

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
DORSET BETTER CARE FUND UPDATE**

Date of the meeting	15/05/2019
Author	K Calvert – Deputy Director, Primary & Community Care
Sponsoring Board member	T Goodson – Chief Officer
Purpose of Report	To provide an end of year up-date performance against the Better Care Fund Metrics (2017/19) and to update on planning for 2019/20.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Better Care Fund plans for 2017/19 were agreed by NHS Dorset CCG and the respective Dorset, Poole and Bournemouth Local Authorities. Planning for 2019/20 is underway between the CCG and the two new unitary authorities.
Previous GB / Committee/s, Dates	14 November 2018; Better Care Fund Performance update to the Governing Body

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	<ul style="list-style-type: none"> • Integrated Community and Primary Care Services • One Acute Network • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		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	✓		✓
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: KC

1. Introduction

- 1.1 This report provides members of the Governing Body with an update on Better Care Fund (BCF) activity, performance, budget management (2018/19) and planning (2019/20).

2. Background

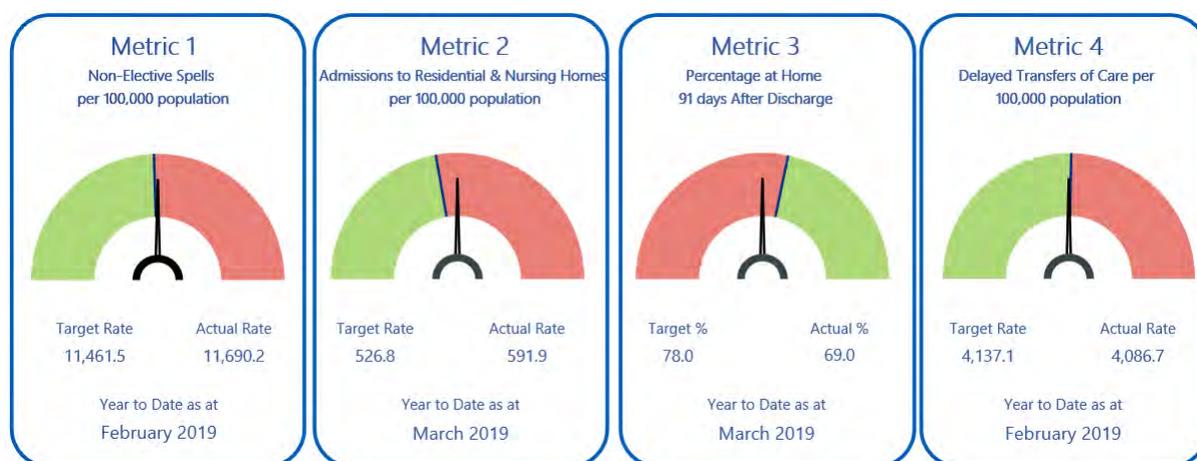
- 2.1 The BCF programme seeks to integrate health and social care services so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. Health and Wellbeing Boards (HWBs) have oversight of the BCF and are accountable for its delivery.

3. Report

3.1 Summary of Performance and Progress 2018/19

- 3.1.1 There are four key metrics used to measure achievement of the BCF, which show a mixed performance in 2018/19. In addition, we use our Integrated Community and Primary Care Services (ICPCS) Dashboard to provide a more in-depth analysis by locality of local initiatives and investment that support admission avoidance and discharge. A separate ICPCS report has been shared with the Governing Body for their information.

Pan Dorset Performance Metrics: BCF Overview 2018/19



- 3.1.2 Whilst not all targets set were delivered, there was improved performance in delayed transfers of care (DToC), although further work is still required to sustain this. National support from ECIST and a nationally commissioned evaluation by McKinsey Rand will add further focus for 2019/20.
- 3.1.3 Integrated hospital discharge practices in both acute hospitals are continuing to influence more efficient and co-operative ways of working, linking closely with community hospitals to facilitate timely discharge. Locality integrated hubs have developed across the whole of the county and mapping of key features of hubs to ensure consistent response to admission avoidance, supported hospital discharge and coordination of community referrals. Staff

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from the integrated hubs now In-reach into all acute hospitals in Dorset and Yeovil and Salisbury hospitals.

- 3.1.4 **Homefirst** and **Discharge to Assess (D2A)** is embedded in daily practice and the use of winter monies has further supported this.
- 3.1.5 A stroke pathway has been implemented at Poole Hospital with a dedicated stroke practitioner appointed working on a multi-agency basis to ensure discharge is timely.
- 3.1.6 A combined system task and finish group is driving forward a re-launch of the *red bag* scheme which is helping to provide a better care experience for care home residents by improving communication between care homes and hospitals. The programme and pathway have been reviewed and a comprehensive implementation plan developed to ensure that the programme is fully and consistently embedded across Dorset.
- 3.1.7 Reablement support has been retained to support adults maximise their independence on discharge from hospital using funding from the improved Better Care Fund.
- 3.1.8 Joint working between Dorset Health Care (DHC) and Tricuro at Coastal Lodge (an Integrated Care Facility) in Bournemouth has supported people in either step-up or step-down situations.
- 3.1.9 In addition, there has been good progress made with regards to other areas of focus, such as the Dorset Care Framework, which provides us with the opportunity to gain some structure and control over the marketplace; 89% of combined spend for domiciliary care was achieved using this framework in 2018/19.
- 3.1.10 The integrated equipment service supported individuals in the community with over 90% of equipment delivered within three days of requisition. Joint working between health and social care practitioners is now embedded and there is consistency across the partnership in supporting people to remain independent. There is however increasing pressure on this budget and additional CCG funding was invested in 2018/19 to further support our aim of keeping more people at home.
- 3.1.11 Valuing Carers in Dorset' the strategic vision for supporting the wellbeing of carers is at the heart of how the Better Care Fund resources are directed, leading to the delivery of services that carers need and use the most. The Carers lead role has transferred from the CCG to DHC to enable greater integration of work with the community service carers' lead and to develop a more sustainable team to support primary and community services. Early work has begun to embed the 'Framework of Quality Markers'. This is a national accreditation scheme which sets out best practice in providing appropriate support for carers and the person they are caring for, enabling GP practices to develop a culture of proactively recognising and responding to carers' issues and needs.

