

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

Date of the meeting	13/11/2019
Author	K Calvert - Deputy Director Primary & Community Care
Sponsoring Board member	T Goodson - Chief Officer
Purpose of Report	The purpose of this report is to provide an update to the Governing Body on Dorset Better Care Fund (BCF) plans for 2019/20.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Dorset BCF plans have been developed jointly with both Dorset and Bournemouth, Christchurch and Poole Councils.
Previous GB / Committee/s, Dates	N/A

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	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 The Better Care Fund (BCF) is a programme that spans both the NHS and local Government that seeks to join up health and 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 Well-being Boards have oversight of the BCF and are accountable for its delivery.
- 1.2 The majority of the pooled resources for the BCF comes from existing activity within the health and social care system, with additional contributions from Local Authority or CCG budgets. There is a CCG minimum contribution required, which is uplifted each year and additional funding from central government has been paid directly to Local Authorities, including the *Winter Pressures Grant* and *Improved Better Care Fund*, which are used for meeting adult social care needs, reducing pressures (including seasonal) on the NHS and ensuring that the social care provider market is supported.

2. BCF 2019/20 Plans

- 2.1 National BCF planning guidance for 2019/20 was released in July 2019, advising that plans needed to be completed and submitted to the regional BCF Manager of NHS England / NHS Improvement (NHS E/I) by 27 September, for review, prior to being sent into the national BCF planning team for final approval.
- 2.2 Prior to the final guidance being received, all parties agreed to plan for minimal change in 2019/20, on the basis that any significant changes, as a result of a national review of the BCF, would come in from 2020/21. The two plans, Bournemouth, Christchurch, Poole (BCP) and Dorset, were subsequently jointly agreed with the CCG and submitted to NHS E/I, as required.
- 2.3 The planning guidance for 2019/20 has specified that to meet the assurance process plans need to be submitted through a prescribed excel template. This considers narrative information including progress on plans, the High Impact Change Model, income and expenditure and metrics (if members would like to see the more detailed information in the templates themselves, please contact Kate Calvert kate.calvert@dorestccg.nhs.uk).
- 2.4 Both plans build on our existing priorities of:
 - support for carers;
 - maintaining independence;
 - high impact changes/supported hospital discharge/ home first;
 - integrated health & social care locality teams; and
 - strong & sustainable care markets.

2.5 Examples of how we are using the BCF, in line with ICS ambitions, include:

Health and Wellbeing

- tackling inequalities in health experienced by carers through the provision of support including short breaks
- promoting and maintaining independence through the provision of community equipment, assistive technology and adaptations to people's homes.

Quality

- investing in a range of services that enable people to be discharged from hospital in a safe and timely way. This includes skilled reablement at home, ensuring advice for those seeking to make their own arrangements for care following a stay in hospital, working with the voluntary sector to enable low-level practical support as people return home such as making sure the heating is on and that basic groceries are available
- the CCG and Councils working together to improve the quality of care provided at home and in care homes.

Efficiency and productivity

- integrated commissioning for services such as the Integrated Community Equipment Service, seeking to squeeze the maximum benefit from our collective investment
- building on the existing jointly commissioned care services for older people and adults with physical disabilities and extending to new shared framework contracts to secure efficient care for adults with learning disabilities.

2.6 The key performance metrics remain unchanged and are as follow:

- ***Total number of specific acute non-elective spells per 100,000 population.*** The target for the year is to be confirmed and will be set through the NHS operating plans.
- ***Delayed Transfers of Care per day (daily delays) from hospital (aged 18+).*** The local target for 2019/20 has been nationally set for Dorset as 43.1 and 25.0 for BCP (it is recognised nationally that this target does not take into account the new BCP geographical area).
- ***Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.*** The local targets are 550 for Dorset and 592 for BCP.
- ***Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.*** Due to the 2018/19 target of 79.7% for BCP not being met, this target has been retained for 2019/20. Dorset has a target in line with their current performance at 84.0%.

- 2.7 Performance is reported on a quarterly basis, however, with the delay in the guidance and final approval no reporting has, as yet, been submitted. The BCF Dashboard metrics will be updated this month.
- 2.8 Both plans received positive feedback from the South West BCF Manager and were forwarded on to the national team. We expect to hear the outcome of our submissions in November.

3. Financial Investment and Subsequent Risk

- 3.1 The combined value of the BCF plans for Dorset County is just under £191m, of which the CCG's total contribution is just over £98.6m
- 3.2 The financial uplift required by Dorset CCG for 2019/20 was 4.6% for BCP Council and 4.7% for Dorset Council. This was over and above the original CCG's planned budget increase of 1.79%, resulting in a significant cost pressure for the organisation (£755k).
- 3.3 There is an overall challenge in relation to the sustainability of BCF funding for both the CCG and Local Authorities, which means that managing this budget creates risks for all Commissioners. For example, based on actual expenditure to date for 2019/20, there is currently a forecast £1m overspend against the Integrated Community Equipment Service budget. Whilst a recovery plan has been put in place, it is likely that we will still report a deficit position at year end.
- 3.4 There is also pressure within the pooled funding agreement for Moving-on-From-Hospital Living. This is due to cost of living and national living wage increases, as well as increasing complexity for those individuals funded through the scheme. Any cost pressures impact on all partners through the risk share agreement.

4. Legal Requirements

- 4.1 New Section 75 agreements will be put in place by 30 November 2019, as prescribed in the planning guidance for each of the pooled budget components in the fund.

5. Equality Impact Assessment

- 5.1 Equality Impact Assessments were completed when the 2017- 2019 BCF plans were agreed and reviewed in relation to this year's plans. As both BCF plans for 2019/20 have minimal changes, it was agreed that the EIAs were still valid.

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