

Health & Wellbeing Board Buckinghamshire

Better Care Fund (BCF) 2021-22 Plan

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Introduction

- The Better Care Fund (BCF) is a national vehicle for driving health and social care integration
- It requires a jointly agreed plan to be set and owned by each Health and Wellbeing Board (HWB), using a pooled budget
- Now want to build on progress made during the pandemic
- Aim to strengthen integration, delivery of person-centred services and enable system recovery
- There will be continued focus on improving how and when people are discharged from hospital

2021-22 Overview



BCF 2021-22
(£42,494,480)

- Policy guidance published 19th August
- Allocations published 30th September
- The total allocation for 2021-22 is **£42,494,480**. This includes:
 1. Minimum Clinical Commissioning Group (CCG) contribution
 2. Improved Better Care Fund (iBCF)
 3. Disabled Facilities Grant (DFG)
- Due to ongoing system pressures this will be a 1-year plan with minimal changes

Funding overview

1. Minimum CCG Contribution

- Total allocation is £33,535,839
- At least £11,236,611 is mandated for Adult Social Care and allocated against a variety of schemes
- This is a **5.52% increase** on the 2020-21 allocation
- At least £9,536,590 is mandated for NHS Commissioned out of hospital spend
- Continues to include funding to support:
 - Implementation of the Care Act 2014
 - Reablement
 - Provision of carers breaks
- Can pool additional funding if desired



CCG Minimum
Contribution
(£33,535,839)

Funding overview

2. Improved Better Care Fund (iBCF)

- Confirmed as £4,892,680 for 2021-22
- This is **the same as** 2020-21



3. Disabled Facilities Grant (DFG)

- Confirmed as £4,065,961 for 2021-22
- This is **the same as** 2020-21
- Due to the move to unitary council status, this is no longer passported to District Councils



Schemes funded through the BCF

- **CCG Minimum – Fully Funded**
 - BC Hospital Discharge Teams supporting delivery of D2A
 - BC Home Independence Team
 - BC Short Term Intervention Team
 - British Red Cross Home from Hospital Service
 - Assistive Technology Service
 - Alzheimer’s Society Memory Support Service
 - BHT Falls pathway
 - Advocacy and Deprivation of Liberty Safeguards (DoLS) services
- **CCG Minimum – Part Funded/Contribution**
 - Integrated Commissioning functions for delivery of quality care
 - Carers Bucks Integrated Carers Service (Not children’s element)
 - BHT Integrated Community Health Services
 - Local Authority additional placement pressures from D2A (non-HDP funded)

Schemes funded through the BCF

- **iBCF**

- Brokerage to support self-funders
- Healthwatch community engagement contract
- Contribution to 65+ placements for residential and nursing care, respite, step up/step down and supported living to support pressures
- Contribution to Direct Payments

- **DFG**

- Mandatory capital funding of home adaptations
- Schemes linked to enabling discharge/admission avoidance including:
 - Deep cleans supporting homeowners that self-neglect
 - Healthy Homes on Prescription Grant – essential works to address health and safety hazards in the home

Locally – What's changed for 2021-22?

- System BCF working group set up as part of local BCF review
- BCF Action plan put in place to support BCF review
- Reviewed and re-mapped BCF expenditure
 - Realigned to reflect changes following the Adult Social Care Operations restructure
 - New schemes added which contribute to BCF outcomes
 - Split out expenditure related to Care Act Pressures to enable clearer and more measurable reporting
 - Identified services/schemes for review for 2022

Nationally – What’s changed for 2021-22?

- National condition 4 amended to reflect changes to hospital discharge pathways:
 - Now: ***“Plan for improving outcomes for people being discharged from hospital”***
 - Changed from: *“a clear plan on managing transfers of care including implementation of the High Impact Change Model for Managing Transfers of Care....adopt the centrally-set expectation for reducing or maintaining rates of delayed transfers of care...”*
- Metrics revised (see slide 11)
- Reviewing further support for the COVID-19 response and recovery, including funding for the hospital discharge policy
- BCF spending plans for Quarter 3 & Quarter 4 to take into account future funding decisions relating to this

Meeting National Condition 4

- Demand and capacity modelling taking place to facilitate more effective and strategic commissioning
- Home First pathway being reviewed to create a more simplified and streamlined pathway
- Setting up of an Integrated Hub to facilitate greater MDT working
- Understanding the impact of Continuing Healthcare (CHC) and complex case delays on length of stay (LOS)
- Developing clarity around pathways to ensure appropriate people go through Discharge to Assess (D2A)
- High Impact Change Model – continue to use this tool to enable successful delivery and implementation of the discharge policy

Metrics and Reporting

- Delayed transfers of care (DToC) suspended March 2020 – metric replaced with **discharge indicators**.
- For 2021-22, as an interim measure, this data will be collected from hospital systems through NHS Secondary Uses Service (SUS)
- Focuses on improvements in
 - Length of stay (% of inpatients longer than 14 and 21 days)
 - Proportion of people discharged home to their usual place of residence
- Non-elective admissions replaced with **avoidable admissions**
 - Better reflects joint health and social care work to support independent living and prevent avoidable stays in hospital
- Trajectories required from Quarter 3 of 2021-22

