

BETTER CARE FUND 2020/21 - UPDATE

Report of the Associate Director of Commissioning (Care and Health), Devon County Council and NHS Devon Clinical Commissioning Group.

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect

Recommendation:

1. That we continue 2019/20 arrangements for 2020/21 (as detailed in this report) pending receipt of national requirements.

1. Background/Introduction

- 1.1 The Better Care Fund (BCF) is the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and funding paid to local government for adult social care services. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.
- 1.2 Councils and CCGs are required to complete a BCF plan each year for endorsement by NHS England alongside the Section 75 agreement which details the agreement for how the fund will be utilised and operated between the Council and CCG.
- 1.3 Most of the pooled resources for the BCF come from existing activity within the health and social care system, with additional contributions from Local Authority or CCG budgets. There is a required CCG minimum contribution, uplifted each year. 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.
- 1.4 The BCF has a framework of planning and local quarterly reports which are approved via the Health & Wellbeing Board. However, national requirements for 2020/21 have been delayed due to the COVID 19 pandemic.

2. Arrangements for 2020/21

- 2.1 The new national BCF Guidance for 2020-21 is still to be published, though it is expected that any requirements for a new plan will be light touch.

2.2 In the absence of update guidance and formal planning processes, the Council and the CCG have agreed to continue with the arrangements defined in the previous (2019/20) agreement. The summary below highlights the plans for the BCF financial budget for 2020/21. There is a continuation of the schemes and services funded through the Better Care Fund for 2020/21 with some minor adjustments made which have been reported and approved via the Joint Co-ordinating Commissioning Group as part of the joint commissioning governance arrangements.

BCF Funding Sources (draft subject to ratification upon receipt of national guidance)

	2019/20	2020/21	Change	Comment
	£	£	£	
Winter Pressures Grant	3,575,532	0	(3,575,532)	Moved to BCF Grant
Capital	7,266,863	7,266,863	-	
NHS CCG	55,233,206	58,091,132	2,857,926	CCG 5.17% increase
Local Authority (including carry forwards)	11,204,027	5,894,376	(5,309,651)	Reduction in carry forward
BCF Grant	24,694,941	28,270,473	3,575,532	Winter Pressures
TOTALS	101,974,569	99,522,844	(2,451,725)	

Allocations

	2019/20	2020/21	Change	Comment
	£	£	£	
Winter Pressures	3,575,532	-	(3,575,532)	In iBCF for 2020/21
Capital	7,348,993	7,266,863	(82,130)	2018/19 carry forward
iBCF	30,956,314	29,280,090	(1,676,224)	Carry forwards plus winter pressures
Central	49,842,730	52,533,891	2,691,161	CCG increase less adjustment to Eastern
Northern locality	2,226,000	2,226,000	-	
Eastern locality	4,968,000	5,159,000	191,000	From Central
Western locality	1,274,000	1,274,000	-	
Southern locality	1,783,000	1,783,000	-	
TOTALS	101,974,569	99,522,844	(2,451,725)	

3. Performance in 2020/21

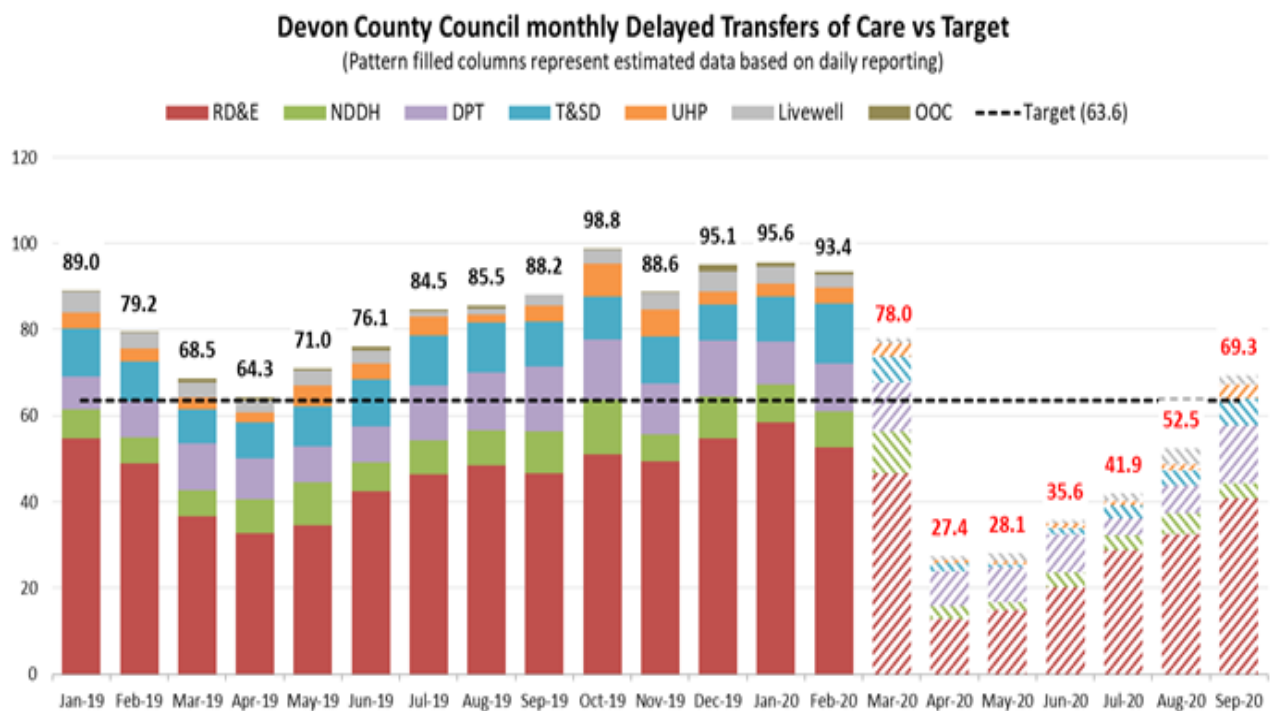
Quarterly returns are required to outline targets and plans for key metrics. A summary of performance and plans for these for quarter 1 (the latest complete quarter for which data are currently available) is included below:

