

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD**

**26 SEPTEMBER 2017**

### **REPORT OF: Pooled Budget Partnership Board**

## **STOCKTON BETTER CARE FUND UPDATE**

### **Stockton BCF 2017 – 2019 Plan NHSE Quarter 4 (1 January 2017 – 31 March 2017) Assurance and Performance Update**

#### **SUMMARY**

The purpose of this paper is to provide the Health and Wellbeing Board with an overview of the BCF 2017-19 plan and 2016/17 Quarter 4 Better Care performance submission

#### **RECOMMENDATIONS**

The Health and Wellbeing Board are asked to:

1. Note Stockton-on-Tees Better Care Fund 2017-19 Plan and the areas/schemes for implementation during 2017/19.
2. Note the Better Care Fund Q4 (1 January 2017–31 March 2017) 2016/17 assurance performance submission

#### **BACKGROUND**

The Better Care Fund Planning Guidance for 2017/19 states that plans should consist of a jointly agreed narrative plan including details of how they are addressing the national conditions, along with how BCF plans will contribute to the local plan for integrating health and social care. An assessment of risks relating to the plan and how they will be managed should also be included along with details of governance arrangements for Stockton-on-Tees.

A BCF planning template should accompany the narrative template and include:

- Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
- A scheme-level spending plan demonstrating how the fund will be spent
- Quarterly plan figures for the national metrics

The Better Care Fund for 2017/19 has four National Conditions:

- That a BCF Plan, including the minimum of the pooled fund specified in the Better Care Fund allocations, should be signed off by the HWB itself, and by

the constituent local authorities and CCGs, and with involvement of local partners;

- A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in 2017/18 and 2018/19, in line with inflation;
- That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement.
- Implementation of the High Impact Change Model for Managing Transfers of Care.

The BCF Planning Requirements for 2017/19 were released on 26 July 2017. The planning cycle is now over a 2-year period rather than the previous 1-year cycle.

The Stockton BCF Plan for 2017-19 was signed off by the Chair of the Health and Wellbeing Board in order to submit the BCF Plan on the deadline of 11<sup>th</sup> September 2017. Due to the National delay in the release of the BCF Planning Guidance there was a very quick turnaround between the release of the BCG Guidance and the submission deadline. Delegated Authority was therefore used for the Health and Wellbeing Board, as the timings of the meetings did not allow for the Plan to be tabled.

The timescales for the assurance of the BCF Plan is set out below:

First submission	11 <sup>th</sup> September 2017
Assurance Round	25 <sup>th</sup> September 2017
Outcome of Assurance	9 <sup>th</sup> October 2017
Second submission (if required)	16 <sup>th</sup> October 2017
Escalation Process	16 <sup>th</sup> October 2017

A requirement of the Better Care Fund is to submit quarterly performance returns to NHS England.

In line with previously agreed procedure, the Chair of the Health and Well-being Board signed off the Q4 return, which was submitted subject to Board oversight at this meeting.

## **MAIN REPORT**

### **Better Care Fund 2017 – 2019**

There is a whole system change-taking place across the health and social care economy in Stockton-on-Tees. This is clear in the overriding philosophy of Stockton-on-Tees new Adult Social Care Strategy (people and communities are at the heart of all we do and evidence based decision-making, planning and action) and four of its eight objectives:

- Continue to work closely with the NHS
- Maximise use of scarce financial resources
- Ensure most effective and appropriate use of our own and our providers' workforces

- Work in partnership

The Better Care Fund (BCF) is a small but nonetheless critical part of this ambition for change. There is recognition by system leaders that a more collaborative and system wide approach is required to provide solutions to the challenges faced across current systems. Building on the foundations developed to date, the 'NHS Five Year Forward View' and the Sustainability and Transformation Plan (STP) clearly set out this vision.

**Vision - "Meeting people's needs now and future proofing for the coming generation with consistently better integrated health and social care delivered in the best place"**

The vision is that by 2020 everyone is able to live at home longer, be healthier and get the right support where required, whether this be provided by health or social care. The focus will be on integrated health and social care, primary prevention, early diagnosis and intervention and supported self-management with the aim of closing the health and wellbeing gap and reducing health inequalities as well as driving transformation to close the care and quality gap.

