

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 19 DECEMBER 2018 AT 10:00AM**

BETTER CARE FUND 2017-19 UPDATE

Report of Director of Adult Care Services

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1. Purpose of report

- 1.1 To provide an overview of 2017-19 Better Care Fund performance in Hertfordshire and an update on Q2 of 2018-19.

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, 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](#)¹ 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](#)². Hertfordshire pools the majority of the County Councils and CCG out-of-hospital older people budgets to a total of £280m.

¹ <https://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/better-care-fundhigh-level-plan.pdf>

² <https://www.scie.org.uk/news/opinions/integration-hertfordshire>

Figure 1: Hertfordshire’s resident focused planning framework



3. Recommendation

3.1 That the Board notes the key points of 2017-19 BCF performance to date.

4. Performance

4.1 Hertfordshire’s BCF is measured by NHSE quarterly against 4 set performance metrics (see Table 1 and appendix A). Performance against these targets is as below:

Table 1: 2018-19 Performance against NHSE metric targets

National Metric	2018-19 Target	Q2 Performance
1. Non-elective admissions	27,280 (Rate per 100,000 population)	28,658 – not meeting target
2. Admissions to residential & nursing care	505 admissions per 100, 000 population (Annual rate)	473 - meeting target
3. Effectiveness of reablement	86% of 65+ still at home 91 days after discharge into reablement/rehabilitation	83% - not meeting target

	services	
4. Delayed transfers of care	874 delayed days from hospital – (Rate per 100,000 population)	1,106 – not meeting target

4.2 Hertfordshire continues to perform positively in relation to admissions to care homes and effectiveness of reablement. The achievement of the target for number of admissions to residential and nursing care shows that the number of new placements continues to be carefully managed with consideration given to alternative forms of support prior to approval. Though not currently meeting the target, the number of service users 65+ still at home 91 days after discharge has stayed relatively steady and close to the target. 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.

4.3 A key challenge is meeting ambitious delayed transfers of care (DToc) targets set by NHS England. Although not meeting the target this quarter, performance has consistently improved over the 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. The expansion of Discharge to Assess across the county has now been implemented and should aid in the continued movement towards the target.

4.4 Other key performance commentary for the latest quarter includes:

- Hertfordshire Integrated Discharge Teams can now be considered 'Mature' in their implementation, as the teams are fully embedded in the work of the hospital trusts and recognised by all parts of the system.
- The Community Navigator service has made progress promoting the appropriate use of Primary Care by working with CCG partners on both sides of the county to review non-health referrals with GP practices in order to target level of engagement. This includes some GP surgeries having rolled out Navigation clinics across the county and Navigators are now fully embedded into the GP multi-disciplinary meetings.
- A draft version of a performance framework dashboard has been designed. This dashboard measures progress against the Integration Framework including metrics and project progress updates from both social care and the acute system. This is currently being piloted using Q2 data; if the pilot is successful, this dashboard will likely be used to report BCF performance to the HWB in the future.

5. Risks

- 5.1 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.

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 the County Council 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

