

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 25TH November 2021

Decision Type: Non-Urgent Non-Executive Non-Key

Title: Better Care Fund (BCF) and Improved Better Care Fund (iBCF)
21-22 Quarter 2 Performance Report

Contact Officer: Ola Akinlade, Integrated Strategic Commissioner Early Intervention, Prevention and Community Services Commissioning, Programmes Division.

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Ward: All Wards

1. Summary

This report provides an overview of the Better Care Fund and the Improved Better Care Fund 2020/21 on expenditure and activity for Quarter 2 (referred to as Q2 in this report) which is the period July to September 2021

2. Reason for the report going to Health and Wellbeing Board)

To provide the Health & Wellbeing Board with an overview of Q2 (21-22) performance for the Better Care Fund and the Improved Better Care Fund.

3. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

That the Health & Wellbeing Board notes the performance and progress of both the BCF and iBCF schemes as well as the latest financial position for Q2 2021.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: BCF: £26,558k (estimated) for 2021/22; iBCF: £7,985k in 2021/22
 2. Ongoing costs: BCF: £26,558k (estimated); iBCF: £5,826k
 3. Total savings: N/A
 4. Budget host organisation: LBB
 5. Source of funding: Section 31 Grant, Ministry of Housing, Communities & Local Government (previously DCLG)
 6. Beneficiary/beneficiaries of any savings: London Borough of Bromley and Bromley CCG
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Supporting Public Health Outcome Indicator(s)

Not Applicable:

4. COMMENTARY

The Better Care Fund (BCF) grant is ring fenced for the purpose of pooling budgets and integrating services between South East London Clinical Commissioning Group (Bromley) (BCCG) and London Borough of Bromley (LBB). The Improved Better Care Fund (iBCF) was a new funding element added to the Better Care Fund from 2017-18 which is paid to local government as a direct Local Authority grant for spending on adult social care.

4.1 **Purpose of Report:**

4.2 To provide the Health & Wellbeing Board with a summary of BCF/iBCF Q2 (21-22) performance.

4.3 **Better Care Fund - Performance Metrics**

The health and care partnership's performance against the national metrics forms part of Bromleys quarterly BCF return. A description of these metrics (subject to change in Q3 21-22 based on the BCF 21-22 plan) is detailed below:

- 1: Reduction in Non-Elective admissions
- 2: Delayed transfers of care (DTOCS) (delayed days)
- 3: Rate of permanent admissions to residential care per 100,000 populations
- 4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

4.2.1 Metric Performance update.

Summary:

Measure 1, the reduction in non-elective admissions and Measure 2, Delayed Transfers of Care have been paused by government and are therefore not reported.

Health and care partnership performance against Measures 3 and 4 continues to be in line with anticipated outcomes.

Detailed below is an update on the two metrics being reported on for this quarter:

1). *Admissions to residential care*-Quarter 2 (21-22)

Planned		Qtr 2 (July to Sep 2021) Actual
Long term support of older people (aged 65 and over) met by admission to residential and nursing homes per 100,000 population (57,626 in Bromley)	(425-last years target)	192 per 100,000 (This exceeds the target for the period)

Q2 actual performance for admissions to residential care is better than the projected target for the same period and exceeds performance for the same period in 20-21

2) Reablement Q1 (April to June 2021)

		Planned 21-22	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	Qtr 4 Actual
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	90.1%	100%			
	Number	446/495	27/27 (April , May and June 2021)			

Q1 actual performance is 100% (27/27) although there is a 91-day lag for data, therefore this data relates to April to June 20-21 only. This is a positive trend as we are exceeding anticipated targets demonstrating a very positive outcome from integrated working between Bromley health and social care partners.

4.4 Update on BCF Funded Schemes (Q2)

4.5 Bromley Well Q2 (21/22) performance is as detailed below:

Bromley Well currently delivers a self management, prevention and early Intervention service comprised of nine pathways. Service performance for Q2 20-21 has been in line with anticipated activity and service outcomes.

Single Point of Access (SPA)

The Single Point of Access (SPA) continues to triage clients at the front end of the service. SPA activity continues to be maintained in line with anticipated quarterly expectations for this year. Whilst there has been a 10% decrease in SPA enquiries from Q1, the service has seen an increase in complex presentations by residents. There continues to be a high demand for the form completion and income maximisation service.

Adults with Long Term Health Conditions (LTHC)

The number of new referrals to the Long-Term Health Conditions pathway has decreased slightly (71 for Q2 compared to 80 for Q1) but still exceeds last years quarterly average of 63. The numbers of clients retained and being worked with continues to increase with approximately 1,500 being worked with as a rolling annual figure which would also suggest high retention rates.

