

BETTER CARE FUND - UPDATE

Report of the Locality Director (Care and Health) – North and East), 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

That the Health & Wellbeing Board note and endorse the national planning requirements and the Plan for Devon for 2021/22.

1. Background

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, ring-fenced BCF grants from the Government, the Disabled Facilities Grant and voluntary contributions from local government budgets. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

This report covers the planning and activity for Devon for 2021/22 and the latest information for 2022/23.

2. Partnership and planning arrangements

2.1 National planning requirements for the BCF were finally published on 30 September 2021 by the Department of Health and Social Care and the Department for Levelling Up, Housing and Communities. The requirements include:

- Submission of an annual plan by 16 November 2021. NHS England will approve plans in consultation with the DHSC and DLUHC, writing to areas to confirm that the CCG minimum funding can be released. These letters are expected from 11 January 2022.
- A s.75 (NHS Act 2006) agreement between DCC and Devon CCG to be completed by 31 January 2022. The agreement cannot be finalised until the annual plan has been approved by NHS England.

2.2 The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved (the same as in previous years). These are:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.
3. Invest in NHS commissioned out-of-hospital services.

4. Plan for improving outcomes for people being discharged from hospital.
- 2.3 The annual plan for Devon was submitted by the required deadline although the letter of approval from NHS England has not yet been received.

3 Annual Plan 2021/22

3.1 The Plan consists of two documents:

- A narrative plan (headings as recommended by the planning requirements)
- A template spreadsheet return

The following is a summary of the plan.

3.2 Devon has a long history of integrated working. The integration of health & social care, person centred care, approaches to delivering joint assessments, promoting choice, independence and personalised and self-care are embedded in everything we do. We recognise that integration is not an end in of itself but that taking an integrated approach to person-centred care is vital and to do this requires system integration.

The Better Care Fund is an enabling funding stream to support the delivery of integrated care; working with enhanced primary care, community, social care and voluntary & community services to promote independence and provide more care and support for out of hospital care.

Since the last BCF plan, Primary Care Networks and Local Care Partnerships have come into being, with a focus on embedding these as a delivery mechanism for place-based integrated care.

Our priorities for 2021- 22:

- Respond to the challenge of the Covid-19 Pandemic
- Further embedding of discharge to assess pathways
- Sustainability of the care market and care workforce
- Embedding the Community Mental Health Framework

3.3 Summary of Funding and Spending

3.3.1 NHS Devon CCG received an overall budget uplift of 5.22%, so was therefore mandated to increase their 2021-22 BCF contribution by £3.035 million.

3.3.2 To comply with National condition two, contributions to social care must also be raised by 5.22%. For the Devon BCF this means a further £1.191 million must be invested.

3.3.3 This has been achieved with the Devon BCF Leadership Group approving the increase in planned spending for all its social care services from £22.798 million to £23.989 million for the 2021-22 financial year.

3.3.4 The remaining £1.844 million has been added to the planned spending on out of hospital services, which ensured the national condition three has also been achieved.

3.3.5 Changes to overall funding:

The Devon BCF fund increased overall by £8.57 million, due in the main to an increase in the amount of carry-forward required, along with the mandated CCG increased contribution mentioned above:

<u>2020-21</u>	<u>2021-22</u>	<u>Change</u>
£'000	£'000	£'000
£100,502	£109,075	£8,573

Changes to contributions from 2020-21 are as follows:

	<u>2020-21</u>	<u>2021-22</u>	<u>Change</u>
	£'000	£'000	£000
Capital	£8,246	£8,246	£0
iBCF	£28,270	£28,270	£0
CCG	£58,091	£61,126	£3,035
DCC	£5,895	£11,433	£5,538
	<u>£100,502</u>	<u>£109,075</u>	<u>£8,573</u>

3.3.6 Spending plan – Summary:

NHSE Scheme Types	£'000
Assistive Technologies and Equipment	£7,841
Bed based intermediate Care Services	£9,427
Care Act Implementation Related Duties	£172
Carers Services	£4,186
DFG Related Schemes	£8,245
Enablers for Integration	£714
High Impact Change Model for Managing Transfer of Care	£4,565
Home Care or Domiciliary Care	£17,387
Integrated Care Planning and Navigation	£2,276
Other	£933
Personalised Budgeting and Commissioning	£5,930
Personalised Care at Home	£29,773
Prevention / Early Intervention	£2,218
Residential Placements	£15,408
Total	£109,075

3.4 Five new metrics have been introduced for 2021/22 and will be reported on a quarterly basis. The metrics are:

3.4.1 Avoidable Admissions

Unplanned hospitalisations for chronic ambulatory care sensitive conditions – these are conditions which when treated and controlled appropriately should mean hospital admissions can be avoided: for example flu, epilepsy, diabetes and asthma.

Actual 2020-21	Plan 2021-22
666.4	600.0

A number of schemes to reduce avoidable admissions are in place including:

- GP as part of the Urgent Community Response Team (UCR)
- Expansion of UCR team and implementation of the national standard of 2 hour urgent community response 8-8pm, 7 days a week
- Partnership work with the voluntary sector working alongside the multi-disciplinary community teams

3.4.2 Length of stay

This target is in place because it is important people are not in hospital any longer than necessary. Spending a long time in hospital can lead to an increased risk of falling, sleep deprivation, catching infections and sometimes mental and physical deconditioning.

This target measures the percentage of people who have been an inpatient in an acute hospital for:

- i) 14 days or more
- ii) 21 days or more

Targets for Devon were agreed as part of the response to the national Hospital Discharge Policy and Operating Model. However, at the time the targets were set (May 2021) the Devon system was in the top ten nationally for the proportion of patients with a 14+ and 21+ length of stay and therefore stretch targets were agreed: 14+ Days 21%, 21 Days 11%.

	2021-22 Q3 plan	2021-22 Q4 plan
Proportion of inpatients resident for 14 days or more	13%	13%
Proportion of inpatients resident for 21 days or more	7%	7%

The aim is to maintain achievement to year end as set out in the above table. Achievements of these targets will be challenging due to pressures including high demand, the complex caseload and community capacity.

3.4.3 Discharge to Normal Place of Residence

The percentage of people who are discharged from acute hospital to their normal place of residence. This is a measure of how successful we have been in returning people to their previous level of independence.

The current ambition for Devon is to achieve 92% for this target at year end.

3.4.4 Residential Admissions

Long term support needs of older people (aged 65 & over) met by admission to residential & nursing care homes, per 100,000 population.

We aim to support people to be as independent as possible in their own homes, so we would expect this number to remain stable or reduce.

2019-20 Plan	2019-20 Actual	2020-21 Actual	2021-22 Plan
564	539	510	520

Care homes have been impacted by the pandemic and significant work has been undertaken throughout the pandemic to work in partnership with the care sector to support them with business continuity.

3.4.5 Reablement

Proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

This measures the success of our reablement services in supporting people back to independence.

Our reablement capacity has been increased through the recruitment of additional support workers.

2019-20 Plan	2019-20 Actual	2021-22 Plan
82.6%	85.8%	79.3%

The plan is based on numbers achieved in the five years to 2020-21.

4. BCF Arrangements for 2022/23

4.1 We expect the planning requirements for 2022/23 to be published before the start of that year.

4.2 The BCF Policy Framework from 2022 will set out further detail on how BCF plans fit within the new legislative framework for Integrated Care Systems.

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 James McInnes

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		