Health and Wellbeing Board
8 April 2021

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 the Health & Wellbeing Board notes the national requirements and latest performance data.

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1. Background/Introduction

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.

2. Arrangements for 2020/21

2.1 As previously reported to the Health and Wellbeing Board, whilst awaiting national guidance DCC and the NHS CCG had agreed that, in order to preserve the position of each partner organisation and to continue to support services, there would be an extension of the 2019-20 Section 75 BCF agreement on those previous terms. This was achieved formally by the signing of a joint letter in May 2020.

2.2 Following receipt of the national guidance in December, DCC and the CCG are now in the process of formally signing the Section 75 agreement for 2020/21.

3. Performance in 2020/21

3.1 Delayed Transfers of Care (DToC)

National reporting of Delayed Transfers of Care (DToC) was suspended in March 2020 and is no longer required.

Instead, providers are expected to provide daily data through the Strategic Data Collection Service (SDS). These arrangements identify the number of people leaving hospital and their discharge destination, and the reasons why people remain in hospital.

Hospital discharge 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
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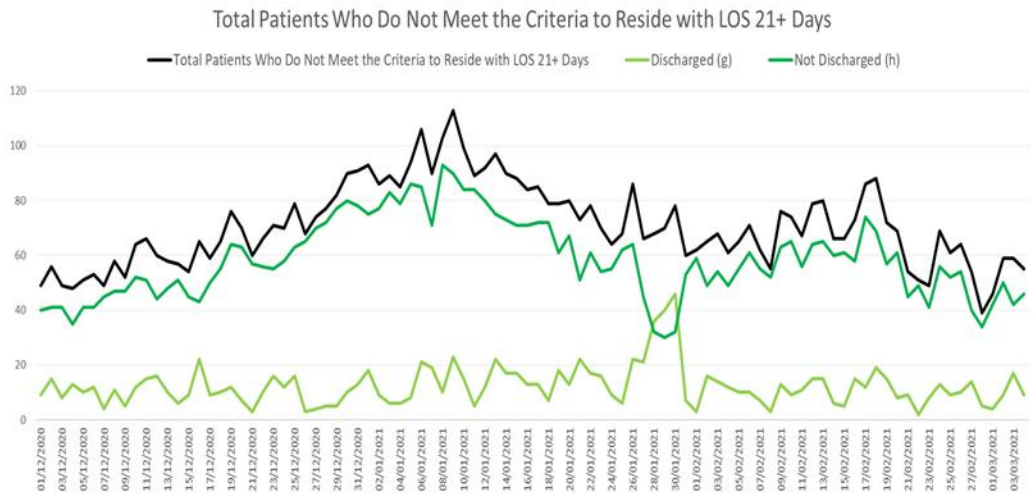
response, dropping to a very low level in April and May. In the period May to September delays increased steadily as elective services recommenced.



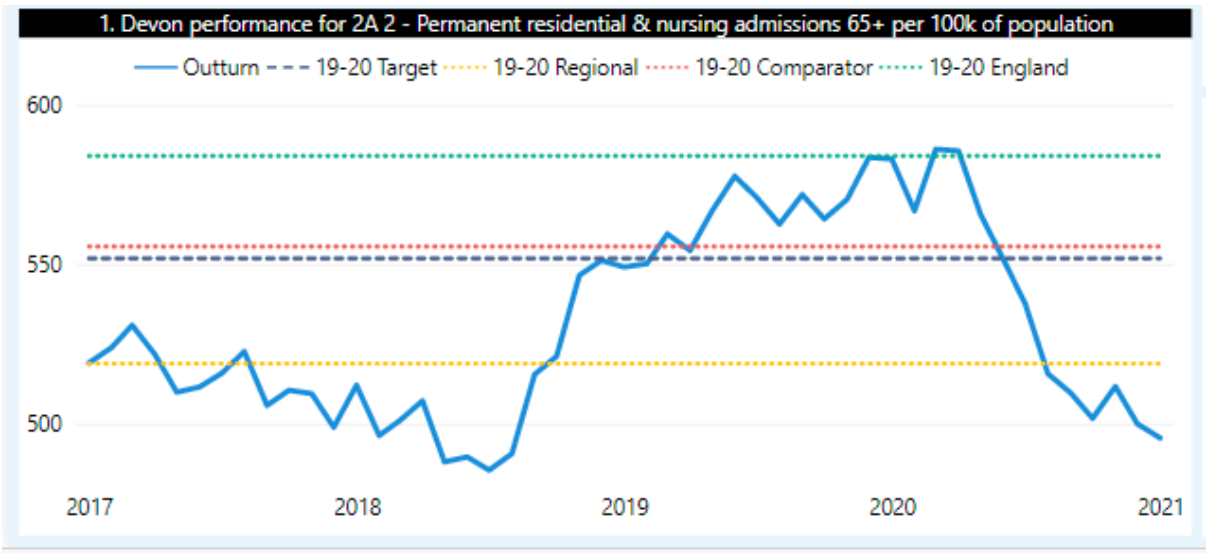
Pressure on the system from covid-19 hospitalisations is easing as the level of community infection continues to fall and hospital admissions are reducing significantly.

