



Bristol

Clinical Commissioning Group

Bristol Health & Wellbeing Board

Better Care Fund & Improved Better Care Fund Plan 2017/19	
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Date of meeting	16 th August 2017
Report for information and decision	

1. Purpose of this Paper

The purpose of this paper is twofold. The first is to provide the Health and Wellbeing Board with an overview of the direction of travel for the Better Care Fund in Bristol and to also delegate authority to sign off the final plans to the co-chairs as it is a requirement of NHS England (NHSE) that the local plans are signed off by Health and Wellbeing Board.

The HWB is asked to note and consider the following:

- **For information** – to note the direction of travel for the Better Care Fund in Bristol
- **For Approval** – Delegate authority to HWB co-chairs to sign off final Better Care Bristol plans

2. Executive Summary

The Better Care Fund (BCF) was established in 2014. Its aim is to promote integration, protect social care services (with a health benefit) and address system issues such as urgent admissions to hospitals and managing transfers of care.

We are currently finalising Bristol’s Better Care Fund plan for 2017/19. The delay in the BCF guidance has meant that there is now a tight deadline issued by the NHSE to submit local areas plans by September 11th 2017.

At the time of writing this report the guidance of how plans must meet the Key Lines of Enquiries (KLOE’s) has not yet been issued, therefore we are unable to finalise the Better Care Bristol plan.

The next step following Bristol’s submission of the BCF plan will be to obtain a formal agreement around the fund between the CCG and Bristol City Council in the form of a Section 75 agreement

**A Section 75 Agreement is a way of formally pooling resources across organisations. Each contribution can be put into this pooled fund with a stipulation of how it can be used. Pooling money in this way does not mean that it, for example, the Disabled Facilities Grant can be used to offset an overspend in a hospital*

3. Better Care Bristol overview

The Better Care Fund (BCF) is described on the DoH website as “one of the most ambitious ever programmes across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.”

In Bristol the total fund is made up of three elements, which include CCG funding, DFG and the new grant for Adult Social Care badged as the Improved Better Care fund (iBCF). The table below outlines the total amount for the next two years.

	CCG Minimum Contribution	DFG	iBCF	Total
2017/18	£29,004,585	£2,651,566	£9,055,887	£40,712,038
2018/19	£29,555,673	£2,881,793	£5,761,433	£38,198,899

Each year, we are required to submit an annual plan that is agreed through HWB which sets out the targets and how the money is to be spent. This year, The NHSE requires a two year plan to be submitted by September 11th 2017.

Better Care Bristol has aligned the plans to the four themes agreed by the Health & Wellbeing Board, which have been informed by the Joint Strategic Needs Assessment (JSNA). These four themes are that Bristol will be a city:

- That is filled with healthy, safe and sustainable communities and places
- Where health and wellbeing are improving
- Where health inequalities are reducing
- Where people get high quality support when and where they need it

Under these themes a number of priorities have been agreed, which underpin our Better Care Bristol programme. These priorities are to support people to live healthy and independent lives, have timely and easy access to high quality and efficient public services, supported by thriving and connected communities. The priorities will be achieved by:

- Building social capital
- Developing community assets and voluntary action
- Improving community cohesion and perceptions of safety
- Addressing poverty and social isolation, particularly in older age

The Better Care Bristol programme contains a number of innovative and transformational projects. In 2016 work to refresh Better Care Bristol's Vision took the learning from our key achievements to shape the work to facilitate Bristol's plans for integration. Some key achievements have been;

Increasing Social care in acute trust on weekends

Funding from Better Care Bristol has enabled Bristol City Council to successfully implemented Saturday working for Social care teams and Brokerage in both University Hospitals Bristol (UHB) and North Bristol Trust (NBT). Additionally we have implemented an Enhanced Brokerage Service to support Bristol patients in NBT and UHB to quickly move patients on to appropriate longer term services (mainly home care and care homes).

We have a Social Care Practitioner present in ED's in both UHB and NBT who are avoiding admissions and reducing length of stay and are seeing around 10 patients per week and working in partnership with REACT.

Discharge to Assess (D2A)

The main achievements within our Discharge to Assess project have been:

Pathway 1 – In summary the length of stay (LOS) had been reduced on the pilot wards by reducing the front loaded actions conducted in hospital and moving these out to the patient's own home as part of the "meet and greet" community assessment. A project brief has been submitted seeking to make changes based on this learning across the integrated rehab and reablement service. This is now being progressed by Bristol Community Health and Bristol City Council colleagues. A wider transformation piece incorporating this learning has just launched under the STP Discharge and DTOC Reduction workstream.