Elderly Frail Pathway (EFP)

Referrals to the Elderly Frail pathway continue to exceed 300 (455 in Q2) and ongoing numbers of clients being worked with exceeds 1300. The service continues to see an increase in the numbers of clients being referred for ongoing support. Commissioners are currently working to improve step down options for all these services

Employment and Education (E&E)

Referrals for the E&E pathway have increased slightly - 49 in Q2 compared to 41 for Q1 but still below last years quarterly average of 5. This reflects fewer residents with health conditions in vulnerable groups are accessing working or volunteering. The service continues to explore and utilise use of online learning platforms and review ways to increase access to volunteering as a pathway to employment.

Learning Disability (LD) Pathway

There has been a decrease in the numbers of new referrals to the service in Q2 (50) compared to 71 for Q1. The service has continued to engage with clients through various forms of media and identifying safe volunteering opportunities.

Physical Disabilities (PD)

There has been an increase in new referrals to the physical disabilities pathway with 68 referred in Q2 compared to 60 for Q1. Drop-in sessions have resumed in Mottingham and Cotmandene. Some outreach has been provided as well for a small number of clients who continue to self isolate due to their health conditions

Mental Health Pathway (MH)

The number of referrals to this service in Q2 is 173, down from 222 in Q1 although the service continues to see a high level of clients.

Carers Pathway

The service continues to run drop-in service for carers to provide a safe and confidential space to talk to their advisors. Referrals to the service continue to be high and the pathway continues to see carers requiring information, advice and guidance as well as emotional / face to face support.

4.6 Transfer of Care Bureau and Hospital Discharge

The Transfer of Care (ToC) Bureau arrangements support discharges from the PRUH, (approximately 30% of discharges, averaging 24 per day). The average length of stay has reduced by 25% since the advent of the Single Point of Access arrangements implemented in April 2020. In response to the Covid pandemic discharge arrangements have been reviewed to develop the Bromley Discharge Partnership with integrated triage and discharge pathways into the community.

4.7 Dementia Hub

The Dementia Post Diagnosis Support Service (Dementia Hub) has seen staff return to the office, one day a week at Bromley, Lewisham, and Greenwich MIND; There were 437 enquiries, a rise of 76 on last quarter's numbers, of these 47 were re-referrals and 132 new allocations. The Carers workshops have proved very popular and the training team added two additional workshops in August with another four added in September to meet demand.

Update on iBCF Schemes

4.8 Continuing Healthcare (CHC)

The project involves managing CHC case work and strategy in the context of the National Framework and working with the Council to support through training and support of practitioners.

The funding supports a senior practitioner to be the first point of call and dealing with disputes and escalating as necessary.

4.9 Care Homes

Bromley currently has 52 CQC registered care homes and SIX Extra Care Housing schemes. There are over 1,800 beds across these settings. There are a number of current and planned initiatives, projects and workstreams to support the care home programme, guided by the NHSE/Enhanced Health in Care Homes (EHCH) Framework including the following:

- Enhanced primary care support: Bromleag Care Practice (BCP), the dedicated GP practice serves 34 elderly frail care homes and 6 Extra Care Housing schemes. The practice provides enhanced clinical support to care homes.
- Flu & Covid-19 – Outbreak management: Learnings from managing the covid-19 outbreak have been widely adopted and processes are established to manage future waves.
- Flu & Covid-19 Vaccinations: Delivery of the 21/22 Flu vaccination programme and Covid-19 booster programmes will also be supported through being well promoted via the CCG and LBB with intense engagement activity and support packages in place to encourage uptake
- Data, IT and technology: There is specialist provision at SEL with local leadership to develop a local strategic vision and digital programme plan. The local plan will be implemented, embedded, and mobilised via Bromley's systems approach and will cover key areas which are underpinned by the Data Security and Protection Toolkit (DSPT):

4.10 Integrated Care Networks (ICN)

ICN Hubs have resumed activity and Care Managers continue to respond to request for assessments/support to promote independence, assist adults to remain safe at home and contribute to the reduction of social admissions.

4.11 Performance and Systems

The aim of this project is to support the development and review of new and current systems and processes in Adult Social Care including the development of businesses processes related to the implementation of the new social care information management system.

4.12 Disabled Facilities Capital Grant

During the pandemic work decreased on Disabled Facility Grants due to self-isolation and other Covid related factors, but this work has now recommenced. During the main period of the pandemic the Housing Improvement team were able to put in place additional measures to assist with hospital discharge. This went beyond include adaptations and included clean and clear jobs to ensure a safe and comfortable return home. During this period circa £11k was spent on such works.

