

**Health & Wellbeing Board 29<sup>th</sup> November 2017**  
**Better Care Fund Update**

**1. Introduction**

This paper provides an update on the progress of the Better Care Fund (BCF) plan against the 2017-19 BCF planning round, and on its performance against the national metrics, including Delayed Transfers of Care.

**2. Background**

The Better Care Fund provides funding nationally (£34.6m Nottingham City) in 2017/18 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. The vision for Nottingham is to improve the experience of, and access to, health and social care services for citizens. To deliver this vision an extensive system wide programme of change has been underway, originally in the form of the Integrated Care Programme and now as part of the Greater Nottinghamshire Out of Hospital Programme, to reshape local services to deliver joined up care.

The Out of Hospital Care Programme is working towards an integrated health and care system under a new proactive model of care and management. It aims to oversee a marked reduction in elective and non elective admissions using population case management strategies, robust management of clinical variation and in depth oversight of system capacity and resources. The Programme Board is responsible for ensuring that the workstream areas support the system to work towards meeting the financial gap, improve health and wellbeing, support people to live longer, independent lives and ensure access to quality health and care services.

**3. Better Care Fund Plan**

On 4 July 2017, the Department for Communities and Local Government and the Department of Health jointly published the Integration and Better Care Fund Guidance 2017-19. The document provided detailed information on the expectations of the BCF. A summary of the key planning requirements and changes from previous years are provided below.

**3.1. Planning requirements**

The number of national conditions required to be met by local BCF plans have been reduced from eight to just four. These revised conditions require:

1. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board, and by the constituent Local Authorities and CCGs;
2. A demonstration of how the area will maintain spending on social care services, from the CCG minimum contribution to the fund, in line with inflation;
3. That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services (i.e. community services);
4. All areas to implement the High Impact Change Model for Managing Transfers of Care to support the system-wide improvements in transfers of care.

CCGs were instructed that their narrative plans should describe how partners will continue to build on improvements locally against the formal national conditions to:

5. Develop delivery of seven day services across health and social care;
6. Improve data sharing between health and social care; and
7. Ensure a joint approach to assessments and care planning.

In addition, local authorities now benefit from the additional funding for social care, the Improved Better Care Fund 2 (iBCF2), announced in the Spring Budget 2017. This was provided for the purposes of:

8. Meeting adult social care needs;
9. Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
10. Ensuring that the local social care provider market is supported

### 3.2. Confirmation of funding contributions

NHS England has published individual Health Wellbeing Board level allocations of the BCF for 2017-19. This includes a 1.79% uplift from 2016-17 for 2017-18 and 1.9% from 2017-18 for 2018-19.

The minimum contribution required for Nottingham City is £21.8m in 17-18 and £22.3m in 18-19. The total pooled budget for 2017/18 is £34,614,090 and for 2018/19 is £37,953,203. The increase in second year of the plan is due to increased in IBCF funding which is provided to the LA. The CCGs additional contribution has reduced in 2017/18 inline with a mandated increase in the CCG minimum contribution.

A more detailed breakdown of the funding that makes up the BCF is provided at **Appendix 1**.

### 3.3. National metrics

The national metrics used to monitor the BCF during 2017-19 will remain as in previous years, in summary these are:

11. Non-elective admissions;
12. Admissions to residential and care homes;
13. Effectiveness of reablement;
14. Delayed transfers of care.

More detailed information on our national metrics, including targets and performance, is provided at s4, below. The requirement for local metrics to be collected and reported has been removed; however it is our intention to continue to collect data against an integrated care satisfaction metric.

### 3.4. Delayed Transfers of Care (DToCs)

The Government has published ambitions for reducing delayed transfers of care for each Health and Wellbeing Board, with expected reductions in both social care delays and NHS delays. In July 2017 a letter to Local Authority and NHS Chief Officers stated that there would be a 'stock take of progress' in November and they would 'consider a review' of 2018-19 allocations of the £2bn additional BCF money announced for social care at the Budget. This could see poorly performing councils lose out on anticipated funding.

