

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD 6 JUNE 2019

THE BETTER CARE FUND (BCF) ANNUAL UPDATE

REPORT OF – ASSISTANT DIRECTOR: GOVERNANCE PROCUREMENT & COMMISSIONING; ANGIE PARKES TELFORD & WREKIN CCG

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1. This report outlines the progress made over the last 12 months of the Better Care Fund programme
- 1.2. The principal aim of the BCF programme locally is to transform the health and social care system. This enables us to work towards a fully integrated intermediate care service, aiming to prevent admissions to an acute hospital, supports residents to live in the way they choose and reduce dependency on services

2. RECOMMENDATIONS

The Board is asked to note the progress made and the action plan for the coming year and how it will support the integrated delivery of the cross-cutting priorities of the Health and Wellbeing Strategy.

3. IMPACT OF ACTION

It is intended that this programmes of work will contribute to improve health & wellbeing outcomes within the borough.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	<i>Do these proposals contribute to a specific HWB Priority?</i>	
	Yes	The Intermediate care plan contributes to all of the Health and Wellbeing priorities.
	<i>Will the proposals impact on specific groups of people?</i>	

	Yes	All borough residents who required a period of intermediate, reablement support predominantly the 75+ frail and elderly population												
TARGET COMPLETION/DELIVERY DATE	Yearly plan refreshed annually													
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The BCF final pooled budget in 2018/19 was £21.2m following additional investment by both the CCG and the Council to support intermediate care provision.</p> <p>As at the date of this report the national final BCF allocations to CCGs have yet to be released for 2019/20 and whilst no significant change is anticipated the current 2019/2020 pooled budget has yet to be finalised. Assumptions have been made in relation to the national uplift to be applied and the current working budget is set at £20.25m as detailed below:</p> <table border="1"> <thead> <tr> <th>Summary Statement</th> <th>2019/20 Annual Budget £</th> </tr> </thead> <tbody> <tr> <td>Intermediate Care</td> <td>5,754,723</td> </tr> <tr> <td>Community Resilience</td> <td>1,014,092</td> </tr> <tr> <td>Telford Neighbourhood Care</td> <td>4,111,981</td> </tr> <tr> <td>Other Care</td> <td>9,376,415</td> </tr> <tr> <td>Grand Total:</td> <td>20,257,210</td> </tr> </tbody> </table>	Summary Statement	2019/20 Annual Budget £	Intermediate Care	5,754,723	Community Resilience	1,014,092	Telford Neighbourhood Care	4,111,981	Other Care	9,376,415	Grand Total:	20,257,210
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		<p>Following changes to the delivery model for some elements of intermediate care there is work ongoing to assess future need and resources required to meet it. This may result in changes to the pooled budget being discussed and agreed during the year as required.</p> <p>The proposed coming together of T&W CCG and Shropshire CCG may have a financial impact as detailed below in additional comments but this would be very difficult to identify at this time.</p> <p>The financial position of the BCF pooled fund is reported to each organisation via their own financial management governance arrangements.</p> <p>TAS 28.5.19</p>
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<p>LEGAL ISSUES</p>	<p>Yes</p>	<p>The Better Care Fund was established by the Government in June 2013 [in preparation for the Care Act 2014 coming into force] to provide funding to support the integration of health and social care to achieve National Conditions and Local Objectives. A requirement of the Better Care Fund is for pooled funds to be established for this purpose</p> <p>Section 75 of the National Health Services Act 2006 [as amended] enables local authorities and NHS Bodies to enter into partnership arrangements to provide more streamlined services and to pool funds, subject to meeting the requirements of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 [as amended]</p> <p>There has been a Section 75 Agreement in place between the Borough of Telford & Wrekin and NHS</p>
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		<p>Telford & Wrekin Clinical Commissioning Group in respect of the Better Care Fund since 1st April 2015 [as updated and amended]</p> <p>The latest Better Care Fund plans Operating Guidance for 2017 – 19 was published on 18th July 2018 for Clinical Commissioning Groups, Local Authorities and Health and Wellbeing Boards and sets out the accountability arrangements and flow of funding. Health and Wellbeing Boards are expected to oversee the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners [Section 195 Health and Social Care Act 2012]</p> <p>The 2019-20 Better Care Fund: Policy Framework provides an update and overview of how the BCF will look in 2019-2020. 2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards. The only notable changes for 2019-20 are that requirements for narrative plans have been simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.</p>
EQUALITY & DIVERSITY	Yes	Joint Strategic Needs Assessment intelligence informs intentions to ensure resources are targeted appropriately to improve health and wellbeing and reduce inequalities.
IMPACT ON SPECIFIC WARDS	No	See above.

