

Staffordshire Health & Wellbeing Board						
Report Title:	Staffordshire Better Care Fund Plan 2019/20					
Date:	7 March 2019					
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Board Sponsor:	Dr Richard Harling					
Report Type:	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

Recommendations

1. The Board is asked to:
 - a. Consider the progress of the Staffordshire BCF during 2017-19.
 - b. Note that the intentions for the BCF Plan for 2019/20 have been considered and agreed by Staffordshire County Council's (SCC) Cabinet (20 February 2019) and the Staffordshire Clinical Commissioning Groups' (CCGs) Governing Bodies (February 2019), as set out in paragraphs 17-25.
 - c. Approve that the Staffordshire BCF Plan for 2019-20 extend the existing schemes as set out in paragraphs 17-25.
 - d. Delegate final approval of the Staffordshire BCF Plan for 2019-20 to the co-Chairs.

Background

2. The Better Care Fund [BCF] was announced by Government in the 2013 spending round, to support integration of NHS and social care. The Comprehensive Spending Review stated that the BCF would exist for the life of the parliament (2015-2020). The Staffordshire BCF Plan for 2017-19 was approved by Cabinet in February 2017.
3. We have been advised that the BCF Plan for 2019-20 should be a light touch refresh only, with minimal changes to the narrative as required and updated funding information included.
4. BCF Planning Guidance for 2019/20 had not been published and the submission date for the Plan is unknown. It is anticipated that we will be required to submit our BCF Plan in late March or early April 2019. In order to comply with these timescales, it is recommended that the Health and Wellbeing Board approve the extension of existing schemes, with final approval of the BCF Plan delegated to the co-Chairs.
5. This report includes a summary of the BCF progress during 2017-19. It also covers the policy framework for 2019-20 as well as the key aspects of the proposed BCF plan for 2019-20.

BCF progress 2017-19

6. The Staffordshire BCF Plan 2017-19 included three schemes as follows:
 - a. **Admission Avoidance / Discharge to Assess:** The purpose of this scheme was to reduce emergency hospital admissions, facilitate timely discharge, and return people to full independence wherever possible.

- b. **Ensuring the sustainability of adult social care:** The purpose of this scheme was to maintain and provide additional funding to support adult social care and ensure that services were sustainable over the 2017-19 planning period.
- c. **Enhanced Primary and Community Care:** The purpose of this scheme was to improve the quality and efficiency of primary and community services and to continue to integrate community services.

7. The total funding for these three schemes can be seen in the table below:

Funding of Staffordshire BCF Schemes	2017-18 (£'000)	2018-19 (£'000)
Scheme A	16,223	14,304
Scheme B	16,562	26,173
Scheme C	45,321	44,412
Sub-Total	78,106	84,888
Disabled Facilities Grant (DFG)	7,520	8,172
Total	85,626	93,060

Performance against BCF metrics

8. The Staffordshire BCF Plan 2017-19 included four metrics as in the table below:

BCF Metric	Target/ Plan 18-19	Current delivery
Reduction in non-elective admissions (general and acute) Rate per 100,000	98,313	Except for Quarter 1 of 2018/19 where the number of non-elective admissions was marginally higher than the BCF target, the numbers have remained just within the target since the start of 2017/18. The most recent quarter's total was 1.3% lower than the target, and over the BCF period as a whole the total is around 6.6% lower than the target. Please see Appendix A.
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000	576.8	The aim was to hold the rate of admissions steady despite demographic pressures. Despite these pressures, the rate of admissions to residential care remains below our target, and below the rate in 2016/17 (604.5 per 100,000 population).
Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services	85%	Staffordshire's actual success rate is close to 90%, which is higher than the national average.
Delayed transfers of care from hospital per 100,000 population	2,679*	Whilst Staffordshire has not quite met its DTOC target we have achieved impressive reductions in delays since the start of 2018. We have seen a 23% reduction in total monthly

delayed days since the start of 2018, and almost a 40% reduction in social care and joint delays. This is a much greater improvement than the national average over the same period. Please see Appendix B.

* September 2018 DTOC target

National Conditions

9. In addition to the BCF metrics above, the BCF Plan 2017-19 included a requirement to meet four national conditions, all of which were met:
- Jointly Agreed Plan
 - NHS contribution to adult social care is maintained in line with inflation
 - Agreement to invest in NHS commissioned out of hospital services
 - Management of transfers of care.

Policy framework for 2019-20

10. Currently, the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) are developing the Integration and BCF Policy Framework for 2019-20 as part of the wider BCF Review announced in July 2018.
11. The BCF Policy Framework for 2019-20 and the BCF Planning Requirements are expected to be published in early 2019. These should give an indication of the requirements for the 2019/20 BCF Plan along with submission timescales and approval requirements. At the time of writing planning, guidance had not been published and the deadline for submissions was unknown.
12. NHSE have confirmed that the 2019/20 will be a transitional year with minimal changes to BCF plans already in place. The aim is to keep the BCF structurally very similar with changes to the narrative only where required. NHSE continues to recommend a roll-over of existing schemes and an uplift of financials. It has also been confirmed that there will be a continued focus on DTOCs and that this will continue to be the main BCF metric.