All areas were required to submit indicative metrics for reducing DToCs as part of their BCF plan. The national BCF Team advised at the start of September that areas needed to ensure they set trajectories to meet the targets by November 2017; failure to do so may result in BCF plans may be approved with conditions or not approved.

Shortly before submission the Local Government Association provided guidance to Local Authorities that they should not sign up to unrealistic DToC targets. It was considered by Nottingham City Council that action to improve DToCs would not impact on social care waits until at least December, making a November target unrealistic. For this reason narrative was included that stated the submitted trajectory reflects the CCG's aspiration to see movement by November and as a system we remain ambitious that the targets will be achieved from December.

In October, Nottingham City Council received a letter indicating that system performance against DToC targets placed the city in the lowest quartile for DToC performance, based on analysis of June-August returns.

In order to meet our ambitious targets around DToC, during October an Integrated Discharge Function (IDF) and three Discharge to Assess Pathways (D2A) were rolled out from Nottingham University Hospitals (NUH). Partner organisations participate in Multi-Agency Early Discharge Planning Meetings across the acute hospital in order to inform the development of the Integrated Discharge Function and to raise awareness of the services available in the community to support citizens who require supported discharge. Social care assessors are available to support "front door" discharge from ED and from assessment wards to reduce avoidable admissions and to enable the use of community services (health and social care) to meet the assessed needs of citizens and reduce demand for hospital admission.

Within the IDF, all partners within the discharge function work jointly to maximise flow between care settings. This work includes a Discharge To Assess element, seeking wherever possible to assess at home for longer term needs. Social Care Assessors have already been moved to community settings in order to complete assessments of ongoing needs in citizens' homes and in the community bed facilities. This is reducing the demand for assessments since a significant proportion of citizens maximise their independence as a result of these interventions and have no ongoing needs. The number of assessments completed which do not lead to the provision of a care package is also being reduced as a result. Training is currently being rolled out within the acute setting to identify and allocate the correct pathway for patients and share on the Nerve Centre (a live data system processing data from 8,000 hospital staff). The pathway data will then be accessible by social care staff anywhere in the Integrated Discharge Function, enabling improved flow from the acute setting.

Further information about performance against the DToC target is provided at s4 below. The DToC trajectory is included in **Appendix 2.**

### 3.5. Meeting the planning requirements

#### 3.5.1. Develop the delivery of seven-day services

Over the last two years Nottingham has worked collaboratively to identify and progress 7 day working across the health and social care sector. With the vision in mind we have focused on reviewing demand for seven day community services, through desktop review, commissioner reviews and data analysis. These have led to pilots. Through task and finish groups the following services have been extended to work seven days in 2015/16: Community Matrons, Care Homes Nursing team (enhanced capacity); Care Co-ordinators; Integrated Community Equipment Loans Services (ICELS). In 2016/17 the social care Hospital Discharge Team and Access and Rapid Response Service was extended to seven day services.

Phase one of the project has been successful. Community equipment is now available for installation at the weekend for citizens reducing delays in the discharge of patients to their own homes. Seven day equipment provision has also relieved capacity in the system that used to cause pressures on a Monday and Friday and allowed the provider to test the model and logistics of staffing contracts and hours and provided a lead in time for the new contract on how the seven day working should operate.

Access to the Community Matrons supported complex citizens with long term conditions and the frail elderly to avoid hospital admissions. The pilot led to a wider discussion about the provision of care for all case managed Citizens or Citizens with nursing needs over 7 days. The pilots outcome has led to the wider Neighbourhood Team (includes District Nursing, Rehab, Falls & Bone Health and Community Matrons) to provide a 24 hour/seven day service, as well as developing better clinical pathways with our out of hours Provider and 111 Provider.

