

Agenda Item 5
HWB/19/19

Report title: Better Care Fund Plan 2019/20	
Report to: Health and Wellbeing Board	
Report author: Peter Fairley, Director, Strategy, Policy and Integration	
Date: 17 September 2019	For: Decision
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County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 The Essex health and care system will receive a total of £154m (£98m from NHS and £56m from the Ministry for Housing, Communities and Local Government) to be spent in accordance with the Better Care Fund programme. In order to comply with the terms of funding it is necessary for Essex County Council and partners to submit a plan showing how the money will be spent to NHS England by 27 September 2019.
- 1.2 This report sets out the BCF Partnership's spending plans which the Council has developed with health partners and asks Health and Wellbeing Board to endorse this plan before its submission by 27 September 2019.

2 Recommendations

- 2.1 That the Health and Wellbeing Board endorses this plan before its submission by 27th September 2019.

3 Summary of issue

- 3.1 The Better Care Fund was announced by Government in June 2013. It was intended to provide an opportunity to transform local services through better integrated care and support. Health and Wellbeing Boards have been obliged to submit BCF Plans since then that meet mandated minimum financial values and demonstrate achievement of a series of NHS England national conditions. The BCF is overseen by the Health and Wellbeing Board and quarterly status reports are submitted to NHS England on performance. The Better Care Fund incorporates funding to support local authority social care (the Improved Better Care Fund; and Winter Pressures) that is subject to conditions that it be pooled into the BCF and used to ease pressures in the health and care system.
- 3.2 Since 2017 the Improved Better Care Fund (iBCF) has been included as part of the wider BCF and is part of the 6th county wide section 75 agreement. It is a grant provided to Adult Social Care and must be focused on:
 - Sustaining Adult Social Care

- Supporting activity to ease health pressures
- Sustaining the Care Market

- 3.3 In 2019 there is some limited change to the BCF and iBCF elements of the plan mainly to allow for continuity of spending. However, we will also see the addition of Additional Winter Money funding (£5.9m) included as part of the wider BCF which will be included in the 2019/20 S75 agreement.
- 3.4 Local health and care systems have to submit their Better Care Fund (BCF) plans for 2019-20 to NHS England by 27 September 2019. The Better Care Fund plan for Essex will cover the ECC area which is also covered by and five NHS Clinical Commissioning Groups.
- 3.5 The Essex BCF Plan is also relevant to, and links to, the work of the three NHS Sustainability and Transformation Partnerships (STPs) that cover Essex. Schemes funded through the BCF provide a foundation of integrated funding which allows localities to begin delivering STP priorities.

The total value of the Better Care Fund will be £153.9m. The size of the fund has been growing as set out below:

2017/18: £98.9m
2018/19: £135.8m
2019/20: £153.9m

- 3.6 Although the fund covers 2019/20 and relies on the production of a plan, the national guidance on the production of the BCF plan was only released in July 2019 with a requirement for plans to be submitted to NHS England by 27 September 2019 which is a challenging timetable. This report outlines the key elements of the plan and Essex's position on them.

3.7 **National Conditions:**

As with previous BCF plans there are four national conditions for the funding:

3.7.1 **National Condition 1 – The plan must be jointly agreed**

The plan must be signed off by ECC, the individual CCGs and by the Health and Wellbeing Board. The BCF plan will be presented to Cabinet on 17 September and to the Health and Wellbeing Board on 18 September. Each CCG will take the plan through its governance before 27 September.

3.7.2 **National Condition 2 – NHS contribution to Social Care is maintained in line with inflation**

The total amount from the Better Care Fund CCG minimum contribution allocated for supporting social care in 2019/20 is £38.846m and represents a 5.21% increase.

3.7.3 National Condition 3 – NHS commissioned out of hospital services

The total amount invested from the Essex Better Care Fund in NHS commissioned out of hospital care is £59.568m. Full details are set out in the scheme level spending plan which is attached at appendix A.

3.7.4 National Condition 4 – Managing Transfers of Care

Essex partners continue to work towards the national targets set for this – further details are outlined below.

3.8 Metrics

As with previous BCF plans there are also 4 national metrics used to measure progress:

3.8.1 Non-elective admission (specific to Acute)

Figures relating to this will be collected directly from CCGs partners to ensure they align to a narrative plan set out in the BCF plan (appendix A). The non-elective admission targets for 2019-20 have been set with the aim of halting current increases in these admissions, and then starting to reduce the volume back to 2017-18 levels.

3.8.2 Admission to residential and care homes

The 2019/20 target of no more than 1,570 admissions over the year is designed to be stretching and represents a 2% reduction in admission volumes for 19/20 compared with 2018/19.

3.8.3 Effectiveness of reablement

In 2019/20, the reablement target is for at least 82% of the people who have received reablement services to remain out of hospital for 91 days following completion of reablement. This target is the same as set in 2018/19.