Pathway 2 – D2A Pathway 2 has been opened up at South Bristol Community Hospital (SBCH) to include patients with complex renal dialysis requirements.

Pathway 3 – This Pathway is no longer a transformation workstream, and the Standard operating procedure (SOP) has been signed off as business as usual, with embedded practices, committed social care case management and well established block booked provision.

PAM's

Bristol CCG successfully bid for Patient Activation Measure (PAM) licenses and are currently finalising their PAM plans for 2017/18. The plans span over a 5 year period (2016/2021), with Bristol community Health taking the lead within the first year to utilise PAMs. In Bristol we will develop some small cohorts of patients where PAMs can be used, not only as an evaluation tool, but to help tailor services around the patients. Bristol recognises the value and importance of working alongside our South Gloucestershire and North Somerset partners. A BNSSG PAM implementation Group has been set up to help the three CCGs work collaboratively to reduce duplication and share best practice.

Moving Forwards

As reflected above, Better Care Bristol has delivered some valuable transformational projects and created links with other work streams. This is positive, but when we reflect even if all projects achieve excellent results the totality will not lead to the transformational shift we need to make to address the challenges of our health and social care system.

Bristol's Better Care two year plan for 2017/18 and 2018/19 should be considered as a continuation of the plans submitted in 2016/17. The Better Care Bristol plans focus solely on schemes funded from the Better Care Fund, this approach will allow Better Care Bristol to clearly focus on driving integration between Bristol CCG and Bristol City Council.

National Conditions

Condition 1 - Plans to be jointly agreed

Plans will be signed off by the Better Care Bristol Commissioning Board and by the Health & Wellbeing Board. The Section 75 agreement will be presented to the Better Care Commissioning Board for final approval ahead of the Health & Wellbeing Board for final sign off.

The Better Care Bristol plans will also include the additional iBCF funding which has been proposed by both Bristol City Council and Bristol CCG, which will be formally agreed by the Better Care Bristol Commissioning Board.

Plans will be shared and agreed with local acute trusts and Social Care providers who will be impacted by the plans.

Condition 2 - NHS Contribution to adult Social care is maintained in line with inflation.

In 2017/18 the CCG's minimum contribution to adult Social Care increased by £169k to a total of £9.627m which was an increase of 1.79% on the 2016/17 fund, as in previous years, Bristol CCG has allocated additional funds to Social Care.

In 2018/19 the CCG's minimum contribution will increase by 1.9% on 2017/18 Social Care allocation to a total of £9.809m and again, Bristol CCG will allocate additional funds to adult Social Care.

Condition 3 – Agreement to invest in NHS commissioned out of hospital services.

The Bristol plan continues to expand on a number of services including providing a 7 day service, Discharge to Assess and Intermediate Care. A full list of schemes that contribute to this National Condition is listed below;

Out of Hospital Services	
Scheme name	OOH Service
Early and Preventative interventions and reduction in hospital admissions in primary care	
Community Services	Y
Adaptations (DFG)	
Carers	
Intermediate Care	Y
Prevention & Maximising Independence (Home Care)	Y
Care Act implementation	
7 Day Working	Y
Section 117	Y
Care Home Support Team	
Investment in Primary Care (GPST)	
Investment in Primary Care (GPSU)	
Discharge to Assess	Y
Community Equipment	Y
Care Home support team - provider training improvement	
Homeless Discharge	
Totals investment for Out of Hospital Services (Estimated figures)	£20,954,455

Condition 4 – Managing Transfers of Care

Bristol CCG in partnership with Bristol City Council will be continuing to deliver the Discharge to Assess (D2A) which has been enabling discharge from local acutes, in addition to this the Enabling Discharge Programme has a main focus on delivering the High Impact Change model and has strong links to the Better Care Programme.

National Metrics

As part of the Better Care Bristol Plan we will continue to measure ourselves against the four National metrics. Local areas are no longer required to report the performance of the previous local metrics. A recent review and mapping

exercise of the schemes within the neighbouring CCG's previous plans highlights a consistent approach to meeting the Better Care Fund performance metrics and we are will work together to align work streams to maximise the impact to achieve the below metrics.

