

NORTH LINCOLNSHIRE COUNCIL

Health and Well-being Board

Better Care Fund Update Report Update report in relation to the delivery of the Better Care Fund

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 This report provides a summary of performance and progress against the Better Care Fund metrics and plan for 2020/21 and an outline of the requirements for 2021/22.

2. BACKGROUND INFORMATION

2.1 The Better Care Fund (BCF) requires local authorities and Clinical Commissioning Groups to agree a joint plan for delivering integrated health and care services across each Health and Wellbeing Board (HWB). These plans are signed off locally by HWBs and then assured jointly by health and social care partners at NHS Regional level, before being approved nationally.

The last Better Care Fund Plan assured by the national BCF team (NHS England/ADASS) was the 2019/20 plan, with assurance received in December 2019. Due to the Covid pandemic, there was no national requirement to submit a BCF plan for 2020/21, with the only requirement to submit an end of year finance return. Systems were required to continue to meet the national conditions and North Lincolnshire has continued to monitor performance against the national BCF metrics. The current national metrics are;

- reducing delayed transfers of care,
- reducing non-elective admissions to hospital,
- improving re-ablement outcomes and
- reducing long term admissions to residential and nursing care

2.2 Update on the North Lincolnshire BCF plan

Throughout 2020/21, North Lincolnshire has continued to meet the national conditions, has maintained its investment plans and continued to deliver against the components of the national High Impact Change Model.

The Better Care Fund is used to target one or more of the BCF metrics. Whilst some schemes will support delivery of a number of metrics, they have been described below in terms of which metrics they are expected to have greatest impact on. There is significant synergy between rehabilitation and reablement outcomes and reducing residential care placements.

2.2.1 Reducing Delayed Transfers of Care

There has been a range of schemes aimed at reducing the number and duration of delayed transfers. However, during 2020/21 the focus shifted to deliver the Covid 19 Hospital Discharge Service Requirements Guidance (March 2020). This set out the requirements of health and care partners to support the discharge of people from hospital, as soon as they are fit for discharge, with assessments being undertaken within the home or community setting.

Additional non-recurrent funding associated with the Discharge from Hospital Guidance has further supported discharge into community care home beds where the needs of people have required this. However, the impact of Covid on the health and care workforce has negatively impacted on capacity in intermediate care, care homes and domiciliary care.

NHS England paused the collection and publication of this data during 2020/21 due to the covid pandemic, however length of stay has continued to be monitored locally with system partners working together to facilitate rapid discharge once people become fit for discharge. Local performance has remained good and the local system is consistently one of the better performers.

2.2.2 Reducing non-elective hospital admissions

These schemes support people who are acutely unwell but can be managed without a hospital admission. These services include community Emergency Care Practitioners to manage people at home, and services providing urgent and non-urgent frailty services including older people's mental health. Throughout 202/21, the capacity of these teams has continued to be fully utilised to avoid admissions to hospital, supported by additional non-BCF funding to include senior GP capacity in the team to support management of people in the community.

In terms of performance, targets are based on the definition; total non-elective admissions to hospital (general & acute), all-ages.

The target for 2020/21 was 22,550. Actual year-end position was 18,429 which was significantly lower than the target (better), however this is a reflection in the significant reduction in non-elective presentations for many conditions except Covid 19.

2.2.3 Improving reablement outcomes

The main schemes supporting this target have increased investment into Home First homecare and Sir John Mason House to increase reablement capacity. Throughout the Covid pandemic, the complexity of people admitted to hospital and those requiring rehabilitation and reablement has increased, whilst the capacity in teams has reduced due to the impact of staff sickness and isolation.

In terms of performance, the target is based on the following definition; ASCOF 2B Part 1. Outcome Measure from the Adult Social Care Outcomes Framework (ASCOF): Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

The local target for 20/21 was set at 96.0%. The provisional outturn for 20/21 is 85.5%, therefore performance was below the target. Due to outbreaks of Covid 19 within care settings, there was a significant reduction in capacity within rehabilitation and reablement services. Alongside this, due to the nature of Covid 19, the needs of people hospitalised with Covid were more complex and people required longer to recover, impacting of outcomes.

2.2.4 Reducing residential care placements

There are three schemes targeted at reducing long term residential placement. These schemes support short-term placements with the aim of returning people to their own home, however, due to the complexity of people's needs on discharge from hospital, the pace at which they are able to return to a level of independence has been reduced.

In terms of performance, the target is based on the following definition; ASCOF2A Part 2. Outcome Measure from the Adult Social Care Outcomes Framework (ASCOF): Long-term support needs for people aged 65+, met by admission to residential and nursing care homes, per 100,000 population.

The target for 20/21 was set at 596.3 people per 100,000 population. This relates to approximately 215 new admissions (an average of 17 per month) between 1 April 2020 and 31 March 2021. The provisional outturn for 20/21 is 542.9 people per 100,000 population or 199 new admissions, therefore achieving the target.

2.2.5 Guidance for 2021/22

BCF Planning Requirements for 2021/22 are expected to be published on 17th September along with the NHS H2 planning guidance for the second half of 21/22. It is expected that this guidance will include the following;

- The BCF Policy Framework will set out the Government's overall vision for the BCF in 21/22, which is broadly in line with previous years: a jointly agreed LA and NHS plan to maintain investment in social care, invest in NHS-commissioned out of hospital services and to improve discharge. National Condition 4: plan for improving outcomes for people being discharged from

hospital - performance on discharge will be on a HWB footprint and monitored using data collected from hospital systems. Plans will be required to describe improvements in a) reducing length of stay in hospital, measured through the percentage of people who have been in hospital for longer than 14 and 21 days, and b) improving the proportion of people discharged home using data on discharge to their usual place of residence.

- Change in metrics – Non-elective admissions will be replaced with avoidable admissions to hospital (rate of emergency admissions for ambulatory sensitive conditions)
- Draft timescales for plan submission: draft BCF plans are to be submitted before the end of Oct followed by formal submission of BCF plans on 11th Nov. Assurance of plans by the Y&H Regional Panel is to be completed by end of December 2021.

The CCG and North Lincolnshire Council propose to use the 2021/22 guidance and plan submission as an opportunity to realign the plan to better reflect the current and future service models to deliver the High Impact Changes and metrics, recognising that the current plan reflects the early BCF service developments which have matured over time.

3. OPTIONS FOR CONSIDERATION

- 3.1 To note the progress against the 2020/21 BCF Plan, including the impact of Covid 19 on performance.

4. ANALYSIS OF OPTIONS

- 4.1 Not applicable

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

- 5.1 The CCG meets its requirements in relation to the minimum CCG investment requirement.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

- 6.1 This paper does not propose any new schemes within the Better Care Fund. Where a new scheme or a change to a scheme is proposed, this will be subject to an integrated impact assessment, covering quality, equality and sustainability.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 None

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 None

9. RECOMMENDATIONS

9.1 The Health and Well-being Board are asked to note the content of this report.

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