3.1 Delayed Transfers of Care (DToC)

As a result of the pandemic, national reporting of DToC was put on hold from March 2020. Delays are monitored daily across all Devon's Acute trusts, with local A&E Delivery Boards taking ownership.

DToC performance was greatly affected by COVID-19. Delayed transfers started to decrease in March due to the requirement to reduce bed occupancy levels to 50% as part of the pandemic response, dropping to a very low level in April and May. Since May delays have been steadily increasing as elective services recommence.

The chart below shows Devon County Council delays only and is based on daily data:



From the limited DToC data available, the majority of acute delays in Devon are caused by one of three issues (this reflects the national picture):

1. Care Packages in own home
2. Patients waiting for further non-acute NHS care
3. Patients awaiting residential care home placements

In response we continue to:

- increase capacity in the domiciliary and care home market
- build intermediate care capacity and skills
- extend community services and therapy and pharmacy hours to provide capacity at key weekends and escalation times.

This work ties together with recruitment and retention initiatives across Devon linked to the Proud to Care campaign and strong relationships with and investment in the voluntary and community sector and with carers.

The Covid-19 pathways to facilitate hospital discharge are reviewed daily. The implementation of these pathways and the discharge to assess model has meant that:

- All hospital discharges are now supported by a Covid health funding stream
- No social care assessments occur in hospital setting, except Mental Capacity Act & safeguarding assessments
- No Continuing Healthcare (CHC) assessments take place for the duration of the Covid funding pathway

3.2 Permanent Admissions to Residential and Nursing Care – Rate per 100,000 (age 65 and over)

We place fewer older people in residential/nursing care relative to population than comparator and national averages. However, we had seen an upward trend in permanent admissions to the end of March 2020.

From April, we saw increased pressure within the system as a result of Discharge to Assess pathways out of hospital, which increased numbers of placements. However, the number of permanent admissions has reduced which we think likely due to personal choice and available capacity due to outbreaks closing care homes to admissions.

Our ongoing aim is to ensure we have sufficient and robust alternatives to allow us to support people to remain living as independently as possible. This includes our integrated care model and a continuation of community based intermediate care solutions, such as Rapid Response, Social Care Reablement and regulated personal care. Alongside this we are continuing to focus on developing a range of alternatives including Extra Care Housing and Supported Living.

3.3 Percentage of People Still At Home 91 Days After Hospital Discharge Into Rehabilitation / Reablement Services

This target attempts to measure the effectiveness of rehabilitation and reablement services in keeping people out of hospital.

The provisional 2019-20 outturn for this indicator was 85.8%, which is an improvement on the 2018-19 position of 80.1%.

Due to the pandemic, performance has declined significantly to 71.8% at the end of Quarter 1 (June 2020) as a result of some staff self-isolating, some redeployed to support people to remain in their own homes, and a reduction in the take up of the service offer.

4.0 Winter Pressures

Each locality has been allocated winter pressures funding based on over 75's population, and an allocation has also been made for mental health.

Area of allocation (DCC footprint only)	Allocation £
North	600,000
East	1,462,500
West	337,500
South	600,000
Mental Health	575,532

The aim of the fund is to develop services that will support the health and care systems to manage winter demand, e.g. to avoid admission or support discharge. These schemes form part of the Devon Winter Plan, the spend and impact is monitored via the bi-monthly BCF reporting process and reported centrally via the BCF quarterly returns.

Tim Golby

Associate Director of Commissioning (Care and Health), DCC and NHS Devon CCG

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
Nil		