The schemes that contribute to each metric can be seen in the table below;

Metrics				
Scheme name	DTOC	NEA	Admissions to Residential Homes	Effectiveness of Reablement
Early and Preventative interventions and reduction in hospital admissions in primary care	Y	Y	Y	
Community Services	Y	Y	Y	Y
Adaptations (DFG)			Y	Y
Carers		Y	Y	Y
Intermediate Care	Y	Y	Y	Y
Prevention & Maximising Independence (Home Care)	Y	Y	Y	Y
Care Act implementation	Y	Y	Y	Y
7 Day Working	Y	Y		Y
Section 117	Y	Y		Y
Care Home Support Team	Y	Y		Y
Investment in Primary Care (GPST)		Y	Y	
Investment in Primary Care (GPSU)		Y	Y	
Discharge to Assess	Y	Y	Y	Y
Community Equipment	Y	Y	Y	Y
Care Home support team - provider training improvement		Y		Y
Homeless Discharge	Y	Y		Y
Totals investment for each metric (Estimated figures)	£25,508,039	£27,931,755	£25,879,507	£25,272,965

Non-elective Admissions

In previous years, the Non-elective Admissions target aligned with Bristol CCG's operational plans and no further reduction was applied. This approach will continue into the 2017/19 using the BNSSG operational plan.

Admissions to residential care homes

Performance against the reduction in care homes admissions across Bristol has been on a positive trajectory throughout 2016/17, with Bristol CCG investing heavily into schemes that contribute to achieving this metric. This will continue into 2017/19 with the schemes shown above which will contribute to achieving this metric.

Effectiveness of re-ablement

Bristol CCG have remained consistent with the performance against keeping people at home for 91 days after discharge. Although Bristol fell slightly short of this target, it had shown a significant improvement on previous years.

Delayed transfers of care (DTOC)

In previous years the DTOC target aligned with Bristol CCG operational plan. NHSE have mandated a DTOC trajectory for Bristol to achieve a level of 4.5% (Delayed Transfers of Care (delayed days) from hospital per 100,000 population, aged 18+) by September 2017 and reducing to 3.5% DTOC rate in March 2018.

This target will be achieved by the schemes listed in the above table.

Bristol City Council Improved Better Care Fund Initial Allocation Proposal

The following outlines the initial indicative proposals for the Improved Better Care Fund. These proposals follow consultation with stakeholders but are still subject to Bristol City Council governance processes and wider engagement with partners.

The proposals have been produced ensuring they relate to the guidance associated with the fund:

- Stabilising the care market
- Protecting Adult Social Care
- Adult Social Care that supports the NHS deliver
- Avoidance of unnecessary admissions to hospital;
- Improving patient flow after admission;
- Ensuring prompt discharge from hospital either for further social care assessment or into a sustainable on-going care setting (community, residential or nursing) when patients are medically optimised.
- Our Plans are in line with the Adult Social Care Strategic Plan and the 3 tier model

Adult Social Care Strategic Plan 2016 - 2020



Figure 1: Bristol's strategic approach to adult social care

The main initiatives that the additional money will be used for can be summarised below;

	Initiative 1	Initiative 2	Initiative 3	Initiative 4	Initiative 5
Initiative Name	Development of a new market strategy for Bristol.	Managing demand for services.	Increased independence for vulnerable adults through review and market management	Collaborative use of technology	Collaborative working across the Region to improve patient flow and gain efficiencies
Initiative Description	Increased capacity in the sector especially in home support. A more balanced market including a defined role for in-house services. A workforce strategy that attracts more people into social care as a career option A revised price structure and framework that stabilises the market	Implementation of the 3 tier model of care delivery. An action plan (following diagnostic) implementing a strategic approach to assistive technology Creating a more asset based approach to demand Development of an Information Advice and Guidance reformed system	Accommodation strategy for vulnerable people Improved operational arrangements with housing providers Greater range of housing options for vulnerable young people thereby assisting hospital discharge especially with respect to mental health services	Mobile working introduced for all social work and reablement staff Greater engagement with the Connecting Care programme Engagement with NHS Digital on transfers of data to nursing homes Integrated approach to first contact with the Council	Continued work on Section 136 Development of strategic shared approach to hospital admissions and discharges Collaboration on market management approaches including price paid for care

Conclusion

The Better Care Bristol programme, including the Improved Better Care Fund will remain to consist of schemes that focus on joining and aligning services across Health and Social Care, with a large focus being on the forth BCF National Condition, Managing Transfers of Care.

It is apparent that through the Better Care Fund, both nationally and locally, Delayed Transfers of Care will be closely scrutinised with the Government planning a review of DTOC performance in November with a view of reducing 2018/19 iBCF funding for poor performing areas.

As previously stated there is an expectation to achieve a DTOC level of 4.5% by September 2017. This will be a challenge for both Health and Social Care to achieve this as at the end of March 2017 the DTOC position was 8.8% due to Mental Health delays now being included. Work is already underway to address this issue, including the creation of a Mental Health Enabling Discharge Board, to monitor and address blockages within the system.