HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
20 APRIL 2016

ITEM NO. .....6.....

BETTER CARE FUND

SUMMARY REPORT

Purpose of the Report

1. To provide an update on progress at the start of the 2016 Better Care Fund programme of work

Summary

2. The Council and Darlington Clinical Commissioning Group (CCG) are required to make a submission in respect of the Better Care Fund (BCF), setting out how they will, together, use the fund to address key issues such as delays to transfer of care out of hospital and into the community, rising numbers of emergency admissions to hospital and the use of 24 hour care. That submission has been made and has been approved by Health and Wellbeing Board for adoption ahead of the final deadline of 25 April. A Pooling agreement (s75) is in preparation in respect of the fund, and must be in place by 30 June.

Recommendation

3. It is recommended that:-

   (a) Scrutiny Committee note the content of the 2016/17 submission and the work now ongoing to pool the fund and have a signed s75 agreement for that pooling by 30 June 2016.

   (b) Members ask any questions and request further information.

Suzanne Joyner
Director of Children and Adults

Background Papers

The submission made in respect of BCF 2016

Pat Simpson, BCF Project Manager: Extension 6082

S17 Crime and Disorder	n/a
Health and Well Being	The Better Care Fund is owned by the HWBB
Carbon Impact	None
Diversity	National EIA has been undertaken
Wards Affected	All
Groups Affected	Frail Elderly at risk of admission to hospital
Budget and Policy Framework	Budgets pooled through a s75 agreement between DBC and Darlington CCG
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Aligned
Efficiency	New ways of delivering care have the capacity to generate efficiency

MAIN REPORT

Information and Analysis

Overview

4. This is the second year of the BCF and the allocation for Darlington in 2016/17 is £8,014,000. This comprises £7,274,000 CCG revenue funding and £740,000 Disabled Facility Grant.

5. Of the £7,272,000 CCG Revenue, £2,337,000 is based on the Relative Needs Formula for social care, and a further £2,067,000 is ring-fenced for NHS out-of-hospital commissioned services.

6. The fund must be deployed in line with eight national policy requirements:

   (a) That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and by the constituent Councils and CCGs;

   (b) A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17;

   (c) Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;

   (d) Better data sharing between health and social care, based on the NHS number;

   (e) A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;

(f) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

(g) That a 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; and

(h) Agreement on a local action plan to reduce delayed transfers of care.

7. Our plan meets these requirements and is attached to this report **(Appendix 1)**

8. Our plan also fits within Darlington's longer-term health and social care transformation Vision 2020, and aligns with the Foundation Trusts' operational plans, and the One Darlington community strategy objectives.

9. It builds on initiatives begun in 2015/16, extending their reach and ambition.

10. The plan is attached in full; key outcomes, and the interventions intended to deliver them include:

(a) Multi-disciplinary Team (MDT) approach to reducing emergency admissions to hospital, building on the MDT approach for frail, elderly implemented under the BCF in 2015 to deliver high quality and effective planned care outside of hospital via a multi-disciplinary Team approach supporting frail elderly and at-risk patients in care homes, in their own homes, in sheltered and Extra Care facilities, and at locations used for social activities. This extends beyond the current remit of MDT's which is to identify patients attending GP practices.

(b) An approach to 'Social Prescribing', identifying and implementing non-clinical options for individuals to support their health and wellbeing, and to empower the individuals to make these choices and for professionals to allow them to make these choices in partnership with the professional. This includes ensuring we have a strong community support network in the third sector. This is a key priority for the coming year.

(c) Hospital to Home – bringing together a number of initiatives introduced in BCF 2015 to reduce delays to discharge from hospital for medically stable people back to a community setting: wherever possible this is their usual place of residence.

(d) Safe at Home – bringing together and building on a number of initiatives introduced in BCF 2015 to help maintain independence among frail elderly people at home, reducing and delaying admission to 24 hour care, reviewing how domiciliary care packages and support is commissioned to better support people at home.

(e) Long Term Conditions – continuation of the existing two year project started in September 2014 and this year focusing on breathlessness.

11. These five projects are supported by three types of cross-cutting activity – the deployment of assistive technologies such as pill dispensers, support services for carers, and seven-day service provision.

12. The required metrics by which our success at delivering these outcomes are:

    (a) The number of non-elective admissions (general and acute)
    (b) The number of permanent admissions to residential and care homes
    (c) The effectiveness of our reablement services
    (d) Delays to transfers of care

13. We will also be developing some new local indicators to help us identify what is working and what is not. These plans for new measures include visibility of the use we make of short break stays in residential care and setting a reducing target with associated interventions; A&E attendances among our identified cohorts, the use made of assistive technologies cost avoided as a result. We also plan to see what can be done to break down the non-emergency admissions into our cohorts of interest (people with breathlessness arising from a long term condition and frail elderly people over 65).

14. BCF guidance for 2016 made a strong recommendation that we enter into a risk/gain share in lieu of the 'payment for performance' requirement in 2015, particularly for those HWB areas which did not make the planned reduction in non-elective admissions.

15. Consequently the Council and the CCG are looking to agree a share of risk and gain in relation to the number of emergency admissions from within our target population of frail elderly. This will require us to find a way of acquiring statistics for just that part of the population, work which has already started.

16. As in 2015 the BCF Fund is required to be pooled and consequently a s75 agreement will be prepared and submitted ahead of the NHS England deadline of 30 June.