This is why partners across health and care services have been working together to deliver the system vision described in the BCF plan, including a sustained focus on integration to 'create services that maximise health and wellbeing and address individual needs, improving outcomes and experiences for individuals and communities'. The person is firmly at the centre of our plans, and pathways will continue to be designed to maintain this

### **BCF Plan**

Building on the successes of 2016/17 and previous years, the BCF Plan for 2017-2019 will support further integration and partnership working that delivers improved outcomes for older people through;

- New Models of Care
- Integrated Hospital Discharges
- Community Integrated Intermediate Care
- Integrated Single Point of Access
- Care Home Support
- Dementia support
- Digital Technology
- Use of iBCF Grant

### **Agreed outcomes of the Better Care Fund Plan 2017-19**

- More accessible and effective integrated care to support older people and their carers to stay healthy with long term conditions through early invention and prevention avoiding unnecessary complications and acute crisis
- Improved experience for older people who are admitted into hospital, ensuring that they do not remain in an acute hospital bed for longer than is clinically necessary

- Early diagnosis, treatment and ongoing support for people with dementia and their carers through good access to services and information, promoting independence for as long as possible
- Improved health, wellbeing and safety of people living in care homes
- Enabling people to tell their story only once through agreed joint assessment and care planning processes
- Improved partnership and collaborative working
- Reduce duplication of services with people seeing the right person, right place right time

### Summary of funding contributions for the Better Care Fund Plan in 2017/18 and 2018/19

Funding	2017/18	2018/19
CCG Minimum Contribution	13,322,169	13,575,291
Local Authority Additional Contribution	200,000	200,000
Disabled Facilities Grant	1,360,283	1,473,959
iBCF Allocation	3,803,989	5,056,249
<b>TOTAL</b>	<b>18,686,441</b>	<b>20,305,499</b>

Further details relating to the 2017 – 2019 Better Care Fund plan can be found in Appendix 1.

### Better Care Fund - Quarter 4 (1 January 2017 – 31 March 2017) Assurance & Performance

A requirement of the Better Care Fund assurance process is to submit quarterly performance returns to NHS England in relation to the agreed BCF metrics including;

#### Non- Elective Admissions (NEL):

Stockton-on-Tees LA (based on patient Local Authority of Residence)				
Number of Non-Elective Admissions (General and Acute) - by Age Group (SUSNECS data)	2015/16 YTD	2016/17 YTD	Variance	% Variance
Age Group				
0-19	4988	4899	-89	-1.8%
20-64	10337	11284	+947	+9.2%
65 & over	9339	10160	+821	+8.8%
<b>Total (all ages)</b>	<b>24664</b>	<b>26343</b>	<b>+1679</b>	<b>+6.8%</b>

BCF is performance managed based on all NEL admissions regardless of age, although the BCF plan and initiatives are focused on the over 65s.

There was an overall increase of 6.8% in NEL admissions in 2016/17 compared to the previous year. The increase in non-electives has been across all age bands with the

exception of the 0-19s, which noted a decrease. However the Q4 position showed a reduction in non-elective activity for the over 65s compared to Q2 and Q3 (16/17). This reduction in NEL may be reflective of the impact of some of the BCF schemes and had they not been in place then NEL could have been higher.

### Delayed Transfers of Care (DTocS)

Delayed transfers of care from hospital per 100,000 population (18+)	2016/17			
	Q1 2016/17 (Apr16- Jun16)	Q2 2016/17 (Jul16- Sep16)	Q3 2016/17 (Oct16- Dec16)	Q4 2016/17 (Jan17- Mar17)
<b>Quarterly Rate (Actual)</b>	<b>400.0</b>	<b>439.0</b>	<b>909.8</b>	<b>591.7</b>
<b>Quarterly Rate (Plan)</b>	<b>130.1</b>	<b>130.1</b>	<b>130.1</b>	<b>129.3</b>
Numerator (Actual)	615	675	1399	915
Numerator (Plan)	200	200	200	200
Denominator	153769	153769	153769	154639

Although Stockton-on-Tees didn't achieve the ambitious plan to reduce last year's DToc figures by 50%, there has been a 35% reduction from Q3-Q4 which reflects the significant work being undertaken through the development of an Integrated Discharge Team as part of the NESTA challenge.