BCF Planning for 2019-20: BCF Funding

13. At time of writing neither the BCF Planning Guidance nor the CCG financial allocations had been published. It is anticipated, however that we will be required to submit our BCF Plan in late March or early April 2019.
14. In preparation for this, in October 2018 the Joint Commissioning Board considered and approved a paper that outlined the indicative cash contribution from the CCGs to SCC for the 2019/20 BCF. It also considered and approved the indicative expenditure allocated against this cash contribution. This paper assumed an inflation uplift of 2%.
15. Subsequently NHSE confirmed the inflation figure to be used for planning purposes as 1.79%. Accordingly, the BCF Plan has been revised to apply this new, advised inflationary uplift. Based on this inflation uplift, the proposed funding for the Staffordshire BCF for 2019/20 is as follows – although note that until the CCG financial allocations

are published, it will not be possible to confirm that funding for the 2019/20 BCF will be exactly as shown:

Better Care Funding 2019/20	£'000s
CCG RNF transfers to SCC for Adult Social Care (previously SCISH)	17,436
CCG cash transfers to SCC for carers	581
CCG directly commissioned	241
CCG cash transfer for ongoing costs of Care Act	2,012
TOTAL CCG cash transfer	20,271
TOTAL iBCF1	23,201
TOTAL iBCF2	5,003
CCG aligned funding	42,927
TOTAL excl DFG	91,402
Disabled Facilities Grant*	8,172
TOTAL BCF Fund	99,574

*The funding for Disabled Facilities Grants is unknown at this stage, therefore the grant total for 2018/19 has been assumed.

Planning for 2019-20: BCF Schemes

16. In line with NHS advice, there will be no substantial change to the BCF Schemes included in the Staffordshire BCF Plan for 2017-19. The proposed schemes for 2019-20 are therefore:
- Admission Avoidance / Discharge to Assess
 - Ensuring the Sustainability of Adult Social Care
 - Enhanced Primary and Community Care

Scheme A - Admission Avoidance / Discharge to Assess

17. In 2017/18 and 2018/19 Staffordshire NHS and local authority partners implemented the High Impact Change model and embedded a Discharge to Assess approach to acute hospital discharge processes. This model is now in place in the north of the county and joint proposals to address variation in the south of the county, along with the funding requirements, are currently being considered by CCG governing bodies. The impact of this scheme on the number of DTOCs can be seen in paragraph 7, above.
18. The Health and Wellbeing Board is asked to approve the continuation of this scheme, specifically to ensure that the full roll out of discharge to assess is achieved. This will require investment in track and triage services in the south of the county, ensuring there is sufficient Home First capacity in place, as well as sufficient bed-based capacity for those who are deemed unsuitable for home-based reablement.
19. Proposed funding associated with this scheme is shown in the table below:

Service	Funding (£000)
	2019/20
Expansion of Track and Triage team	215
Home First reablement services for integrated prevention and discharge to assess (Living Independently Staffordshire)	10,289
Admission avoidance / discharge to beds	3,071

TOTAL Scheme A	£13,575
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Scheme B - Ensuring the Sustainability of Adult Social Care

20. This scheme has helped to ensure that adult social care has remained sustainable despite market fragility. Home care has been recommissioned to provide greater security to providers and to address recruitment and retention difficulties. Care home provision has been sustained through addressing cost pressures in the market and funding has been used to secure additional capacity where needed.
21. The Health and Wellbeing Board is asked to approve the continuation of this scheme, to ensure that adequate capacity for home care packages and care home placements is available.
22. Proposed funding associated with this scheme is shown in the table below:

Services	Funding (£000)
	2019/20
Home care	28,133
Older people's residential and nursing care and day services	4,077
Learning disability and mental health placements	380
Safeguarding	431
Advocacy	235
Total	£33,256

Scheme C - Enhanced Primary and Community Care

23. This scheme has helped to ensure the funding and improvement of a range of integrated community prevention and health services. Scheme funding has been used to improve working practices, promote independence, pilot an enhanced adult social care front door, sustain carers services and commission new arrangements for Disabled Facilities Grants. This scheme was also used to improve a range of health services, including dementia care and end-of-life care. Funding has also been used to improve outcomes for frail elderly people and to reduce the number of hospital admissions because of falls.
24. The Health and Wellbeing Board is asked to approve the continuation of this scheme, so that continued improvements can be made to integrated community teams and to the quality of care for elderly people and those with dementia and receiving end-of-life care.
25. Proposed funding associated with this scheme is shown in the table below:

Services	Funding (£000)
	2019/20
Integrated community teams	5,209
Occupational therapy	1,820
Carers	1,416
Community equipment	5,304
Dementia care	4,131
Hospices	3,694

Continuing Health Care excluding FNC	10,389
Frailty	7,807
IAPT	4,801
Total	£44,571

Next Steps

26. CCG financial allocations are expected in March 2019, after which the BCF funding and funding for each Scheme can be finalised.
27. Subject to Health and Wellbeing Board approval, the co-Chairs of the Health and Wellbeing Board will approve the final BCF Plan.

List of Background Papers:

- [Appendix A - NEA Performance against trajectory](#)
- [Appendix B - DTOC Performance against trajectory](#)