Property condition can impact on health, both in terms of slips, trips and falls, as well as more general health issues such as lack of warm damp free homes. To this end we look to improve housing conditions of older people and residents with a disability through Safer Homes Grants. In the current year circa £26k has been spent via these grants.

4.13 Market Development and Support

Care market development and support is managed and coordinated through the Integrated Commissioning Service. The focus in Q2 has been on developing and supporting the local health and care provider market in preparing to meet an anticipated high demand over the coming Winter.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

- 5.1 All services are designed to avoid people who are vulnerable reaching the point of crisis where they would be seeking support of statutory services and/or requiring unplanned admission.
- 5.2 The Improved Better Care Fund is for investment into adult services and will have a positive impact on vulnerable people through investment into safeguarding and adult social care.

6. FINANCIAL IMPLICATIONS

- 6.1 BCF underspends of £1,725k during 2020/21 were carried forward into the 2021/22 financial year to be used against BCF project
- 6.2 The 2021/22 estimated budget and projected expenditure for both the Better Care Fund and the Improved Better Care Fund are detailed in the tables below:

Commsioner	Scheme Type	Scheme Name	2021/22 budget
BCF Minimum CCG Contribution			
CCG	Assistive Technologies and Equipment	Assistive Technologies	563
LBB	Assistive Technologies and Equipment	Assistive Technologies	444
CCG	Bed based intermediate Care Services	Intermediate Care Services	1,337
LBB	Bed based intermediate Care Services	Intermediate Care Services	1,237
CCG	Carers Services	Support for carers	554
CCG	Community Based Schemes	Risk pool	1,416
		Community and Social Care	
Joint	Enablers for Integration	Development Fund	1,063
LBB	Enablers for Integration	BCF Post	40
LBB	Enablers for Integration	Learning Disabilities	25
	High Impact Change Model for Managing		
CCG	Transfer of Care	Risk pool	593
	High Impact Change Model for Managing		
LBB	Transfer of Care	Risk pool	52
		Improving healthcare services to Care	
CCG	Home Care or Domiciliary Care	Homes	330
		Improving healthcare services to Care	
LBB	Housing Related Schemes	Homes	439
CCG	Integrated Care Planning and Navigation	Assistive Technologies	397
LBB	Integrated Care Planning and Navigation	Assistive Technologies	56
CCG	Personalised Care at Home	Personalised Support/care at home	652
CCG	Personalised Care at Home	Reablement services	1,000
LBB	Personalised Care at Home	Protecting Social Care	10,980
LBB	Prevention / Early Intervention	Support for carers/assistive technology	1,766
LBB	Reablement in a persons own home	Reablement services	1,227
			24,171
DFG			
LBB	DFG Related Schemes	Disabled Facilities Grants	2,443
			2,443
iBCF			
LBB	Assistive Technologies and Equipment	Equipment	214
CCG	Enablers for Integration	D2A staffing	95
LBB	Home Care or Domiciliary Care	D2A DomCare	321
LBB	Home Care or Domiciliary Care	DomCare	72
LBB	Home Care or Domiciliary Care	Whole system reserve	1,677
	Personalised Budgeting and		
LBB	Commissioning	Reducing pressures	4,636
LBB	Residential Placements	D2A Placements	83
LBB	Residential Placements	Placements	405
			7,503
Grand Total			34,117

6.3 Any underspends or unallocated amounts on each project can be carried forward into the next financial year. Quarterly reports are required by government to show the progress of the BCF/iBCF schemes.

7. LEGAL IMPLICATIONS

7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It provides the mandate to NHS England to include specific requirements relating to

the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers.

- 7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. For 2017-19 NHS England set the following conditions to access the CCG element of the funding:
- The requirement that the Better Care Fund is transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.
 - The requirement that Health & Wellbeing Boards jointly agree plans for how the money will be spent with plans signed off by the relevant local authority and clinical commissioning group(s).
- 7.3 Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of CCG funding where conditions attached to the BCF are not met, except for those amounts paid directly to local government.
- 7.4 For 2017-19, NHS England require that BCF plans demonstrate how the area will meet the following national conditions:
- Plans to be jointly agreed.
 - NHS contribution to adult social care is maintained in line with inflation.
 - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care; and
 - Managing Transfers of Care
- 7.5 The Improved Better Care Fund Grant determination is made by the Secretary of State under section 31 of the Local Government Act 2003. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready and ensuring that the local social care provider market is supported.
- 7.6 The Council is required to:
- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
 - Work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19 (revised 2019-20)
 - Provide quarterly reports as required by the Secretary of State

Non-Applicable Sections:	
Background Documents:	None