### Admissions to Long Term Care

Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population - ASCOF measure 2A(2)	Published Data	Published Numerator	Local Data	BCF Plans		Variance from Plan		
	2014/2015	2015/2016	2016/17 <u>PROVISIONAL ONLY</u>	2015/ 2016	2016/ 2017	2015/ 2016	2016/ 2017	
<b>Stockton-on-Tees LA</b>	<b>Rate</b>	<b>1090.5</b>	<b>698.6</b>	<b>860.6</b>	<b>840.1</b>	<b>837.5</b>	<b>-141.5</b>	<b>+23.1</b>
	Numerator	362	237	298	285	290	-48	+8
	Denominator	33195	33925	34625	33925	34625	-	-

The 2016/17 outturn of 860.6 admissions per 100,000 populations is eight admissions above target and whilst disappointing reflects an increase in demand that is robustly monitored and challenged through the admissions panel.

This was a very challenging target for the LA to achieve, maybe unrealistic as in 2016/17 there was an increase in the number of people were admitted to residential care who could not be kept safe within the community setting for a number of reasons including complexity of care and DoL's whereby the risks exceeded that of community care. In addition, there was also a period time in 2016/17 whereby our extra care services were full to capacity and this resulted in people being admitted on a short-term basis into residential care.

**Proportion of older people still at home 91 days after discharge from hospital into reablement/ rehabilitation services:**

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) - ASCOF measure 2B(1)	Published 2B(1) Data		Local Data	BCF Plans		Variance from Plan		
	2014/15 (Q4 / Q3)	2015/16 (Q4 / Q3)		2015/16	2016/17	2015/16	2016/17	
			Q3 2016/17 (Q4 / Q3) <u>PROVISIONAL ONLY</u>					
Stockton-on-Tees LA	%	89.9	88.9	71.6	86.4	89.1	+2.5	-17.5
	Numerator	60	120	58	121	123	-1	-65
	Denominator	70	135	81	140	138	-	-

The 2016/17 target of 89.1% of older people at home 91 days after discharge from hospital was not met, as the actual was 71.6%. This challenging target continues to be closely monitored internally to understand the reasons behind not achieving the annual target.

**Dementia diagnosis: Estimated diagnosis rate for people with dementia**

Stockton-on-Tees HWB	Snapshot			BCF Plans	
Estimated diagnosis rate for people with dementia	Mar 15	Mar 16	Mar 17	2015/16	2016/17
Percentage	79.08%	81.75%	82.50%	68.98%	81.67%
Numerator = QOF Dementia register (all ages) based on GP Practice locality to determine HWB	1882	1953	1971	1648	1951
Denominator = Denominator figure submitted in the BCF Plans template for appropriate financial year and HWB	2380	2389	2389	2389	2389

In 2016/17, we have achieved our 2016/17 target for Dementia diagnosis rates.

Further information in relation to the Q4 Performance submission can be found at Appendix 2.

**FINANCIAL AND LEGAL IMPLICATIONS**

Financial risks have been assessed and contingency arrangements have been developed to mitigate the risk of not delivering the performance targets set out in the BCF plan and monitored through the Pooled Budget Partnership Board.

## **RISK ASSESSMENT**

The BCF requires partners to develop a shared risk register and have an agreed approach to managing and sharing risk. The BCF Plan also identifies proposed contingency arrangements in the event that the expected reductions in emergency admissions are not achieved.

## **COUNCIL PLAN**

The BCF plan supports the delivery of the Stockton Adults Strategy and Joint Health and Wellbeing Strategy. Making a significant contribution to a number of the key themes including; healthier communities and adults; helping people to remain independent; improved access to integrated health and social care services and promoting healthy living. The BCF plan also focuses on older adults, one of the key supporting themes in the plan.

## **CONSULTATION**

The BCF plan has been jointly developed with key stakeholders from the Stockton on Tees Local Authority, NHS Stockton-on-Tees Clinical Commissioning Group, North Tees and Hartlepool NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust, Voluntary, Community and Social Enterprise Sector and the public. The plan has been informed by a range of engagement activities, involving service users, carers, families and the public, that were already underway focusing on a range of local health and social care services.

**Louise Deer**  
**Transformation Manager – Better Care Fund Lead**  
[Louise.Deer@stockton.gov.uk](mailto:Louise.Deer@stockton.gov.uk)  
**01642 527014**