Metrics and Reporting

- **NEW: Avoidable Admissions**
- Defined as: “Unplanned hospitalisation for chronic ambulatory care sensitive conditions” (NHS Outcome Framework indicator 2.3i)
- Proposed trajectory:

	19-20 actual	20-21 actual	21-22 plan
Rate per 100k population	525.8	401.2	512

- Target to be set as 512 admissions per 100k population based on analysis of performance since 2018-19
- Represents an improvement on 2019-20 performance but not 2020-21. Data suggests the decrease in 2020-21 is due to fewer admissions during the pandemic

Metrics and Reporting

- **NEW: Length of Stay**
- Defined as: “Percentage of inpatients, resident in the HWB, who have been an inpatient in an acute hospital for:
 - 14 days or more as a percentage of all inpatients
 - 21 days or more as a percentage of all inpatients”
- Proposed trajectory:

	21-22 Q3 plan	21-22 Q4 plan
14+ days	12%	12%
21+ days	6.7%	6.6%

- Targets set based on data and forecasts provided, discussion with Buckinghamshire Healthcare Trust and Frimley Health Foundation Trust, on guidance from colleagues and the regional BCF team

Metrics and Reporting

- **NEW: Discharge to usual place of residence**
- Defined as: “Percentage of people, resident in the HWB, who are discharge from acute hospital to their normal place of residence”
- Proposed trajectory:

	19-20 actual	20-21 actual	21-22 plan
% discharged to usual place of residence	94.1	92.8	93.5

- Target to be set as 93.5%, which is average performance from April 2019 to date and slightly above forecasted values
- Represents an improvement on 2020-21 performance and, if achieved, would be reviewed again for 2022-23

Metrics and Reporting

- **Effectiveness of reablement** metric remains
 - 2020-21's outturn for the 91-day reablement measure was 87.9% against a target of 75%.
 - This is a significant increase on the 2019-20 performance of 77%.

Data Summary - 20-21

	Yes	No	Unknown	Total	% at home
At home at 91 days - RRIC	75	6	6	87	86.2%
At home at 91 days - ASC	187	22	2	211	88.6%
	262	28	8	298	87.9%

- Target set as 77% in line with BC corporate target for this indicator as impact of covid on last year's performance unclear at this point. This is in line with SE regional performance of 76.9% (ASCOF 2020)

RRIC = Rapid Response Intermediate Care

ASC = Adult Social Care

ASCOF = Adult Social Care Outcomes Framework

Metrics and Reporting

- **Long term admissions to care homes** remains
 - Due to the transfer of data from AIS to LAS, reporting on this metric for 2021-22 will be available from October/November
- The 2020-21 care home admission metric **was met**, with a rate of 329 against a pro-rated target of 350 for admissions to 16th February 2021
- The target for 2021-22 is set as 526.5 admissions per 100,000 population per year in line with the Buckinghamshire Council corporate indicator. This is equal to South East Regional performance in 2019-20 and remains lower than the England average of 584 (ASCOF 2020).

Assurance

- Planning template completed
- Sign off through Buckinghamshire Council and Buckinghamshire CCG governance including the HWB
 - *Due to the challenging timeframes for submission of the plan, it has been submitted with delegated authority pending formal approval by the HWB*
- Draft plan submitted and reviewed
- Final plan submitted
- Regional assurance and moderation
- Formal approval of plan received

Future of BCF - Nationally

- The BCF review, committed as part of the NHS long term plan, concluded:
 - A fund should continue, dismantling it would be a backward step
 - The NHS contribution to Social Care should be maintained
 - More clarity around BCF policy and aims is required
- Positive changes resulting from Covid-19 need to be built upon
- Areas are in different stages towards better joint working
- Proposals set out in the Health and Care Bill will impact longer term system thinking and planning – future BCF arrangements will support these proposals
- Government will explore options to introduce incentives linked to improved discharge outcomes

Future of BCF - Locally

- Continue to deliver against the BCF action plan including:
 - Further review of expenditure for 2022 onwards
 - Strategic planning in response to upcoming changes to enable greater integration
 - Review and develop internal reporting on performance and outcomes
 - Review and update the Section 75 pooled budget agreement
 - Share best practice across the Integrated Care System (ICS) and other HWB areas
 - Align to other national initiatives such as the Ageing Well Programme
- When there is clarity around future hospital discharge funding, ensuring future plans support delivery of improving outcomes for those discharged from hospital
- Incorporate changes to CCGs and ICS's ensuring a place-based commissioning model remains to support integration within Buckinghamshire
- Utilise opportunities for support from the national BCF team to embed this

Recommendations for the Board

- **To formally approve the 2021-22 BCF plan for Buckinghamshire**
- **To note** the update provided on the BCF including the budget for 2021-22, schemes funded and metric trajectories
- **To delegate** authority for development of Buckinghamshire's BCF plans to lead officers for BC Integrated Commissioning and Buckinghamshire CCG. This includes allocation of BCF expenditure, trajectories for locally set metrics, completion of supporting narrative, and assurance that all planning requirements and national conditions are met.
- **To agree** that the Integrated Commissioning Team continue to service all requirements of the BCF, including reporting via the Integrated Commissioning Executive Team on performance and bi-annual updates to Health and Wellbeing Board.