

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
DORSET, BOURNEMOUTH AND POOLE HEALTH AND WELLBEING AREAS
BETTER CARE FUND PLANS 2017/19

Date of the meeting	20/09/2017
Author	S Sandcraft - Deputy Director of Service Delivery
Sponsoring Board member	M Wood - Director of Service Delivery
Purpose of Report	To update the GB on the status and content of the BCF plans and seek approval for the strategic approach proposed in the plans.
Recommendation	The Governing Body is asked to approve the strategic approach set out in the: (a) Dorset Health and Well Being Area Better Care Fund Plan (b) Bournemouth and Poole Well Being Area Better Care Fund Plan
Stakeholder Engagement	The 2017/19 plan builds on the community engagement that underpinned the previous plan, feedback from on-going forums such as the Making It Real Board, Health Watch and LD Partnership Board and the extensive engagement work that has informed the model for integrated community services.
Previous GB	18/05/16

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
		Any action required?	
	Yes	Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓

9.6

Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: SS

1. Introduction

- 1.1 The Health and Wellbeing Boards (HWBs) have oversight of the Better Care Fund (BCF) and are accountable for its delivery. The West and East Accountable Care System Boards are responsible for the implementation of the BCF plans and for managing performance.
- 1.2 The final draft 2017/19, two-year Better Care Fund plans (one for the Dorset HWB area and one for the Bournemouth and Poole HWB area) were submitted by the deadline of 11th September 2017, following delegated sign off by the HWB Chairs. The plans are currently undergoing an assurance process by NHS England during which they will be approved or not. This report is seeking Governing Body approval of the strategic approach set out in the plans.

2. Report

- 2.1 The national guidance for the Better Care Fund (BCF) requires the Clinical Commissioning Group, the County and District and Borough Councils to set out how they will work together to invest, commission and where required, deliver health and social care services in a joined-up way for the benefit of Dorset, Bournemouth and Poole residents.
- 2.2 The 17/19 plans require the partners to set out how the monies associated with the BCF will be spent, what impact this will have on some nationally agreed performance metrics and what plans we have in place to deliver integrated health and social care.
- 2.3 The BCF plans include agreed narrative plans, and risk registers that have been agreed between the CCG and the County Council, and the CCG and the Borough Councils, and shared with wider partners, this includes the significant financial risk to all the system if performance as agreed is not achieved.
- 2.4 The national submission date is 11th September 2017, and in line with the delegated approval agreed at the last Health and Well Being Board's approval was given by the Chairs of the Boards to make a submission, whilst acknowledging formal sign off by the Health and Well Being Boards would be at the earliest opportunity, and simultaneously Governing Body approval of the strategic approach set out in the plans is being sought. The final draft versions are available on request for further background information.
- 2.5 Accountability for the implementation plans will be taken forward through the maturing West and East Accountable Care System Boards. However, it is recognised that these Boards and the Integrated Community and Primary Care Services Portfolio Board, which is part of the Sustainability and Transformation Plan governance are not fully developed. It is therefore accepted that during the transition the Pan Dorset Joint Commissioning Board will continue to meet and oversee some of the Pan Dorset arrangements until the STP governance arrangements are fully operational.

Dorset HWB Area plan

- 2.6 The Dorset BCF plan sets out a greater level of ambition around progress towards integrating health and social care by 2020, detail of how the additional Improved Better Care Fund Monies, announced in the March budget are being spent, and the specific schemes that we will focus on to improve outcomes, be financially sustainable and improve quality. The plan includes considerable detail about how the health and social care system will work together to ensure people are not delayed in hospital once they are well enough to return home.
- 2.7 The BCF plan has been developed in the context of the Sustainability and Transformation plan (STP) and the aspirations of the Future Dorset Local Government Review (LGR) submission and therefore demonstrates the contribution and alignment towards delivery of these strategic ambitions.
- 2.8 The strategic approach described in the plan includes:

- Commissioning, Brokerage and Market Management Integration

Having created an integrated contractual framework and financial model, to develop integrated commissioning, brokerage, and market management functions that are co-located, with an integrated standard operating framework and leadership acting on behalf of both Dorset County Council (DCC) and the CCG. The intention is that during the BCF 17/19 we will move all our commissioning, market management and quality into this arrangement, including community health services and adult social care assessment and case management functions. This is in preparation for moving into an accountable care community model in 2020.

At this stage our focus is on adults, we believe that if we develop the right model this may translate successfully into children's and other areas of commissioning between health and social care.

As we implement the Pan Dorset STP single operating model and leadership, we will explore the different options available, considering the potential impact of organisational change across local government arising from Future Dorset and implementation of the STP.

- Joining up our delivery

We want to build trust and, where we do have areas of mutual interest, move to integration in preparation for the delivery of an accountable care community model.