In January 2017 we launched the Primary Care Mental Health Service (PCMHS), which has been commissioned as a seven day service. Ensuring that capacity meets the demand for seven days services is an essential part of all commissioned service reporting and now a standing item on all contract review agendas.

### 3.5.2. Improve data sharing between health & social care

A countywide programme, 'Connected Nottinghamshire', is leading on information systems integration, underpinning and supporting our work on Assistive Technology. The programme includes work on integrated datasets, Information Governance, underpinning infrastructure and standards. The work is progressing well with engagement across all partners and supporting the integration of services by enabling the sharing of key information.

As part of the overall planning for BCF and STP, Connected Nottinghamshire has developed the Nottinghamshire Digital Roadmap setting out the plan for 2015-2020. The Nottinghamshire Digital Roadmap is aligned to BCF and STP plans with HWB approval.

### 3.5.3. Ensure a joint approach to assessments and care planning

The Care Delivery Group Care Co-ordination Service is embedded within the eight Nottingham City Care Delivery Groups. The Care Delivery Co-ordinator is an integral part of the integrated Care Delivery Group, supporting primary care, Neighbourhood team and Social Care Assessment professionals within the CDG to co-ordinate care on behalf of citizens. A central point of contact for health and social care professionals within the CDG (primary care, Neighbourhood teams and Social Care Assessment) the Co-ordinator is responsible for co-ordinating referrals on behalf of members of the CDG (primary care, Neighbourhood teams and Social Care Assessment) to facilitate access to locality based, integrated health, social care and third sector support and care on the citizen as well as facilitating regular multidisciplinary team meetings between CDG members (primary care, Neighbourhood teams and Social Care Assessment).

Further integration into neighbourhood teams will be explored. Planning is underway for social care assessors to move into Neighbourhood Teams, expanding on the learning from the social care link workers and strengthening joint assessment and care planning functions.

For information on improvements to discharge planning please see s.4.3.1

### 3.6. Plan Sign off and Assurance

During quarter two senior CCG and NCC colleagues met with support from our Regional Better Care Fund Advisor to start a series of facilitated conversations to address an overcommitment on the BCF budget and make further substantial recurrent savings. The need to make savings was primarily driven by the Nottingham City Council's challenging financial position and a requirement that they needed to achieve a £1.5m saving from the BCF budget.

A process has been established to ensure up-to-date progress reports on savings work are available to senior decision-makers: weekly calls across the CCG and Local Authority monitor progress against savings on a service level and escalate risks and items for action to a senior officers group. Savings of £182k have been transacted since work began in September with further in-year savings expected; work on savings for 18/19 has also begun.

The BCF plan was submitted to the NHSE on 11<sup>th</sup> September with a covering letter from the Chief Executive of Nottingham City Council and Chief Officer of the CCG stating a further iteration of the plan would be submitted at a later date in order to reflect changes made once a savings plan is agreed. It should be noted that the current draft does already meet the national requirement with respect to the CCG's contribution. A letter received by NCC and the CCG on the 30<sup>th</sup> October informed both organisations that the plan had been approved and we should now progress with our plans for implementation. Ongoing support and oversight with your BCF plan will be led by the local better care manager.

The position for 18/19 as expressed in the BCF Plan is likely to need further refreshing towards the end of 17/18 to incorporate large-scale planned procurement of community services, structural changes as Nottinghamshire progresses with work towards its Accountable Care System and savings identified as part of the review. A paper detailing these adjustments and their impacts will be presented to the Health & Wellbeing Board Commissioning Sub-Committee at a future date.

#### 4. Performance

The BCF Finance and Performance Meeting meets monthly to monitor the performance against the metrics in the BCF plan. Metrics were agreed as part of the plan submission however shadow performance monitoring has been in place since the start of the financial year.

##### 4.1. Residential admissions

Measure: *permanent admissions of older people (aged 65 and over) to residential care homes, per 100,000 population.*

Target: A target of 384 has been set for the year. This figure reflects the 16/17 final out turn which was 387. A similar number of residential admissions would be expected in 17/18.

