



Better Care Fund Plan 2017/19

Report of Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups, Jane Robinson, Corporate Director, Adult and Health Services, Durham County Council and Stewart Findlay, Chief Operating Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group.

Purpose of the Report

- 1 The purpose of this report is to present the Better Care Fund (BCF) Narrative Plan for 2017/19 which was submitted to NHS England on the 11 September 2017 (Appendix 2).

Background

- 2 Announced in June 2013, the BCF brought together health and social care budgets to support more person centred co-ordinated care. In the first two years of the BCF, the total amount pooled has been £5.3bn in 2015/16 and £5.8bn in 2016/17.
- 3 The BCF is the only mandatory policy to facilitate integration through a pooled budget and provides a mechanism for joint health and social care planning and commissioning bringing together ring fenced budgets from Clinical Commissioning Groups (CCG's) and funding paid directly to local government for adult care services.
- 4 County Durham's BCF allocation is £45.7m for 2017/18 plus additional monies through the Improved Better Care Fund (iBCF) to support adult social care. The iBCF consists of two elements, a planned allocation included in the local government finance settlement 2017/18 (£2.378m) and additional funding for adult social care announced in the Spring Budget 2017 (£13.112m).

Policy Requirements

- 5 Key changes to the policy framework since 2016/17 include:
 - A requirement for plans to be developed for the two year period rather than a single year.

- The number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four.

6 The four national conditions require:

- The BCF plan including the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board (HWB) and by the constituent Local Authority and CCG's.
- The plan will need to demonstrate how the areas will maintain in real terms, the level of spending on social care services from the CCG minimum contribution to funding in line with inflation.
- That a specific proportion of the area's allocation is invested in NHS commissioned out of hospital services, or retained pending release as part of a local risk share agreement.
- All areas to implement the High Impact Change Model for Managing Transfers of Care to support system wide improvements in transfers of care.

National Metrics

7 The policy framework established that the national metrics for measuring progress through the BCF will continue, these include:

- Non-Elective Admissions (NEA's general and acute)
- Admissions to residential and nursing care homes
- Effectiveness of reablement
- Delayed Transfers of Care (DToC).

Local BCF work programmes

8 There are seven programmes within the BCF plan which focus on health and social care initiatives to enable integration of community services which are as follows:

- **Intermediate Care Plus** – which provides a range of integrated services to promote recovery from illness, prevent unnecessary admission to hospital or permanent admission to residential or nursing care home, facilitate timely and safe discharge and support from hospital and maximising opportunities for independent living. (£13,728,150)
- **Transforming Care** – has a clear emphasis on integration. The Accountable Care Network (ACN) has established a framework for collaboration between partner organisations with regards to integrated care across County Durham and includes services such as Intermediate Care Plus and Teams Around Patients (TAPs) alongside workforce development and training and the re-designing of care pathways and improvement in service delivery. (£11,342,651)
- **Equipment and Adaptations for Independence** – the joint funding of the home equipment loans service following service redesign to

- improve access to equipment and adaptations and make greater use of advancing technologies. (£11,366,256)
- **Supporting Independent Living** – includes mental health prevention and recovery services which focus on the wider determinants of health such as accommodation and employment which relate to good mental health and wellbeing. The programme aligns with the Mental Health Taskforce (2016) Five Year Forward View for Mental Health in that it prioritises prevention, access, integration and positive experiences of care. (£5,004,959)
- **Supporting Carers** – in recognising the value and contribution that carers make to the health and social care system and economy we are committed to improve carer support in order to enable them to maintain their caring role and their own health and wellbeing. (£1,361,000)
- **Social Inclusion** – through an asset based approach we have worked to increase community capacity and resilience working with the Voluntary and Community Sector in order to transform services at a pre-health and social care delivery stage through prevention and access to universal services, facilities and resources which promote wellbeing and help to avoid the development of needs for health and/or social care services. (£1,121,000)
- **Care Home Support** – we are committed to high quality care home provision which includes dementia liaison services. Our endeavours focus on the competency and capability of homes to provide high quality care which ensures person centred care, dignity and that safeguarding adults standards are met and help avoid unnecessary admissions into hospital. (£1,774,000)

9 The agreed approach to the use of the iBCF centres around three key initiatives:

- Supporting people with complex learning disability needs in the community.
- Supporting people with complex needs associated with dementia in the community.
- Maintaining social care and system related support.

Delayed Transfers of Care

- 10 The NHS England Mandate for 2017/18 set a target for reducing delayed transfers of care (DToC) nationally to 3.5% of occupied bed days by September 2017. This is a system wide obligation and whilst responsibility for delivery is not limited to the BCF, nonetheless it is expected that activity in BCF plans will contribute to meeting it.
- 11 Each CCG and NHS Trust agreed a trajectory to meet the above requirement, but as Durham HWB has one of the lowest rates in England (0.7 delays per 100,000 population compared to a national rate of 6.41) the return was based on the assumption of maintaining the current position.
- 12 Areas such as Durham HWB with a below average rate of DToC would have expected that the DToC metrics would have been proportionate to the extent

of the DToC challenge in the area, but this was not the case. Durham HWB have been given a DToC trajectory which allows for an increase in DToC reductions despite the starting position being below the national average. As a consequence Durham HWB finds itself in a difficult position of being unable to meet the DToC reductions prescribed in the pre-populated template from the NHS Better Care Fund National Team.

BCF Planning Timetable and assurance

- 13 BCF plan to be submitted to england.bettercaresupport@nhs.net by 11th September 2017.
- 14 Scrutiny of BCF plans by regional assurers between 12th and 25 September 2017.
- 15 Cross regional calibration on 2nd October 2017.
- 16 Approval letters issued from 6th October 2017.

Agreement by the Health and Wellbeing Board

- 17 Health and Wellbeing Board members agreed at their meeting on the 26th July 2017 to delegate the sign off of the final BCF plan 2017/19 to the Corporate Director, Adult and Health Services, Durham County Council, the Chief Clinical Officer, DDES CCG and the Chief Operating Officer, ND and DDES CCG's in consultation with the chair of the Health and Wellbeing Board prior to submission on 11 September 2017.
- 18 It was agreed that the final BCF plan 2017/19 would be presented to the HWB on the 25th September 2017 for ratification.

Recommendations

- 19 The Health and Wellbeing Board is recommended to:
 - a) Note the contents of this report.
 - b) Ratify the Better Care Fund Plan 2017/19 for County Durham.

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Appendix 1: Implications

Finance

The BCF 2017/19 pooled budget is £45.697m.

Staffing

Workforce capacity has been referenced as an issue across the health and social care system in the BCF plan.

Risk

Failure to meet national targets for reducing DToC may result in the possibility of a re-distribution of iBCF allocations in 2018/19.

Equality & Diversity

The Equality Act 2010 requires the Council to ensure that all decisions are reviewed for their potential impact upon people.

Accommodation

None

Crime and Disorder

None

Human Rights

None

Consultation

As necessary through the HWB.

Procurement

None

Disability Issues

See commentary under Equality and Diversity.

Legal Implications

Any legal implications concerning the BCF programmes and projects are considered and reviewed as necessary.