

18th November, 2019

Health and Adult Social Care Overview and Scrutiny Committee

Responsible Officer

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1. Summary

- 1.1 This report introduces the Better Care Fund (BCF) Plan for 19/20 (attached as Appendix A).
- 1.2 The BCF in 19/20 continues to provide a mechanism for personalised, integrated approaches to health and care the support people to remain independent at home or return to independence after an episode in hospital.
- 1.3 At a national level the BCF represents a collaboration between NHS England, the Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and the Local Government Association. The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS [Long Term Plan](#).
- 1.4 Locally the BCF supports the joint working between health and care, and the development of the Shropshire, Telford & Wrekin Long Term Plan.
- 1.5 The 19/20 BCF Policy Framework was published in July and provides continuity from previous rounds by maintaining 4 national conditions. These are (in brief):
 - 1.5.1 Must be signed off by the HWBB and by the Local Authority and CCG;
 - 1.5.2 Must demonstrate how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCGs minimum contribution;
 - 1.5.3 Must allocate a specific proportion to out-of-hospital services;
 - 1.5.4 Must provide a clear plan for managing transfers of care through the High Impact Change Model
- 1.6 Other notable requirements of the 19/20 plan include:
 - 1.6.1 The DFG, iBCF and Winter Pressures Grant monies are included within the BCF (although there has been no confirmation on the continuation of the iBCF and Winter Pressures – additional information in the Risk section below)
 - 1.6.2 The narrative should reflect the joint plan for integration of health and social care locally as well as reflect jointly agreed approaches across the STP geography
- 1.7 The iBCF funding is additional grant funding that central government has introduced to reduce pressures on adult social care. This funding has been available for 3 years, but has reduced in value each year. The iBCF will carry on in 20/21 at the 19/20 level (the lowest value over the 3 years) of 1.9m. Shropshire has delivered a robust plan to focus the funding on initiatives that support both health and care. However the year on year grant funding formula means that there are risks in terms of delivery, workforce and effectiveness. In light of this, the Risk

section below highlights the continued risk of the year on year funding through the iBCF for admission avoidance and delayed transfers in particular.

- 1.8 In autumn/ spring 18/19, the Joint Commissioning Group conducted an annual review of the BCF; this review in combination with the Joint Statement of Intent, endorsed at the May HWBB has been used as a guide to develop the BCF plan for 19/20.
- 1.9 Through this continued system collaboration, the priorities identified for the Shropshire BCF are:
- Prevention – keeping people well and self-sufficient in the first place; community referral including Let's Talk Local and Social prescribing, Dementia companions, Voluntary and community sector, population health management
 - Admission Avoidance – when people are not so well, how can we improve their health in the community; out of hospital focus (Care Closer to Home, Integrated Community Services, new admission avoidance scheme), carers and mental health
 - Delayed Transfers and system flow - using the 8 High Impact Model; Joint equipment contract, Assistive technology, Integrated Community Service, Red Bag
- 1.10 The BCF plan and associated schemes have been identified using the above priorities and national guidance; the Plan is attached as Appendix A. The Plan is in the form of an Excel Spreadsheet with tabs highlighted for each section including; strategic narrative, income, expenditure (scheme information), High Impact Care Model (HICM) and metrics.
- 1.11 Whilst we are working at a Shropshire Council area level to develop many schemes of the BCF, we are working at a system level to develop much of the 8 High Impact model (HICM tab in the BCF template) and we are articulating our person centred care ambition for the system. The narrative, which will also feature in the STP Long Term Plan will recognise the significant transformation and shift required to deliver person centred integrated care, and highlights the system commitment to deliver at scale.
- 1.12 The plan has been recommended for approval by the regional BCF assurance process, however we have not received final sign off by the national assurance panel, who work to ensure consistency across the country. We expect this approval in mid-December. This year, plans are either 'approved' or 'not approved' and we don't have a third option to 'Approve with conditions' as in previous years.

2. Recommendations

2.1 The HASCOSC is asked to note the report and the BCF Plan attached as Appendix A.

2.2 The HASCOSC is asked to note and discuss the risks associated with continued reliance on grant funding to pay for system initiatives to support transfers of care and admission avoidance.

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
- 3.2. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities.
- 3.3. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups, ethnographic research.
- 3.4. Continued reliance on grant funding (iBCF and Winter Pressures), to support system flow, admissions avoidance and transfers of care schemes, holds significant financial risk should the grant funding stop.

4. Finance

The key financial information contained in the BCF Plan/ template can be summarised as follows:

BCF Total Budget 2019/20	£40,974,328
Total Pooled Fund Amount 2019/20	£7,779,302
Total Non-Pooled Amounts 2019/20	£33,195,026
Non Pooled Amounts as follows:	
CCG Revenue Schemes	£13,839,000
Shropshire Council Revenue Schemes (including iBCF and Winter Pressures Schemes)	£16,146,735
Disabled Facilities Grants	£3,209,291

Contributing Partner Organisation	Pooled Fund Contribution amount 2019/20 (£)	Contributions to be paid to the host authority:	Non-Pooled Fund Contribution Amount 2019/20 (to be held by the CONTRIBUTING Partner) (£)	Total BCF Contribution 2019/20 (£)
Shropshire Council	-	-	19,356,026	19,356,026
Shropshire CCG	7,779,302	Monthly following receipt of an invoice from the host organisation	13,839,000	21,618,302
	7,779,302		33,195,026	40,974,328

5. Background

5.1 The Better Care Fund progress is reported at every Health and Wellbeing Board, through the Joint Commissioning Report to the HWBB. These reports can be found on the Shropshire Council Health and Wellbeing Board committee web page.

5.2 Performance

National metrics

The four national metrics for the BCF are as follows:

- Care home admissions - calculated by rate per 100,000 population - target 600 annually
- Delayed Transfers of Care – target average of 17
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services – target 82%
- Non-elective admissions – annual target 36,632

Current performance

- The admissions rate per 100,000 people aged 65+ to the end of quarter 2 was 250 against a target of 300. Currently forecast to be below (better) the end of year target of 600.
- The delayed transfer of care figures across all services:

Q1 – average delays per day 7.86
Q2 – average delays per day 10.4 target 17

Year to date – 9.16 against target of 17
- Reablement – data not available yet
- Non-elective admissions – Q1 - 9155, Q2 - 9130 - likely not to meet target as winter months tend to see an increase in non-elective admissions.

<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) HWBB papers can be found here</p>
<p>Cabinet Member (Portfolio Holder) Cllr Dean Carroll, Adult Social Services and Climate Change</p>
<p>Local Member n/a</p>
<p>Appendices n/a</p>