3.2 Learning Disability - Moving on from Hospital Living

3.2.1 This is the final year of the current Dorset-wide agreement. Commissioners have been considering pooled budget arrangements in relation to the new Councils of Dorset and Bournemouth, Poole and Christchurch from the 1st April 2019. The pooled budget for 2018/19 is projected to be overspent owing to the number complex packages commissioned by Bournemouth and Dorset Councils and to inflationary pressures. The budget is still supporting a large number of people who left hospital with complex needs to be supported in their own homes.

3.3 Better Care Fund 2019/20 – Planning Update

3.3.1 The National Guidance **2019-20 BCF Policy Framework** was published on 10 April 2019. It will be the responsibility of each of the two new Health and Wellbeing Boards – BCP and Dorset - to agree the final plan for its area and to oversee delivery.

3.3.2 The national guidance covers 2019/20 only, due to the anticipated production of the Green Paper on adult social care and the timing of the next comprehensive spending review. The planning guidance for 2019/20 has set the uplift due on the funding within the BCF that is transferred to adult social care from the NHS, at 5.3%. This is considerably above the inflationary uplift of 1.79% advised by NHS England for modelling purposes prior to publication of the guidance.

3.3.3 The national conditions and metrics for 2019/20 remain the same as in 2017-19 and are in line with the vision for integrated care:

- (i) Plans to be jointly agreed
- (ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- (iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- (iv) Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces DTocC, encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all HWB adopt the centrally-set expectations for reducing or maintaining rates of DTocC during 2019/20.

3.3.4 Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance across the same four metrics as in 2017-19.

Local planning assumptions for 19/20

3.3.5 The local planning assumptions being used to prepare the plans are:

- For written plans, concentrate on a new summary only and then update activity, finance and performance templates once these are issued nationally following the planning guidance.
- Any narrative update should summarise progress since last plans produced, restate how BCF is supporting delivery of the Sustainability & Transformation Plan (STP), moves towards an Integrated Care System (ICS) and helping to close the three gaps for health inequalities, finance/ efficiency and quality.

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- New Section 75 legal agreements that are required to support the transfer of funding will be needed but will not be able to be produced until national planning guidance is published and a final plan agreed.
- The CCG will use the same 11.7% figure as the Councils for the disaggregation of Christchurch activity in preparing their contributions to the new BCF plans for BCP and Dorset.
- There is one pooled budget as part of the BCF which involves all the existing upper tier Councils and the CCG – the Integrated Community Equipment Service (ICES). Bournemouth Borough Council currently lead as commissioner of the service on behalf of all the partners. It has been agreed that this lead role will transfer to the new BCP Council. Work is underway to set the budget contributions for 19/20 between the partners.
- For the content of the plans we are seeking to roll over current services from 2018-19 as much as possible. Any new developments would build on the existing priorities:
 - Support for carers
 - Maintaining independence
 - High impact changes/supported hospital discharge/ Home First
 - Integrated health & social care locality teams
 - Strong & sustainable care markets
- To add in the plans for the use of additional winter monies received as part of the IBCF, in line with MHCLG guidance

3.3.6 The refreshed BCP plan for 2019-20:

- May add the existing health & social care co-ordinator activity between the CCG and the Council as part of integrated health and social care locality teams. This currently sits outside the BCF.
- Will update the current 'Moving on from Hospital Living' pooled budget arrangement for named adults with complex learning disabilities as part of strong and sustainable care markets

3.3.7 The refreshed Dorset plan for 2019-20 is seeking to:

- Build on strong & sustainable care markets work.
- Add new brokerage agreement as part of progress toward joint commissioning. Currently sits outside BCF.
- Explore any further action that would strengthen aligned budgets for Older People and those with Physical Disabilities.
- For learning disability commissioning - update Moving On from Hospital Living pooled budget arrangement (within BCF), aligning with the separate Valuing People Now pooled budget (currently outside BCF) and the new Learning Disability Care Provider Framework agreement. Extend existing aligned budget reporting to include both of these pools to grow understanding of how resources are being used in total

Risks

- 3.3.8 The main risk for 2019-20 is the financial uplift. All the commissioning partners involved in the BCF are under significant financial pressure in the face of growing demand and complexity of need. Inevitably these pressures can stretch the trust between partners when negotiating jointly funded activity and agreeing funding transfers. Having the local planning assumptions has helped to structure discussions.
- 3.3.9 Financial modelling is underway but not yet concluded, in particular for the Integrated Community Equipment service and the 'moving on from hospital living' budget. The CCG is seeking further assurance on the apportionment of budget contributions between commissioning partners in both topics. The aim is to bring information on both to the next Joint Commissioning Board in April so that a recommended approach can be agreed between the CCG and new Councils.

Author's name and Title : Karen Stratford, Senior Programme Lead
Kate Calvert, DD Primary & Community Care
Date : 01/05/2019
Telephone Number : 07866 037727