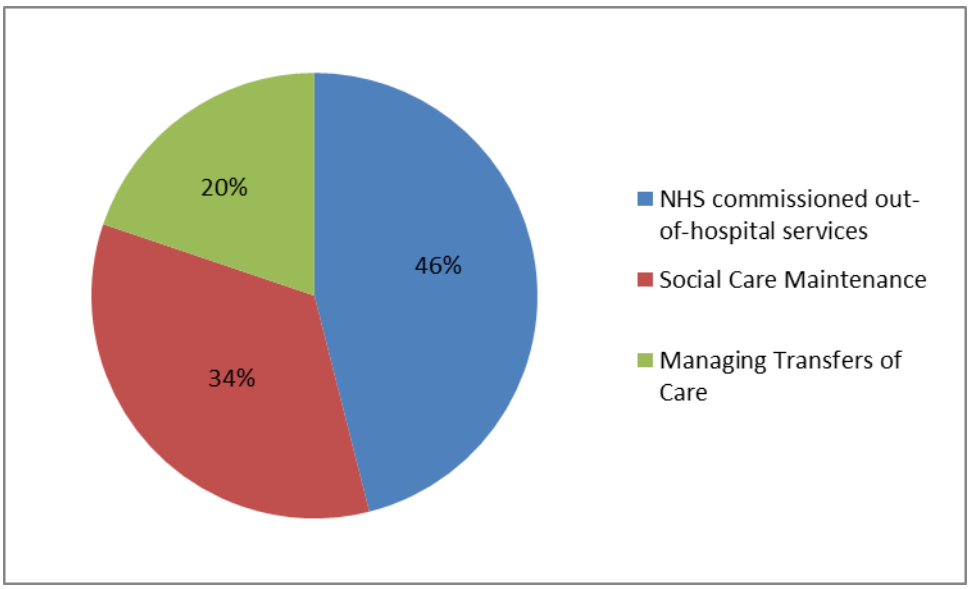
Appendix 1 of the report also gives further detail on the reasons for delays and these are monitored regularly by the multi-agency DTOC Action Group. A changing pattern is emerging in 2017-18, with a smaller proportion of social care delays and a higher proportion of NHS delays, generally for patients awaiting transfer to community hospital beds. Across the whole, the DTOC position for B&NES is showing a steady pattern. There are not significant reductions in delays, and apart from August 2017, the performance is steady. This is not delivering the rate of reductions expected by NHSE or by DCLG and this does place B&NES at risk of further intervention to support delays.

This intervention may include restricting or requiring iBCF monies to be spent on certain schemes to reduce DTOCs and also may include an in-depth inspection of the health and care system by CQC. Other forms of intervention will include increased scrutiny by – and reporting to – NHSE, although the full extent of the forms of intervention have not confirmed.

In November 2017, B&NES received communication from NHSE to confirm that it would not be in the next cohort of health and care systems requiring review by CQC, however, this may change if DTOC performance does not improve.

4 B&NES 2017/18-2018/19 PLAN SCHEMES

4.1 For this year's plan, we highlight and focus on a number of existing schemes (including social prescribing, falls response and reablement) and have also introduced new schemes funded by the Improved Better Care Fund. Some existing schemes already funded by the BCF have grown in priority, for example, Community Equipment are, therefore, also an area of focus. An update on these is set out at appendix 2 with a brief written summary below at section 4.2. Each scheme identifies which national metric it will support and the pie chart below at shows the split of the national metrics across these key schemes.



4.2 A brief summary of progress against schemes

The schemes funded by the BCF and i-BCF cover a wide range of areas, including those aimed at managing transfers of care from hospital, supporting NHS Commissioned out of hospital services and those supporting the delivery of adult social care overall. Full details of all the schemes are available in the overall BCF plan but below is a short summary of highlights and challenges.

- **Strengths based Working:** The Council is adopting a new model of care called the Three Conversations Model, which aims to help practitioners focus on the independence of people they are working with and help them make the most of their lives, whilst recognising and supporting complex needs where appropriate. Implementation sites are being agreed with Virgin Care and an update on this can be provided at the Health and Wellbeing Board meeting.

- **Supporting Planning and Brokerage:** A new E-Brokerage model is being procured which will help free up time within the social care teams, help providers see on line exactly what care packages are needed and will help Commissioners support the market to develop in the long term. As part of this project, short term additional brokerage capacity has been commissioned by an independent agency called Care Home Selection which is helping people to choose care homes and access domiciliary care in a timely way.

- **Home First – Weekend Working:** the Home First service, which aims to get people home from hospital and assess their needs in their own environment, moved to working 7 days a week in October 2017. Although slightly later than planned, this is a good example of simplifying models of care and putting people at the centre of discharges from hospital.

- **Falls Response Service –** this service continues to flourish, helping 482 people (between May-Dec 2017) to be treated in their own homes after a fall, and led by an OT and Paramedic.

- **Community equipment and assistive technology–** this service is under review at the moment and a steering group is clarifying how the service

needs to be provided going forward, including the links to assistive technology, so that the Council and CCG can deliver an integrated equipment and technology strategy.

