

# Report

То:	Coventry Health and Wellbeing Board	Date: 8 October 2018
From:	Cathi Sacco – Programme Manager, Better Care Pete Fahy - Director of Adult Services	
Title:	Better Care Fund Plan - Update	

#### 1 Purpose

1.1 The purpose of this paper is to report progress against the Better Care Fund (BCF) Plan and inform HWBB of changes to BCF requirements.

# 2 Recommendations

2.1 Coventry HWBB are recommended to:

- Note the BCF performance against the national metrics
- Support the approach towards meeting the revised expectations as announced in July 2018

#### 3 Background

- 3.1 In March 2017 a new policy framework for the Better Care Fund covering the period 2017 to 2019 was issued at the same time as significant additional funding being made available to councils related to supporting adult social care. These sums arise from the 2015 spending review and the 2017 spring budget. Taken together these sums comprise the Improved Better Care Fund (iBCF).
- 3.2 The Health and Wellbeing Board approved the Coventry Better Care Plan 2017-2019 in October 2017. Formal approval of the plan by the NHS England was received on 21 December 2017.
- 3.3 The BCF remains the primary policy tool to deliver integration of health and social care. The Better Care Plan is a local plan that brings together ring-fenced budgets from the CRCCG and the City Council including specific areas of funding such as the Disabled Facilities Grant (DFG) and funding received as part of the Improved Better Care Fund (iBCF). The total value of the 2017-19 pooled budget is £179.502m made up of £63.897m of local authority resources and £115.605m of CCG resources spread over the 2 year period.
- 3.4 The BCF is supported by a section 75 partnership agreement between Coventry City Council and Coventry and Rugby Clinical Commissioning Group (CRCCG).

- 3.5 The additional investment provided through the iBCF enabled investment in a number of initiatives intended to reduce system demand and improve flow. These schemes covered areas of activity including prevention, hospital discharge support, system flow and community promoting independence. Resources from the iBCF were also identified to support social care pressures particularly in relation to costs of care.
- 3.6 The governance arrangements associated with the BCF require oversight from the HWBB. The delivery responsibility for the programme of work is the responsibility of the Adult Joint Commissioning Board (AJCB) with links to the Coventry Accident and Emergency Delivery Group and the Proactive and Preventative workstream of the STP to ensure BCF and its associated projects and priorities are aligned.

### 4 Performance against Plan

- 4.1 The Department of Health and Social Care and the Ministry for Housing, Communities and Local Government published national conditions and metrics in relation to BCF key policy areas. Each quarter performance against targets related to these metrics, the High Impact Change Model and iBCF initiatives are reported to these Departments.
- 4.2 Planned activity against all metrics is included in the Coventry BCF Plan and progress against plan is set out in the table below.

9605					
	9314	9147	9376	17/18 did not meet annual target. Continued increase in acuity of patients attending A&E has led to pressure on admissions.	
9426	9426	9220	9188		
Not on track to meet quarterly target	On track to meet quarterly target	On track to meet quarterly target	Not on track to meet quarterly target		
73	74	62	97	17/18 met annual target. Performance in Q1 regularly dips. Strengthening of community prevention and therapies and improved flow	
82	75	75	75	from discharge pathways has been effective.	
On track to meet quarterly target	On track to meet quarterly target	On track to meet quarterly target	Not on track to meet quarterly target		
Data not available to access progress	Data not available to access progress	81.2%	Data not available to access progress	17/18 did not meet annual target. Measured annually as a snapshot. Changes to measurement caused performance dip. Increase in number of people receiving reablement.	
NA	NA	85.7%	83%	Ŭ	
3792	3075	Off target	2904	17/18 met annual target with substantial progress made over the year. Challenge in sustaining progress.	
	Not on track to meet quarterly target 73 82 On track to meet quarterly target Data not available to access progress NA	Not on track to meet quarterly target On track to meet quarterly target   73 74   82 75   On track to meet quarterly target On track to meet quarterly target   Data not available to access progress Data not available to access progress   NA NA	Not on track to meet quarterly targetOn track to meet quarterly targetOn track to meet quarterly target737462827575On track to meet quarterly targetOn track to meet quarterly targetOn track to meet quarterly targetData not available to access progressData not available to access progress81.2%NANA85.7%	Not on track to meet quarterly targetOn track to meet quarterly targetOn track to meet quarterly targetNot on track to meet quarterly target7374629782757575On track to meet quarterly targetOn track to meet quarterly targetNot on track to meet quarterly target0 track to meet quarterly targetOn track to meet quarterly targetNot on track to meet quarterly targetData not available to access progressData not available to access progressData not available to access progressData not available to access progressData not available to access progress81.2%Bata not available to access progressNANA85.7%83%	

