

BETTER CARE FUND - 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.

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.

This report covers the final quarter of 2019/20.

2. Partnership and planning arrangements

2.1 Whilst awaiting national guidance DCC and the NHS CCG have 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 existing Section 75 BCF agreement. This was signed by both parties in May 2021.

2.2 National guidance on planning arrangements for the current year (2021/22) has yet to be published but is expected shortly.

3. Performance overview 2020/21

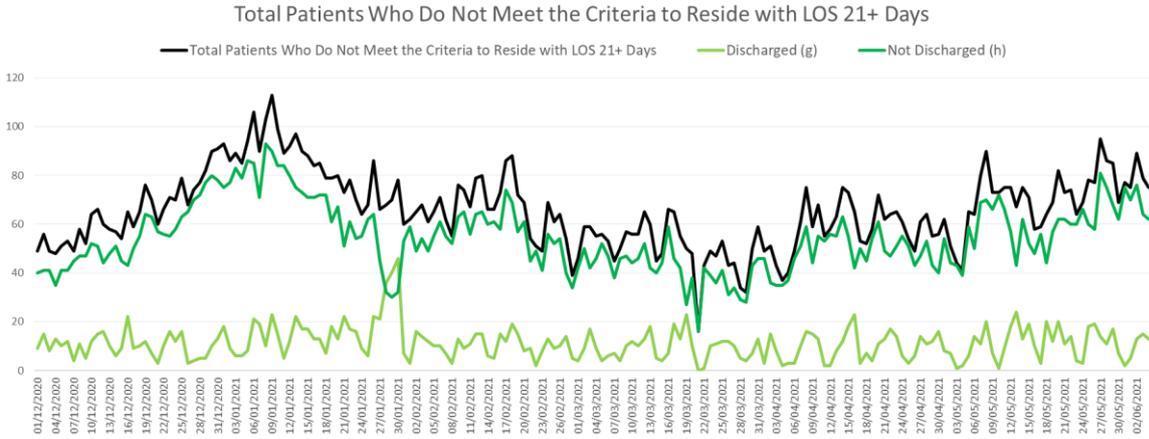
3.1 Delayed Transfers of Care (DToC)

Once people no longer need hospital care, being at home or in a community setting is the best place for them to continue recovery.

National reporting of Delayed Transfers of Care (DToC) has been replaced with daily reporting of 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 2020 due to the pandemic response requirement to reduce bed occupancy levels to 50%, dropping to a very low level in April and May 2020.

As elective services have reopened, we have started to see sustained pressure within the system.



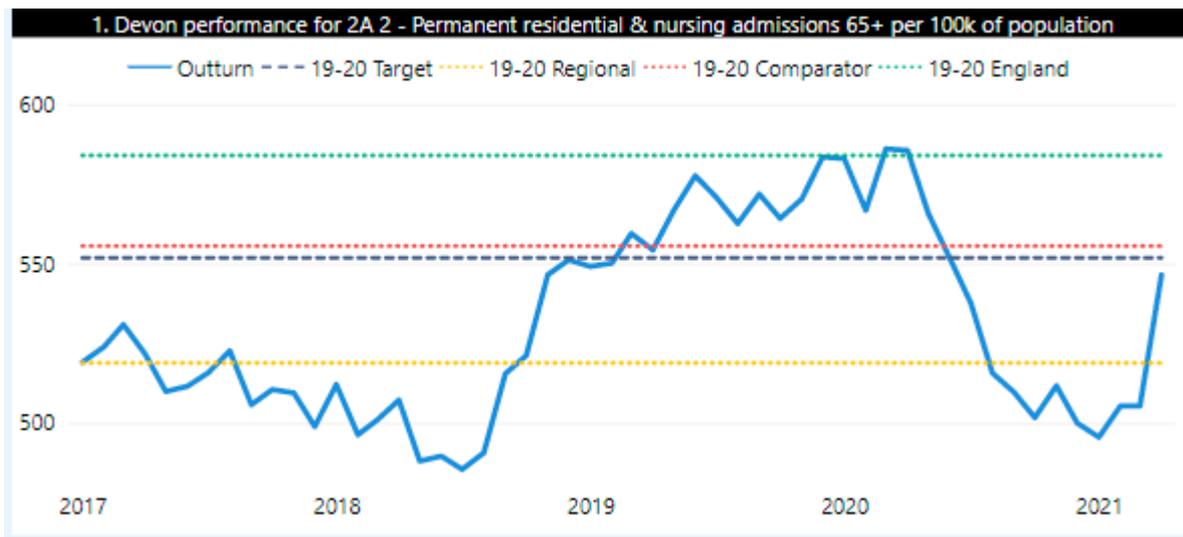
Currently, pressure on the system from Covid-19 hospitalisations is minimal.