3.8.4 Delayed transfers of care (DTOC)

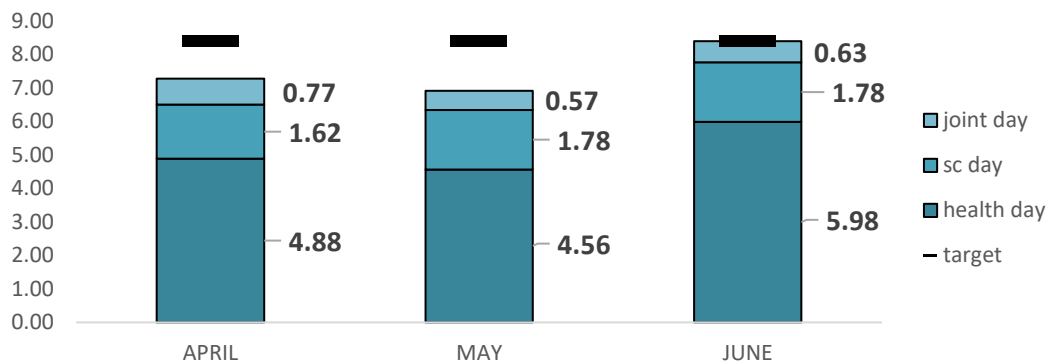
The new mandated target is a combined health and social care rate of 8.4 delays per 100,000. Translated into numbers this would mean no more than 32,253 delays a year or 2,938 per month across health and social care.

If the rate of 8.4 had been set in 2018/19 the Essex health and care system would have narrowly missed it as the rate per 100,000 was 8.56.

However, performance in 2019/20 so far has been good and the Essex system has been performing better than the target rate for the first quarter as can be seen in the chart below.

Monthly DTOC Day Rate - Q1 2019/20

Overall DTOC has been consistently on or below target.



Essex social care has made considerable progress at reducing delays due to social care. These have fallen from over 1,900 in February 2017 to 614 in June 2019. Social care delays have been well below the former target of 2.6 per 100,000 for the last five months (with current performance at 1.78 per 100,000). ECC is committing to aim for social care delays of no more than 2.4 per 100,000 for 2019/20 to continue to maintain low delays.

4 Other Considerations

4.1 IBCF (Improved Better Care Fund)

In the Government's March 2017 Budget additional transitional funding was allocated to social care. The funding is non-recurrent and reduces over a three-year period. For Essex County Council, this amounts to £8.3m in 2019/20. The Grant Determination Letter issued by the Department of Communities and Local Government in April 2019 stated that the Improved Better Care Fund is to be used to:

- Meet adult social care needs
- Reduce the pressures on NHS (especially delayed transfers)
- Stabilise the care market

4.2 In 2017-19, Essex County Council agreed with partners that :

- The original allocation of IBCF plus a proportion of the additional transitional tapering element of IBCF be used to maintain investment in social care services that have a benefit to both health and social care, and help offset pressures such as growth in demand, inflation and the national living wage.
- A proportion of the additional transitional tapering grant would be applied to fund new initiatives that support the NHS and help the care market.

- 4.3 The iBCF has funded various schemes and initiatives over the course of the allocation and these will need to be afforded within the reduced iBCF envelope in 2019/20. Management of this has been through locality partnership boards where those schemes that have shown to add value have been adopted as part of mainstream health or care base budgets. Scheme level information will be included within the plan (Appendix A).

4.4 **Additional (winter pressures) funding for Social Care**

It has also been confirmed within the guidance that additional winter money, which has historically been allocated as a separate fund, will be included as part of the Better Care fund during 2019/20. ECC will receive a second tranche of £5,919,494 for social care in 2019/20. The funding is to support social care and winter pressures but that does not mean it can only be spent during the winter period – it can support seasonal pressures, and areas can invest in schemes earlier to better prepare in advance for winter.

4.5 **Disabled Facilities Grant**

The Disabled Facilities Grant (DFG) is transferred directly from ECC to the twelve District, Borough and City councils to allow them to discharge their statutory duty with regard to DFGs. The main area of focus for 2019/20 is to improve the quality of life and promote independence within home settings. The DFG will continue to be used by each of the twelve District, Borough and City councils in Essex to discharge their statutory housing responsibilities.

4.6 **High Impact Changes**

The High Impact Change Model was developed by the LGA and NHSE as a way to Support local care and health systems to manage patient flow and discharge and implementation of the model has been a requirement of the BCF plan since 2017. It is used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge (below table).

Each locality is required to assess themselves, on a quarterly basis on progress against the eight HIC schemes according to whether they are:

- Not yet Established
- Plans in place
- Established
- Mature
- Exemplary

The Quarterly updates for High Impact Changes are completed at an Essex level. The Quarter 4 return for 2018/19 assessed all the expected changes as Established.