Challenges include:

- **Discharge to Assess beds –** these 5 beds were planned to open in November and it is hoped that they will now open at the end of January, or early February. This is disappointing but it is hoped that the beds will open soon.

- **Integrated reablement service –** this service is under review with Virgin Care and strategic partners and a number of positive changes are planned, particularly in relation to working with care providers who deliver reablement alongside Virgin Care. It is expected that the service will be much strengthened in 2018-19, supporting also the redesign of domiciliary care.

- **Capacity to deliver change –** additional capacity to deliver change has been recruited and will be in place from February 2018. This will significantly increase the speed at which changes and transformation projects can be delivered.

5 FINANCIAL IMPLICATIONS

5.1 Funding allocations

The table below sets out the contributions for the Better Care Fund together with the previous year's figures for comparison. The first four rows are the CCG's contribution with the remaining figures being the Council's investment.

Funding Source	16/17 £	17/18 £	18/19 £
CCG Section 75 Transfer to Council	£8,460,000	£8,611,434	£8,775,051
CCG Commissioned Out of Hospital Services	£2,008,000	£2,043,943	£2,082,778
CCG Risk Share Contingency	£539,994	£549,660	£560,103
CCG Commissioned YCYW	£0	£24,182,014	£24,182,014
Disabilities Facilities Grant Capital	£991,000	£1,084,352	£1,177,682
Other Local Authority Grants	£0	£779,987	£1,394,458
Council Revenue for Care Act	£1,500,000	£1,500,000	£1,500,000
IBCF	£0	£2,698,013	£2,063,000
Council and Public Health Commissioned YCYW	£0	£19,668,842	£19,668,842
Total	**£13,498,994**	**£61,118,246**	**£61,403,929**

The funding has been included in both the plans and budgets of both the Council and CCG for the year 2017-19. These plans have been through the governance processes of both organisations as laid out in section 9 of the narrative plan and have been signed off by the CCG's Board and the Cabinet of the Council.

The section 75 agreement has been written to cover the inclusion of the *your care,your way* community services provision and the funding mapped to individual service level documents. The use of the BCF funding has been agreed by both the Council Section 151 officer and CCG Chief Financial Officer to give transparency on the use of funds for both organisations.

5.2 As at month 8, the forecast out turn is showing a predicted underspend of £389k against the budget of £61,118k (0.6%).. Discussions are underway to re-allocate this funding or accelerate other schemes, for example by bringing forward planned strategic development for assistive technology. This underspend has been reported in line with the requirements of the section 75 agreement and together with mitigating plans is monitored on behalf of the CCG and Council by the Joint Commissioning Committee at their monthly meeting.

5.3 Plans are also being revised for those schemes which were not fully worked up in year one or where timeframes or circumstances have changed to confirm final allocations of funding for 2018-19, particularly in respect of the improved Better Care Fund allocation. For example, the Mental Health Pathway Review will take place during 2018-19 and funds are being earmarked for the review from unallocated iBCF monies. Following the recent announcement at Budget 2017 of an additional £42 million for the Disabled Facilities Grant (DFG) in 2017-18 we have received notification that an additional £106k has been awarded to B&NES. The DFG can only be used for home adaptations; however there is some flexibility to use this additional funding on wider social care capital projects. The additional funding must be used in year. At the time of writing we are exploring options for the innovative use of this additional funding which may include support to the CRC's and Community Equipment Pool if appropriate.

6 RISK AND GOVERNANCE

6.1 For 2017-18 onwards, revised governance arrangements have been established for the Better Care Fund. This follows feedback from the Health and Wellbeing Board and CCG Board and therefore a detailed update is provided below. Further information can be provided for each of the committees listed below if requested.

6.2 The governance and operational structures of the Better Care Fund are underpinned by a Joint Working Framework, adopted by both the CCG and the Council, which sets out the commitment, aims and practical supporting arrangements for joint working. This framework is underpinned by the following legal agreements:

- S113 agreements allowing managers with joint responsibility employed by either body to perform functions for and be accountable to the other body within an agreed HR framework and within the Schemes of Delegation of each organisation.