Planned Activity	4788	3684	3433	3470	
	On track to meet target				

4.3 The above performance reflects the national picture, with improved performance in DToC (Delayed Transfer of Care), and Residential Admissions and continued challenges to reduce Non-Elective Admissions.

## 4.4 Improving Delayed Transfers of Care

The Better Care Fund has a significant focus on reducing Delayed Transfers of Care. In order to support systems in achieving the reductions, a 'High Impact Change Model' was developed which identifies eight system changes which will have the greatest impact on reducing delayed discharge. Department of Health and Social Care returns require areas to self-assess their progress against the eight changes. Performance for Coventry has been self-assessed as shown in the table below:

	Q2 2017-2018	Q3 2017-2018	Q4 2017-2018	Q1 2018-2019	Comments
Early discharge planning	Established	Established	Established	Established	
Systems to monitor patient flow	Established	Established	Established	Established	
Multi- disciplinary/agency discharge teams	Mature	Mature	Mature	Mature	
Home first/discharge to assess	Established	Established	Established	Mature	
Seven day service	Plans in Place	Plans in Place	Plans in Place	Plans in Place	Work in progress.
Trusted assessors	Plans in Place	Plans in Place	Plans in Place	Plans in Place	Pilots in place.
Focus on choice	Plans in Place	Plans in Place	Plans in Place	Plans in Place	Established as of Q2
Enhanced health in care homes	Established	Established	Established	Established	
Red bag scheme	Plans in Place	Plans in Place	Plans in Place	Established	

- 4.5 The position in respect of the High Impact Change Model is generally in line with other areas in that seven-day service, trusted assessors and focus on choice present particular challenges. These areas, however, are now progressing.
- 4.6 Beyond the metrics, delivery of the Coventry BCF Plan has resulted in a number of significant and positive shifts in bringing together health and social care. The joint working and clear focus for staff involved in discharge processes has been a key factor in delivering improvement and we have also progressed initiatives including the implementation of a Red Bag Scheme that will be rolled out further in 2018 and 2019 (Red Bag scheme ensures relevant information on an individual is passed on in their journey from a care home to hospital and back). The investments in prevention projects are also scheduled to be formally evaluated through work led in Public Health.

### 5 Revised Operational Guidance and Ambitions

5.1 In July 2018 the Department of Health and Social Care published new *Integration and Better Care Fund Operating Guidance 2017-2019.* The guidance set out new expectations that:

- all areas reach 'Established' in relation to each of the 8 High Impact Changes by March 2019 – based on self assessment there is high level of confidence in achieving this
- all areas implement the Red Bag Scheme by March 2019 in place and to be rolled out
- all areas achieve new Delayed Transfers of Care expectations by September 2018 significant challenges (see below)
- 5.2 Delayed Transfers of Care expectations were allocated to areas based on third quarter 2017/2018 performance in order to reach the Department of Health and Social Care's national ambition of an overall reduction of 4,000 days by September 2018 and to sustain this performance throughout the year.
- 5.3 For Coventry the formal notification of DToC expectation was received 31 August 2018, and is to achieve 25.7 Delayed Transfer of Care per day. In June 2018 Coventry had an average of 31.0 patients delays each day. The new target is challenging as is the timescales in which to meet it. The Coventry A&E Delivery Group have taken the approach that rather than develop a new set of plans to continue with progress against the High Impact Change Model and understanding in more forensic detail the actual issues underpinning delays at a patient level. The new target, however, represents a significant challenge.

### 6 Future of the Better Care Fund

- 6.1 The future of the Better Care Fund and the additional funding provided by the BCF in the form of the iBCF grant to social services are uncertain and are linked to the spending review and the long-term funding of NHS.
- 6.2 The level of funding to Adult Social Care is significant, and any future reductions will have an impact on delivering core and preventative services and sustaining the care market in Coventry which is likely to have a wider system impact.

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