A 2016 review of residential admissions generated key actions which are feeding in to a Strategic Review of Residential Care in 2017-18. Dedicated programmes of work around residential admissions reduction and market balancing across care homes and home care are underway, with further work planned on reducing respite to permanent conversion. For the first 2 quarters of 2017/18 Nottingham City is green for this metric and below target by 51 admissions.

##### 4.2. Reablement

Measure: *proportion of people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.*

Target: A target of 79% has been set which is a stretch from the 16/17 outturn of 75.5%.

For the first 2 quarters of 2017-18 Nottingham City is green for this metric; the service is achieving 82.3%. This target has been aligned with the new Out of Hospital Care Contract Local Incentive Scheme.

##### 4.3. Delayed Transfers of Care

Measure: *Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).*

Target: 5.7 average daily DTOC rate by November 17 (NHS and Social Care days). The agreed trajectories are outlined in the table included in **Appendix 2**.

DToc performance in 2017 was positively impacted by the funding and provision of additional homecare packages funded temporarily by health. This funding ceased at the end of June and the impact of that loss was felt quickly as temporary workers left. DToc performance has been less positive since February as a result and predicted rises in the levels have occurred. This indicator is currently red as April- August data shows there have been 812 DToc's above plan.

Some specific issues have been identified at the operational level:

- There are a growing number of complex citizens 'stuck' within the internal homecare pathway

In order to resolve this, a weekly DToc meeting now takes place within the Local Authority and a dedicated performance framework has been developed. Discussions are focusing on the referral threshold for the Jack Dawe complex homecare service and whether some of these citizens should be diverted there. In our most recent returns, waits for homecare

packages have again reduced.

- Two of our community bed providers were unable to take complex patients during August due to staffing issues. In order to resolve this, the providers were supported to address the issue and complex patients are once again being accepted. In our most recent returns, Community Bed waits have again reduced.

Whilst overall performance is unlikely to improve until the Integrated Discharge Function and Discharge to Assess begin to make their expected impact, we are a significant distance away from our poorest performance historically.

#### 4.4. Non Elective Admissions

Measure: *Non-elective admissions to hospital (Specific Acute)*

Target: general and acute non-elective admissions will be under 29,150 for 2017/18.

The target for 17/18 has been set in line with the CCG operating plan that was returned to NHS England in March 2017. At the end of month 5 we are green, with performance maintained within expected variation (10 admissions under plan), and we have increasing confidence in the data we are receiving.

The Greater Nottingham Out of Hospital Programme is focusing on non-elective admissions. System partners are working together under the governance of the Out of Hospital Programme Board to support a more integrated health and care system under a new proactive model of care and management, overseeing a marked reduction in elective and non elective admissions using population case management strategies, robust management of clinical variation and in depth oversight of system capacity and resources.

### 5. **Graduation from the Better Care Fund**

The 2017-19 Integration and Better Care Fund Policy Framework stated:

*'The Government's Spending Review 2015 set out that "areas will be able to graduate from the existing Better Care Fund (BCF) programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution."*

These areas can apply for 'earned autonomy' from the BCF programme management. Graduation will mean that we will have a different relationship with these local areas, with reduced planning and reporting requirements and greater local freedoms to develop agreements appropriate to a more mature system of health and social care integration.

Graduation for Nottingham and Nottinghamshire presents us with a unique opportunity to align the transformation already underway, and further strengthen our system across a new footprint aligned to the development of our STPs/ACSs. The Nottingham and Nottinghamshire Expression of Interest for BCF Graduation was submitted in April 2017 and is currently on the shortlist for the next stage of the selection process.

### 6. **Recommendations**

The Health & Wellbeing Board is requested to:

- Note the contents of the report and the progress made in this year's BCF Planning Round; and
- Note the performance of the BCF and its metrics, including Delayed Transfers of Care.

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