PATIENTS &/OR PUBLIC ENGAGEMENT	Yes	Engagement has taken place through the council's 'Making it Real' Board; Point Prevalence audits of people seeking feedback of their current care MI
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	Strong collaboration working with NHS commissioners in the CCG and NHS England is essential to delivering progress against the Health & Wellbeing strategy priorities. Opportunities and Risks are identified within the report

PART B) – ADDITIONAL INFORMATION

5 INFORMATION

5.1 The CCG and Council remain committed to move towards delivering the outcomes established in our Better Care Fund plan 2017-2019. We close this period with:

- Being ranked 22nd out of 156 councils in England for our reduction in Delayed Transfer of Care.
- On successful delivery of the plan through good governance and monitoring by the BCF operational board
- Integrated working within the community and hospital improving significantly this year; improved processes and functioning of the Integrated Discharge Team, Intermediate Care Team and the Community Multi-Discipline Team has improved discharge to mitigate the increased demands being experienced by SaTH ;
- piloted admission avoidance initiatives; reduced admissions in some localities and embedding Preventative interventions
- Joint commissioning facilitated total use of the pool budget, risk sharing within the s75 and joint planning to deliver increased capacity (beds and domiciliary care) to support system pressures and maintain local performance
- Rapid Response nurse in place with direct contact to a duty GP managing admission avoidance.
- Frailty at the Front Door Team being in place at PRH
- Roll out of the Emergency Passport – this document provides a snapshot of an individual's "normal" function and behaviour to aid paramedics in their decision making was developed with the ambulance service. This includes improved End of Life care planning. This was part of the first and second cohort of care homes and expanded other identified community patients. This is already having an impact on reducing conveyances and increased referrals to Rapid Response

- Our Care Home Multi-Disciplinary Team targeted the six highest admitting care homes with training; clinical support including medical review and optimisation; hydration and nutrition; Out of hours response and urgent care support from Rapid Response; dementia care and support; end of life planning. This has now been rolled out to a further cohort of 8 care homes
- Delivery of the Red Bag Scheme – literally a red bag used to support care Homes, ambulance and acute hospital on transition between in-patient and care homes. It contains standardised documents to ensure staff have immediate access to vital information for any patient being transferred from a care home. There is early evidence of reduced admissions from the target care homes and reduced length of stay.
- Developing resilient community services and providers
- Achieving 'Established' or 'Mature' on the High Impact Change Model, Appendix A refers

5.3 Notable successes

- Introduction of the Trusted Assessor role which involves a nurse working directly with ward staff and care homes to facilitate safe and timely discharges. This reduces delays and increases the stability of the placement at the care home. It also reduces the time care home manager spends on the road to PRH to assess patients for suitability as they work with and 'trust' the assessor to support them with this.
- Telford and Wrekin Integrated Place Partnership, is building on the well-established Neighbourhoods in Telford work.
- A relaunch of the Steering Group to include all health and social care partners in Telford, including acute, mental health and General Practice.
- Community based Work streams have been identified and are building on increasing Community Capacity through the use of Voluntary Sector and growing local businesses. The work streams include:
 - Public Health programmes to improve health and encouraging healthy lifestyles, developing a wide range of Social Prescribing options.
 - Integrated Health and Social Care Pathways including early detection of potential issues which may result in crisis management.
 - Working in partnership to change cultures, development of strength based approaches in both Health and social care delivery.
 - A wide range of access to early help and advice options, occupying physical venues and digital media.
- A weekly Assistive Technology Hub is in place supported by Experts by Experience based with the Information and Advice Single Point of Access. Sensory Impairment workers also carry out assessments within the setting
- Grants to organisations to support wellbeing and admission avoidance

5.4 Challenges in the last quarter included:

- Following a relatively quiet Christmas period, which is often the case as families and friends are looking after each other, we hit unprecedented levels of emergency admissions and this continued into March.
- Domiciliary care capacity being up then down mainly due to availability of care workers

- Both locally and nationally there is a challenge with regards recruitment and retention of care workers. The vacancy rate amongst providers is around 8% which is slightly higher than regional average but the same as the national average. Care worker turnover is 47% which is higher than the national average of 30%. Low unemployment, the flexibility that zero hours does afford some people and an abundance of positions with other providers means we do have quite a transient workforce.
- Confirmation that grant funding was to cease to a number of organisations. This was due to the requirement to balance budgets going forward and manage the increasing demand for enablement care.

5.5 BCF Programme for 2019/20

- Nationally, there is only an agreement for a further 1 year's funding and the details around the criteria for this have, at the time of writing this report, yet to be formalised. This does cause concern for the BCF Partners and has been raised at a regional and national level as a risk to the programme. However, we will continue to work within the spirit of the Joint Agreement until such time as the new criteria is published which is expected in the summer.
- The board are to note that as funding is only being agreed for one year, we will again have to notify grant recipients in September that there is a risk that their grant will not be renewed from March 2020 and they will need to consider alternative arrangements to manage this.

ADDITIONAL INFORMATION

The proposed coming together of T&W CCG and Shropshire CCG may impact on the level of additional contributions from the CCG above the minimum requirement and so potentially on DTOC performance.

PREVIOUS MINUTES

None

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Early Help

Appendix A



Appendix A for
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