Health and Wellbeing Board
21 January 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.

~~~~~~

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 In December 2020 the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government published the Better Care Fund Policy Statement 2020 to 2021. This had been delayed from March due to the pandemic. The statement sets out the requirements for 2020/21 including no requirement to submit a BCF plan for this year . However, the following conditions must be met:

- Agree the use of mandatory minimum funding and place this in a pooled arrangement by an agreement under s.75 NHS Act 2006, with an appropriate governance structure which reports to the Health and Wellbeing Board.
- The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation
- Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

2.2 Whilst awaiting this 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. With the publication of
~~~~~~

the Policy Statement in December, DCC and the CCG will now move to the signing of the Section 75 agreement for 2020/21.

2.3 Guidance for the BCF in 2020-21 received prior to the start of the financial year stated the minimum increases to the Devon BCF overall from the CCG and within that the growth of the minimum contribution to adult social care spending. Working together, both organisations agreed a draft budget that achieved both national requirements, along with ensuring the CCG spending on CCG commissioned out of hospital services met (and in Devon's case continued to exceed) the minimum ringfence. Therefore, these national conditions have been met.

3. Performance in 2020/21

3.1 Delayed Transfers of Care (DToC)

National reporting of Delayed Transfers of Care (DToC) was suspended from the 19 March 2020 with no plans to return to these arrangements. In place, providers are expected to provide daily data through the Strategic Data Collection Service (SDS). These arrangements identify the number of people leaving hospital and where they are discharged to, and the reasons why people remain in hospital. This information is required to enable tracking of the effectiveness of the policies outlined in the Hospital Discharge Service Policy and Operating Model (published 21 August 2020).

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. In the period May to September delays increased steadily as elective services recommenced.

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.

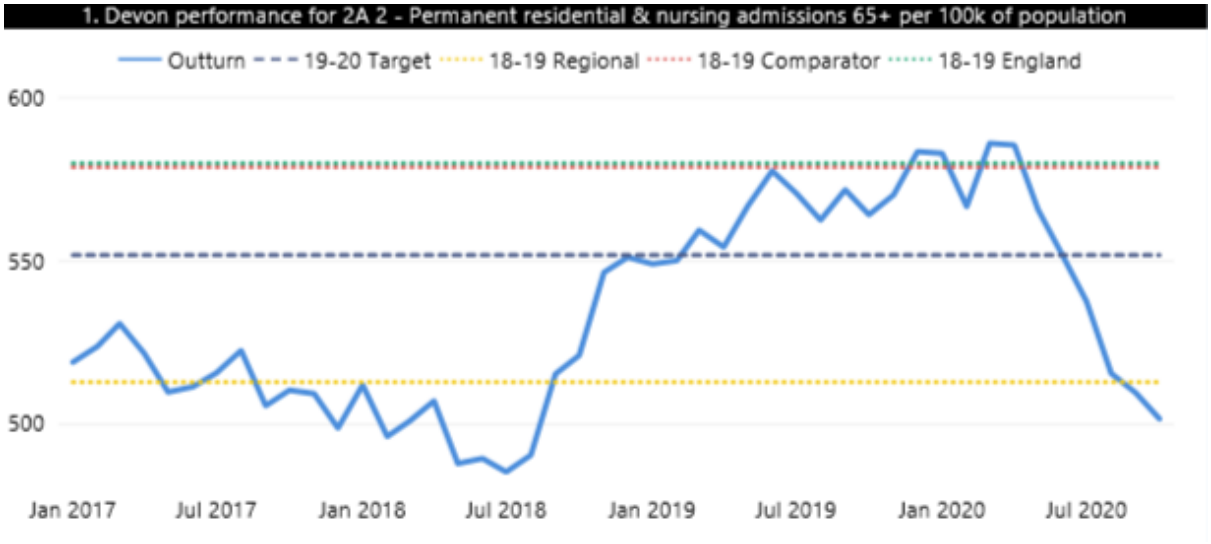
This work ties together with recruitment and retention initiatives across Devon linked to the Proud to Care campaign and strong relationships with and investment in the voluntary and community sector and with carers.