There is still pressure evident as a result of patients remaining in hospital although they no longer meet the criteria to reside, although there is a reducing trend in those greater than 21 days.

Delays relate to market capacity issues (residential/nursing/personal care), lack of short term reablement support and/or personal choice (users and carers).

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.



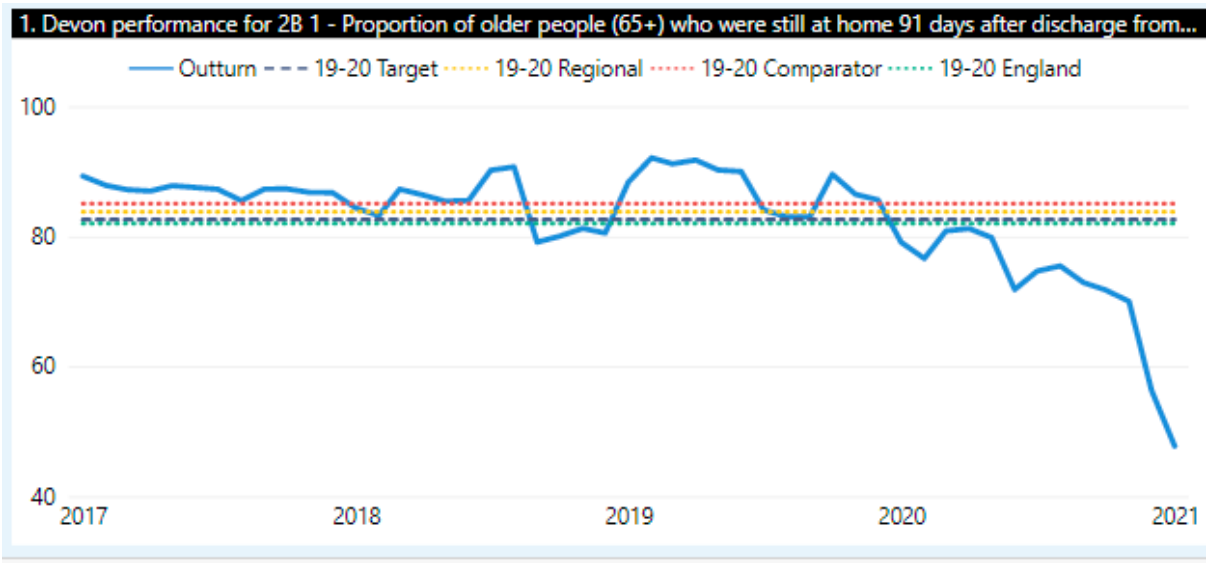
From April, we saw increased pressure within the system as a result of Discharge to Assess pathways out of hospital, which increased numbers of placements, particularly short-term admissions.

However, the number of permanent admissions has continued to reduce which we think is likely due to personal choice and available capacity due to outbreaks closing care homes to admissions. As at the end of January 2021, the rate per 100,000 population (65 and over) was 495.6 compared to 583.4 at the end of January 2020.

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 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 47.8% at the end of January 2021. This is as a result of:

- changes to the recording of hospital discharges: Discharge to Assess guidance means people are funded by health for longer and cannot be recorded in the indicator,
- a reduction in the take up of the service offer, for example with people self-isolating
- some staff self-isolating meaning the service has had to be reduced; and
- some staff have been redeployed to other services such as rapid response.

3.4 Total Number of Specific Acute Non-Elective Spells Per 100,000 Population

These are emergency admissions and whilst some are essential, we aim to reduce the number of ***avoidable*** emergency admissions by targeting our preventative support services to the most vulnerable - in order to avoid an unplanned or emergency admission.

Quarter 3 has seen volumes returning to similar levels to last year:

The non-elective admissions CCG Plan for Q3 2020/21 was 36,873 - actual admissions were 33,390. That is 3,483 fewer than Q3 plan and 1,851 fewer than Q3 in 2019/20.

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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BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		