

BETTER CARE FUND - UPDATE

Report of the Head of Integrated Adult Social Care Commissioning (Interim)

Recommendation:

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

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. Achievement of national conditions in 2021/22

We have reported to government the achievement of the following conditions:

1. A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006
2. The planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy
3. An agreement to invest in NHS commissioned out of hospital services
4. A plan for improving outcomes for people being discharged from hospital

3. Performance in 2021/22

- The return for quarter 4 2021/22 was submitted to government in May. Due to national deadlines some data were provisional. Latest performance is as follows.

3.1 Avoidable Admissions

- The NHSE figure used for unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions) is based on a complex weighting formula using an apportionment based on full year activity.
- Provisional data for 2021/22 indicates 633 against a target of 600.

- Although close to achieving this target, the impact of the covid pandemic and system pressures has proved challenging.
- In the last two quarters of the year, admission avoidance work was increased as part of our winter response. This included GP clinical support into the Urgent Community Response Teams (UCR), expansion of UCR teams and implementation of the national standard of 2-hours urgent community response 8am - 8pm, 7 days a week to facilitate people to stay safe and well at home.
- Partnership work with the voluntary sector continues to be an important part of the home first strategy, recognising the ability of the sector to support people at neighbourhood level; and in particular to reduce social isolation and loneliness and support carers.

3.2 Length of Stay

- This target is in place because we aim to support people to leave hospital as soon as they are well enough – staying in hospital longer than needed means poorer outcomes once they do get home, particularly in the older population.
- We expect to meet our targets for the proportion of inpatients resident for 14/21 days or more:

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

- It remains a challenge to identify care capacity to support the discharge of people with more complex needs, and we continue to review performance and develop plans to creatively address care capacity issues across the health and care system.
- The establishment of a live-in care contract over the winter period helped by offering an alternative model of care at home to support more people with more complex needs. We are reviewing outcomes to inform future plans.

3.3 Discharge to Normal Place of Residence

- Our target is for at least 92% of people to be discharged from acute hospital back to their usual place of residence. Provisional data shows we are on track to achieve that target.

3.4 Residential Admissions

- This target relates to the long-term support needs of older people (aged 65 & over) met by admission to residential & nursing care homes. Wherever possible, we aim

to support people to remain living in their own homes with support where needed, rather than to a care home.

- Our target is 520 people per 100,000 population, and the provisional figure is 455.2
- Permanent admissions to care home settings reduced significantly in 2020-21 due to personal/family choice as a result of the pandemic. This trend has continued into 2021-22 with the provisional outturn significantly ahead of target.
- High numbers of care home settings in outbreak closed to admissions in 20/21 will have impacted on this figure and we are working with the market to support business recovery. The 'LoveCare' programme includes working with the care market to develop a whole systems approach to market sufficiency. The work programme promotes caring as a career of choice, facilitates recruitment and training and explores opportunities to enhance pay and conditions to value the care workforce.

3.5 Reablement

- This target measures the proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. A high percentage indicates we have successfully met our ambition of supporting people back to independence after a stay in hospital.
- The metric looks at older people discharged into rehabilitation & reablement services in the third quarter of 2021/22, with outcomes tracked in quarter 4.
- The plan was to achieve 79.3%, and the provisional outturn is 61.7% so we are not on track to meet this target.
- This period coincided with the Omicron wave of the pandemic when people with higher and more complex needs were discharged into rehab/reablement services, people less likely to return to full independence in the time period. Length of stay in these services reduced due to capacity issues as short-term services teams were being used to backfill capacity challenges in the personal care market, making it more difficult to support people for the optimum period of time.
- The enhancement of the Urgent Community Response services will in future help us achieve our target, alongside the 'LoveCare' programme.