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. Arrangements are now in place to ensure from September 2020 that service users are assessed/reviewed at around 6 weeks of discharge to ensure that services are funded from the correct source.
- No social care assessments occur in hospital setting, except Mental Capacity Act and 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.



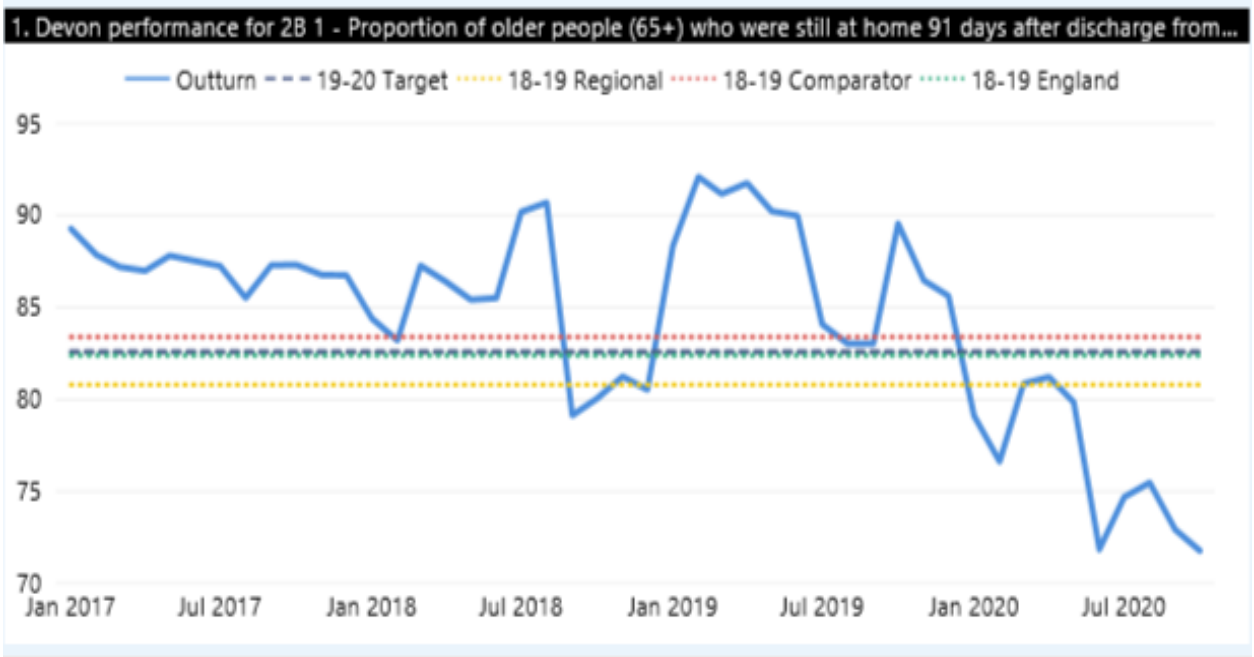
From April, we saw increased pressure within the system as a result of Discharge to Assess pathways out of hospital, which increased numbers of placements. However, the number of permanent admissions has continued to reduce which we think likely due to personal choice and available capacity due to outbreaks closing care homes to admissions. As at the end of September 2020, the rate per 100,000 population (65 and over) was 509.74 compared to 584.1 at the end of March 2020.

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 72.9% at the end of Quarter 2 (September 2020). This is as a result of:

- a reduction in the take up of the service offer, for example with people self-isolating,
- changes to the recording of hospital discharges due to the Discharge to Assess guidance,
- some staff self-isolating meaning the service has had to be reduced; and
- some staff have been redeployed to other services supporting people to remain in their own homes 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 2 has seen volumes returning to the levels seen last year. The non-elective admissions system target for Q2 2020/21 was 33,046. We are currently performing well against this indicator, with 32,266 non-elective admissions, 780 fewer than predicted.

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
Contact for Enquiries:
Rebecca Harty, Head of Integrated Care Model Northern and Eastern
Tel No: 01392 675344
Room: 2nd Floor, The Annexe, County Hall

BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		