Initial testing of the readiness to deliver differently, in collaboration with the community health provider, will start with an options appraisal and business case for formal organisational integration with social care within both the

mental health teams and learning disability team functions during the first year of the BCF plan, before moving on to where we share mutual interest for older people pathways.

Much of the ambition set out in the plan is premised on being able to achieve a resource shift in to primary care and community health and care functions. This is a key risk in the current resource climate. From a BCF perspective, this is especially so given the uncertainty about IBCF allocations in 18/19 and beyond following the July 2017 BCF guidance.

It is recognised that general practice and primary care is the foundation of healthcare and is central to the building blocks of delivering new integrated models of care. There is a major general practice transformation programme underway in Dorset which will support and contribute to the wider system changes.

This work can also, importantly be viewed as part of a systematic and joined up plan to deliver the STP at a locality level. We already have locality Primary Care Transformation plans which have a clear people and place focus as, increasingly, do the prevention at scale plans. The relationship of this BCF work to a robust behaviour change model for a locality as per prevention at scale programme work plan is key.

Bournemouth and Poole HWB Area plan

2.9 The Bournemouth and Poole BCF 17/19 plan scope is very similar to 2016/17 plan, with the two Local Authorities of Bournemouth and Poole working with the CCG in advancing 3 key themes to enable further integration to continue as detailed below:

- **Strong and Sustainable Care Markets**
We will be working together to address care market issues to support achievement of reducing the number of people delayed in hospital, reduce lengths of stay in our community hospitals and support the care market to become stronger and be able to grow to meet demand.
- **Advancing Locality Care**
Development of community hubs, trusted assessor models and multi-disciplinary working for complex patients
- **Understanding Joint Expenditure**
To enable us to make informed decisions of where we align budgets in the future.

2.10 It is recognised that the level of ambition to progress with integration of both commissioning and provision between the Local Authorities and the CCG is not at the same pace in Bournemouth and Poole, compared to the Dorset Health and Well Being area.

3. 2017/2019 funding and financial risks

3.1 Total joint funds invested in the BCF and CCG contribution for the two financial years covered by the plans are shown in the table below. Funding for 2016-17 is also shown to demonstrate the increase in the fund over the previous financial year.

	2016-17 £m		2017-18 £m		2018-19 £m	
	Total BCF amount (final position)	CCG contribution (final position)	Total BCF amount	CCG contribution	Total BCF amount	CCG contribution
Bournemouth and Poole HWB	35.8	30.6	44.8	34.0	47.0	34.2
Dorset HWB	39.8	33.6	136.9	63.9	139.8	64.1
Total	75.6	64.2	181.7	97.9	186.8	98.3

3.2 The fund has increased significantly from 2016-17 into 2017-18 primarily due to:

- The mandated inclusion in the BCF of the new Improved BCF funding stream (iBCF). This is funding provided to local authorities which must 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;
- Increasing disabled facilities grants allocated to local authorities;
- The inclusion in the Dorset HWB BCF of an aligned budget for purchasing care for older people and those with a physical disability. This will be monitored and reported throughout the year to inform consideration of the potential for a full pooled budget with a risk share in future years. Bournemouth and Poole councils are considering whether they would be interested in also aligning their budgets for purchasing care with those of the CCG.

3.3 The CCG is required to make a minimum contribution to the BCF of £51.3m in 2017-18 and £52.3m in 2018-19, with specified amounts for each HWB. These requirements have been met and exceeded.

3.4 A summary of Dorset HWB schemes across the two years is shown in the table below:

Dorset HWB BCF schemes	2017-18 £k	2018-19 £k
Carers	1,135	1,135
Integrated health and social care locality teams	18,713	18,713
Maintaining Independence	14,032	14,532
High impact changes implementation / Supported hospital discharge	8,248	8,808
Moving on from hospital living	5,398	5,398
Strong and sustainable care markets	89,372	91,202
Total	136,898	139,788

A summary of the Bournemouth and Poole HWB schemes is shown in the table below:

Bournemouth and Poole HWB BCF schemes	2017-18 £k	2018-19 £k
Carers	955	960
Integrated health and social care locality teams	16,034	16,034
Maintaining Independence	14,050	16,125
Early supported hospital discharge scheme	5,065	5,227
Moving on from hospital living	8,675	8,675
Total	44,779	47,021

Key Performance Indicators

3.5 The BCF policy framework establishes that the national metrics for measuring progress of integration through the BCF will continue as they were set out for 2016/17 with only minor adjustments. The four metrics are:

- a) Non-elective admissions (General and Acute);
- b) Admissions to residential and care homes;
- c) Effectiveness of reablement;
- d) Delayed transfer of care.

All partners have agreed metrics plans for the two HWBs.