High Impact Changes will continue to form part of the Better Care Fund plan. The requirements outlined by NHS England for 2019/20 confirm the need to continue to progress against existing changes outlined below. The below table also shows the current assessment of progress against them using criteria provided by NHSE – the aspiration is to become Mature by March 2020:

HIGH IMPACT CHANGES	Description of Scheme	North East Essex	West Essex	Mid Essex	South East Essex	South West Essex
Early discharge planning	In elective care, planning should begin before admission. In emergency/ unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.	Established	Established	Established	Established	Established
Systems to monitor patient flow	Robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand) and to plan services around the individual.	Mature	Established	Established	Established	Established
Multi-disciplinary/multi-agency discharge teams	Coordinated discharge planning based on joint assessment processes and protocols and on shared and agreed responsibilities, promotes effective discharge and positive outcomes for patients.	Established	Mature	Established	Established	Established
Home first/discharge to assess	Providing short term care and reablement in people's homes or using 'step-down' beds to bridge the gap between	Established	Mature	Established	Established	Established

	hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.					
Seven-day service	Effective joint 24/7 working improves the flow of people through the system and across the interface between health and social care meaning that services are more responsive to people's needs.	Established	Established	Established	Mature	Established
Trusted assessors	Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.	Plans in Place	Established	Established	Plans in Place	Established
Focus on choice	Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options. The voluntary and community sector can be a real help to patients in supporting them to explore their choices and reach decisions about their future care.	Established	Mature	Established	Established	Established
Enhancing health in care homes	Offering people joined-up, coordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary	Plans in Place	Mature	Established	Established	Established

admissions to hospital as well as improve hospital discharge					
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4.7 The Future

The future of the BCF and iBCF beyond March 2020 is unclear. 2019/20 is the last year of planned activity and committed funds from NHSE. Given the significant financial value of the BCF, and the amount of activity being funded through it, clarity on the future will be essential.

5 Financial implications

- 5.1 ECC is the pooled fund holder for the Essex Better Care Fund. The BCF Planning Requirements were not published until July 2019, and so ECC and the CCGs agreed interim arrangements in March 2019 to ensure that payments to NHS providers under the BCF could continue (insert ref of cabinet decision). Approval of the BCF Plan clears the way for ECC and the CCGs to draw up section 75 agreements for 2019/20. This must be done by 15th December 2019.
- 5.2 The tables below summarise the funding sources and planned expenditure at a countywide and local level for 2019/20:

Better Care Fund Summary	2019/20 £m
Funding Sources	
Minimum CCG Contributions	97.601
Additional CCG Contributions	0.822
Original iBCF Contribution	30.749
New iBCF Contribution (tapering transitional funding)	8.349
Winter Pressures Grant	5.919
Disabled Facilities Grant	10.475
Total BCF pooled budget	153.915
Expenditure Summary	
Community Health	59.576
Social Care (funded from min CCG Contribution)	38.847
Social Care (funded from iBCF)	36.231
New schemes funded from iBCF	2.867
Winter pressures Schemes	5.919
Disabled Facilities Grant	10.475
Total Expenditure	153.915

CCG area allocations within the above summary	Community Health	Disabled Facilities Grant	New schemes	Winter pressures	Total

	funded from iBCF				£m
	£m	£m	£m	£m	
Basildon & Brentwood	10.831	1.209	0.286	0.779	13.105
Castlepoint & Rochford	7.061	1.638	0.167	0.517	9.383
Mid Essex	14.266	2.441	0.474	1.161	18.342
North East Essex	14.411	3.325	0.348	0.975	19.059
West Essex	13.006	1.862	0.351	0.917	16.136
TOTAL	59.576	10.475	1.627	4.348	76.025
Countywide schemes			1.240	1.571	2.811
TOTAL	59.576	10.475	2.867	5.919	78.836

Expenditure on all schemes including those specific to each CCG area are outlined in the attached BCF plan

6 Legal implications

- 6.1 The mandate from the Secretary of State to NHS England under which requirements as to how NHS money is spent may include specific requirements relating to the establishment and use of an integration fund. In recent years the Secretary of State has done this by requiring CCGs to establish better care funds (BCF).
- 6.2 In Essex the BCF is established by means of individual agreements under section 75 of the National Health Service Act 2006 between ECC and each of the five CCGs operating within Essex, together with an overarching co-operation agreement between all five CCGs and ECC.
- 6.3 Any changes to the section 75 agreements must be agreed separately by each partner. The Health and Wellbeing Board's role is to considering reports as requested by the Department of Health and the section 75 agreements. This is part of the Board's role to promote the integration of health and social care.
- 6.4 Following approval of the final BCF Plan, it will be submitted to the Health and Well Being Board for endorsement on 18 September 2019. The Board's role is to consider reports as requested by the Department of Health and to note the proposal with regards to the iBCF. This is part of the Board's role to promote the integration of health and social care.

7. Equality and Diversity implications

- 7.1 The Public Sector Equality Duty applies to ECC when it makes decisions. The duty requires us to have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.

- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

- 7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 7.3 The equality impact assessment (appendix 1) indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a characteristic.

8. List of appendices

Equality impact assessment

9. List of Background papers

Appendix A - BCF 2019-20 Planning Template