4. Funding

Funding for the BCF consists of the following:

Disabled Facilities Grant	£8,245,373
Improved Better Care Fund	£28,270,473
CCG Minimum Fund	£61,125,833
Local authority additional funding	£11,432,984
Total funding	£109,074,663
Actual expenditure	£98,436,949
Underspend	£10,637,714

- The underspend relates to the carry-forward of the underspend from the previous year, some reduced spending within localities and planned underspending within the grant and income from the CCG. Additional national sources of funding had been made available during the pandemic including the Hospital Discharge Grant which meant the BCF wasn't fully spent.
- The underspend will be carried forward for the BCF in 2022/23.

5. National Update 2022/23

- Government has indicated the intention to continue with the BCF for 2022/23 and will announce further development of the BCF for the future.
- We expect the national Planning and Reporting Guidance for 2022/23 to be published in July.

6. The BCF in action

Some examples of how the BCF is used are as shown below.

6.1 Mental Health Training Programme - £30,000

- A mental health training programme for social care providers and DPT and DCC social care staff.
- Developed jointly between DPT and DCC from feedback received from social care providers.
- Unique selling point is that each session is delivered to a mixed audience of mental health social care providers, assigned social care staff and DCC social care staff.
- A social care provider has delivered some training free of charge on the programme
- More people with lived experience included in the delivery of the training
- Evaluation showed very positive feedback.
- Challenges included providers being able to release staff or staff being pulled from the training at the last minute to cover the rota.

6.2 Preparing for adulthood social worker - £52,000

- Over a six month period the worker has directly managed 12 complex transitions cases.
- Supported step downs out to CAMHS hospital placements upon reaching adulthood back in to community provision and independent accommodation.
- Working earlier alongside professionals in the transition to divert individuals away from tier 4 hospital placements into settled/independent accommodation and vocational activities.
- Additionally, the post holder has joint worked, provided consultation, advice, guidance and knowledge on transitions to countless individuals on the CAMHS Assertive Outreach Team caseload and is now a valued and respected member of their MDT. This is a substantial part of the role with a focus on diverting people

away from the need for assessment and intervention into being supported by the VCSE.

- The post holder worked closely with the DCC Preparing for Adulthood team.
- Challenges – recruitment of social workers.

6.3 Devon Independent Living Integrated Service (DILIS)

- In 2021/22 the DILIS budget received a permanent £543,049 uplift , bringing the total budget to £6,909,049. There was also one-off non recurrent addition of £254k.
- In 2022/23 the base budget has received a one off, non-recurring uplift of £1.15m giving a budget of £8,059,049 for the year.
- This has enabled the provision of community equipment, minor adaptations and TECS to support discharge, support end of life care at home, prevent admission & promote independence at home through extreme periods of pressure due to the Covid pandemic.
- It also enabled the provision of equipment into care homes to support hospital discharge and increased demand for step-down beds.
- The increased budget has allowed us to support more people to be supported at home, as well as supporting people with more complex conditions to do so.
- The funding is also needed to meet highly variable price increases due to manufacture and supply chain issues due to the combined impact of the Covid pandemic and Brexit.

6.4 DILIS Contract Project Manager

- The postholder has facilitated an update in the short-term Care Homes Equipment loan policy which has resulted in the development of support for care homes.
- Strategic planning for the ILC (Independent Living Centre) to enhance the current offer and focus on a long term preventative approach for Devon.
- Mitigating the impact of the [Digital Switchover](#) across all telephone networks – ensuring that the TECs offer is ‘future proofed’ against any changes to the current Analog infrastructure (ongoing to 2025)
- Scoping and planning approach to the increase in the use of DILIS Telecare across Devon, e.g. falls detectors – with a plan to relaunch training, communications and resources for prescribers.
- International challenges around sourcing telecare have added a delay to the implementation of the TECS plan – however a new provider has been sourced and stock is now being received into the store

Solveig Wright
Head of Integrated Adult Social Care Commissioning (Interim)

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor James McInnes

Interim Director of Integrated Care: Tim Golby

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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