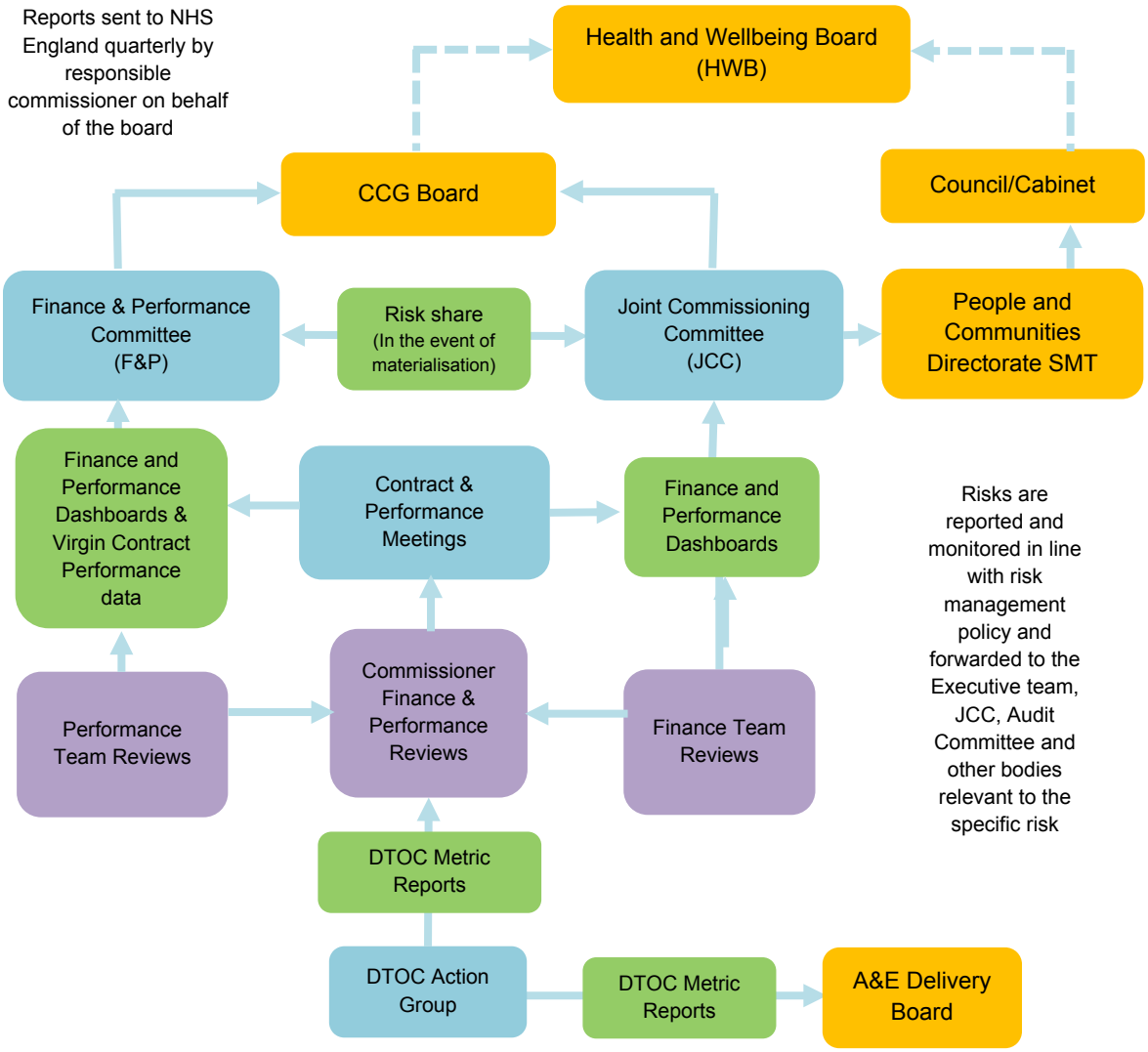
- This S75 pooled budget agreement which allows the pooling of resources managed by joint commissioners and supports integrated commissioning and provision; and

- S256 agreements which support expenditure on social care which has a benefit for health services.

Assurance of the overall delivery of the Better Care Fund (BCF) is monitored through the Joint Commissioning Committee (JCC) with overall responsibility sitting with the Health and Wellbeing Board (HWB). Monitoring of the financial implications of the BCF and pooled budget will be undertaken for the CCG by the Finance and Performance Committee (F&P).

The Governance and Reporting structure of the BCF is shown in the table on the next page:

Better Care Fund Governance and Reporting Structure



6.3 Risks identified are held on the BCF risk register and this is reviewed by JCC as a standard agenda item. Risks deemed to be sufficiently material are included on the Partnership risk register. The Risk Register was last reviewed on 7th December. There are four risks which remain rated over 16. The detail and mitigations are shown on Appendix 2.

It has been confirmed that three of these are already covered by risks already on the Partnership register (Finance under number 34/Fragility of the care market under number 141/YCYW Capacity under numbers 211 & 213) having been raised in connection with the Community Services contract.

The remaining risk which covers the DTOC Metric has been put forward in December for inclusion on the Partnership Risk Register but although a high risk to the BCF this is expected to be moderated as an overall risk to the Partnership.

7 2018-19 FUTURE PLANS

7.1 Further guidance is expected from NHSE and the LGA on the BCF for 2018-19, however, local priorities are also beginning to emerge. These include:

(1) Further focus on the delivery and performance of reablement, including the structure of the service model going forward;

(2) Linked to the above, ensuring a robust and outcomes-focused model of domiciliary care for 2019 onwards;

(3) Ensuring iBCF monies are targeted effectively and considering options for a potential Home First Plus model to support more people to return straight home from hospital who may need more intensive personal care support in the first few days;

(4) Focusing on strengths based working and the Three Conversations Model which aims to transform the approach to adult social care and the offer from the Council;

(5) Taking forward the Mental Health Pathway Review to set out strategic direction for Mental Health going forward;

(6) Continuing to support the redesign of the CRCs and Extra Care service models as they undergo transition.

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