Non-elective Admissions (NEAs)

3.6 BCF plans require a reduction in the number of unplanned admissions to hospital. The NEAs plans have been based on previously agreed CCG level activity plans mapped to HWB footprints. HWBs have agreed CCG level activity plans to reduce NEAs as part of the operational planning process and through the BCF, this has ensured broader system ownership of the plan as part of a whole system integrated care approach.

The trajectories for 2017/18 and 2018/19 are shown below.

Health and Wellbeing Board	Number of non-elective admissions	
	2017/18 Plan	2018/19 Plan
Bournemouth and Poole	39,602	39,998
Dorset	47,326	47,782
Pan-Dorset Total	86,928	87,779

Admissions to Residential and Care Homes

- 3.7 BCF plans require reducing the number of inappropriate admissions of older people (aged 65 and over) into residential care. The table below highlights the current performance and how this compares to the trajectory for 2017/18 and 2018/19.

Health and Wellbeing Board	Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes per 100,000 population			
	2015/16 Actual	2016/17 Actual	2017/18 Plan	2018/19 Plan
Bournemouth and Poole	866.1	597.6	589.4	553.6
Dorset	595.4	544.3	514.1	505.5
Pan-Dorset Total	694.6	563.9	541.7	523.1

Effectiveness of Re-ablement Services

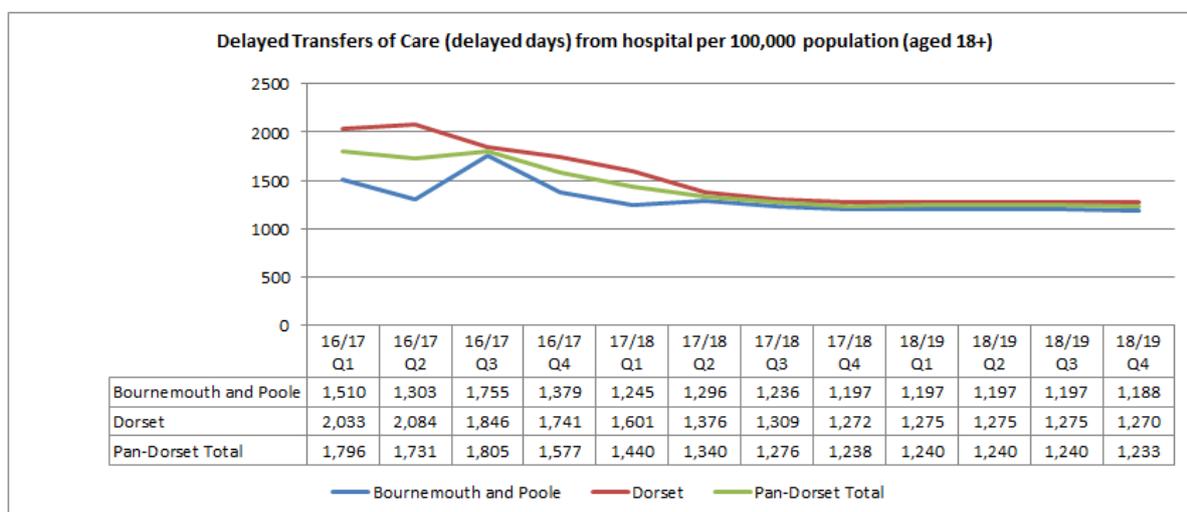
- 3.8 Planning for this metric requires an increase effectiveness of these services whilst ensuring that those offered the service does not decrease. The table below highlights the current performance and how this compares to the trajectory for 2017/18 and 2018/19.

Health and Wellbeing Board	Percentage of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services			
	2015/16 Actual	2016/17 Actual	2017/18 Plan	2018/19 Plan
Bournemouth and Poole	79.9%	79.7%	77.5%	77.5%
Dorset	86.5%	77.5%	80.0%	80.0%
Pan-Dorset Total	82.7%	78.9%	78.3%	78.3%

Delayed Transfer of Care

- 3.9 BCF plans require a reduction in the number of delayed transfers of care by effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate

transfer from all hospitals for adults. The graph and table below highlights the current performance and how this compares to the trajectory for 2017/18 and 2018/19.



NB: Please note the Dorset HWB figures are subject to final agreement by Dorset County Council

- 3.10 The NHS England Mandate for 2017/18 sets a target for reducing DTOC nationally to 3.5% of occupied bed days by September 2017. The Pan Dorset BCF plan has been set at 4% DTOC for acute hospitals and 7.5% for Dorset HealthCare University NHS Foundation Trust. Whilst these plans are not in line with the NHS England guidance, this represents a significant stretch for the Dorset System. We will, however, be required to move forward to deliver the national target.

4. Conclusion

- 4.1 The STP provides the strategic context for the ongoing work on health and social care integration across Dorset, Bournemouth and Poole. The 17/19 BCF plans seek to support the delivery of the ambitions set out in the STP.

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Date: 05.09.17

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