There is, however, still pressure as a result of patients remaining in hospital although they no longer need to be there. The overall trend is now upwards in those patients with lengths of stay 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, in line with our Promoting Independence approach to support people to live independently in their own homes wherever possible.



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.

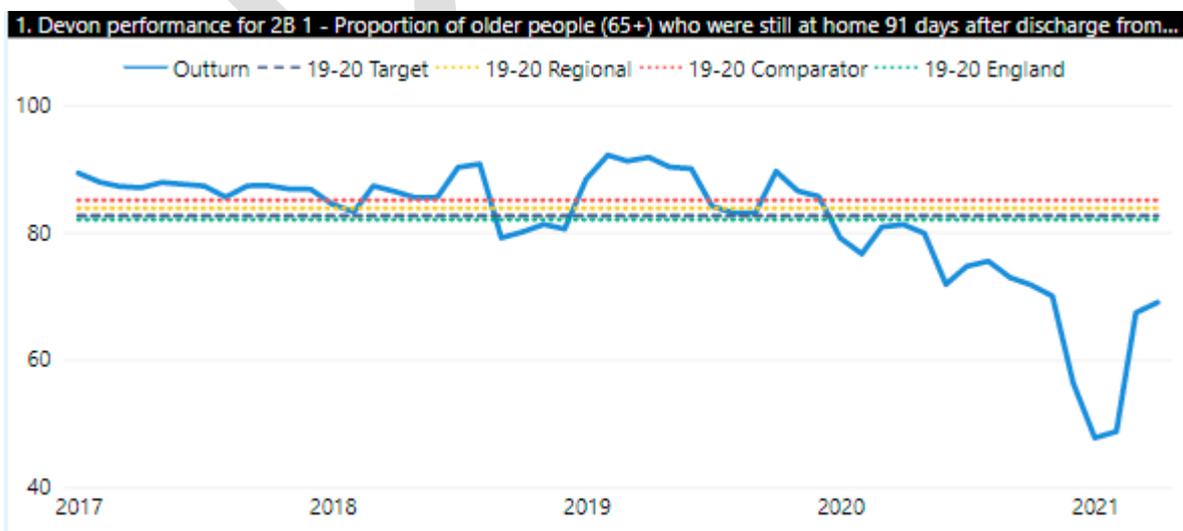
However, the number of permanent admissions continued to reduce throughout Quarter 4, which is likely due to personal choice and available capacity due to outbreaks closing care homes to admissions.

The provisional outturn for 2020-21 is 509.8 per 100,000 population (65 and over), which is an improvement on the 2019-20 figure of 538.7 per 100,000 population (65 and over).

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 indicator relates only to older people (65 and over) discharged from hospital in the period 1 October to 31 December 2020 with outcome tracked between 1 January 2021 and 31 March 2021.(Quarter 4).

The provisional outturn for this indicator in 2020-21 is 67.0%, a drop of 18.8% compared to 2019-20 (85.8%).



Whilst the numerator for this indicator has remained stable, we have seen a significant increase in the number of discharges from hospital in the period 1 October to 31 December 2020. We believe this to be pandemic related where the likelihood of older people being readmitted to hospital as a result of a Covid-19 infection is higher.

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

This measure relates to unplanned and emergency admissions. 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 4 has seen volumes below levels seen last year:

There were 29,196 non-elective admissions for Q4. In the same period of 2019/20 there were 34,670, down 5,474.

Tim Golby
Locality Director (Care and Health) – North and East), 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		