

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD DEVELOPMENT DAY
WEDNESDAY, 13 DECEMBER 2017 AT 10:00AM**

2017-19 BETTER CARE FUND UPDATE

Report of Director of Adult Care Services

Author: Edward Knowles, Assistant Director Integrated Health
(Tel: 01992 588950)

1. Purpose of report

- 1.1. To provide an overview of 2017-18 Better Care Fund performance in Hertfordshire to date.

2. Background

- 2.1 The Better Care Fund (BCF) was announced by the Government in June 2013, and a local plan agreed in Hertfordshire between Hertfordshire County Council (HCC), East & North Clinical Commissioning Group (EHNCCG), Herts Valleys Clinical Commissioning Group (HVCCG) and Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) in April 2014. The national policy requires the establishment of a single pooled budget (the BCF) to enable delivery of the local BCF plan to integrate health and social care services.
- 2.2 Hertfordshire's latest [Better Care Fund Plan](#) outlines health and social care integration plans for 2017-19. These are centred around the resident-focused 'Integration Framework' of what joined up care should look like by 2020 and summarised in the below vision diagram (figure 1). This approach has been showcased as good practice by the [Social Care Institute of Excellence](#). In line with last year, Hertfordshire continues to pool the majority of HCC and CCG out-of-hospital older people budgets to a total of £280m.
- 2.3 The Plan was submitted to NHS England in September this year. Although it has been recommended for approval, final confirmation is expected imminently.

Figure 1: Hertfordshire’s resident focused planning framework



3. Performance

3.1 Performance Metrics

3.2 Hertfordshire’s BCF is measured by NHSE quarterly against 4 set performance metrics (see table 1). The latest performance information is as below (see appendix 1 for more detailed information):

Table 1: 2017-18 Performance against NHSE metric targets

| National Metric | 2017-18 Target | Latest Performance |
|---|--|-----------------------------|
| 1. Non-elective admissions | 27,401 (Q2 figure – varies each quarter) | 27,427 – not meeting target |
| 2. Admissions to residential & nursing care | 575 admissions per 100, 000 population | 388* - meet target |
| 3. Effectiveness of reablement | 85% of 65+ still at home 91 days after discharge into reablement/rehabilitation services | 87% - meeting target |
| 4. Delayed transfers of care | 1228 delayed days from hospital – rate per 100, 000 population (Q2 figure – varies each quarter) | 1299 – not meeting target |

**Overall admissions figure likely to rise due to report lag although still predicted to be meeting the target.*

- 3.3 Hertfordshire continues to perform positively in relation to admissions to care homes and effectiveness of reablement. As well as improved recording, consistent performance in the face of rising client numbers is attributed in part to the Specialist Care At Home (SCAH) model successfully managing down client need enabling them to remain at home.
- 3.4 A key challenge is meeting ambitious delayed transfers of care (DToC) targets set by NHS England. Although not meeting the target this quarter, performance is much improved on the same period last year. This is attributable to spending against the Improved BCF (iBCF) social care grant monies. This includes increases in social work staffing to support assessment activity, increases in SCAH capacity and an enhancement to the pay of front line homecare workers leading to better recruitment and retention. Plans for the next quarter, such as the roll-out of Discharge to Assess, should also assist.
- 3.5 Other key performance commentary for the latest quarter includes:
- Agreement between Adult Care Services (ACS) and E&NHCCG to join contracts for Continuing Healthcare – planning is now underway
 - A '100 day challenge' is taking place in 2 localities, Upper Lee Valley and St Albans and Harpenden, to pilot new ways of integrated working in specific areas, e.g. case management and dementia care
 - Further development of place-based care with each locality now having agreed local priorities in place
 - The Hertfordshire Home Improvement Agency managing Disabled Facilities Grant monies nominally went live on 1 October this year
 - Plans in place for roll-out next quarter: Discharge to Assess enabling medically fit patients to be assessed out-of-hospital, Impartial Assessor – working with care homes and hospital teams to discharge care homes residents – in Watford and Princess Alexandra Hospitals, development of interoperability and other electronic data sharing plans.
- 3.6 A performance framework is also in development. This will measure progress against each of the 7 'I statements' featured on the Integration Framework and Hertfordshire's advancement to integration by 2020.

4.0 Risks

- 4.1 BCF risks continue to be monitored by the Chief Finance Officer Group and reported to the HV Planned & Primary Group, E&N Joint Commissioning Partnership Board and the Strategic Partnership Boards in accordance with BCF reporting structures and risk

management strategy. Risks this quarter include health and social care market capacity and retention issues.

5.0 Recommendation

5.1 That the Board notes the key points of 2017-18 BCF performance to date.

| | |
|---|---|
| Report signed off by | Colette Wyatt-Lowe, HWB Chair |
| Sponsoring HWB Member/s | Iain MacBeath, Beverley Flowers, Kathryn Magson |
| Hertfordshire HWB Strategy priorities supported by this report | The Better Care Fund proposals relate to all 4 Health & Wellbeing Strategy priority areas |
| <p>Needs assessment (activity taken) The Better Care Fund identifies initial priorities for integration based on our understanding of both need in the area and future demographic challenges, which is why the priorities include:</p> <ul style="list-style-type: none"> • Support to frail elderly populations • Long term conditions • Dementia • Prevention | |
| <p>Consultation/public involvement (activity taken or planned) See National Condition 1 of the BCF Plan for notes on consultation which included joint agreement between HCC and the CCGs with input from providers and other stakeholders Also previous BCF Plans, which form the base of current version, were developed in relation to extensive consultation activity around the BCF process, with patient groups, statutory bodies, provider organisations and the voluntary and community sector. Individual integration projects have also often carried out their own consultation and engagement exercises.</p> | |
| <p>Equality and diversity implications Each project that is delivered as part of the Better Care Fund work is subject to robust equality impact assessments to ensure the impact on different groups is understood and where necessary mitigated against. An EQIA was also created for the 'Joined Up Care Framework' forming the basis of this year's BCF Plan and which identified that the BCF actively creates opportunities to promote equality.</p> | |
| Acronyms or terms used. eg: | |
| Initials | In full |
| ACS | Adult Care Services |
| BCF | Better Care Fund |
| CCG | Clinical Commissioning Group |
| DToC | Delayed transfers of care |
| HCC | Hertfordshire County Council |
| HWB | Health & Wellbeing Board |
| NHSE | NHS England |
| SCAH | Specialist Care at Home |