DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

AGENDA ITEM NO. 7

DATE	**30th June 2016**
TITLE OF REPORT	**Better Care Fund**
Organisation and Author	**Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG**
Purpose of the report	**Updating report** • **performance and key lessons from 2015/16;** • **development and assurance of the Better Care plan for 2016/17**
Key points to note	Delivery of the BCF in 2015/16 has had a positive impact on the integration of health and social care in Dudley, but has not yet effected the required improvements in performance. Dudley's 2016/17 plan meets the national requirements and is expected to be approved in June 2016. Performance in 2015/16 suggests a need for increased oversight, support capacity and performance management in 2016/17.
Recommendations for the Board	o Note the status of BCF delivery in 2015/16; o Support the recommendations in Paragraph 15 for increased oversight, support capacity and performance management in 2016/17; o Note and agree the intentions for plan delivery in 2016/17; o Indicate its requirements for ongoing reporting of the BCF plan in 2016/17.
Item type	Information, discussion , strategy
H&WB strategy priority area	Integration

DUDLEY HEALTH AND WELLBEING BOARD

DATE **30th June 2016**

REPORT OF: **Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG**

TITLE OF REPORT **Better Care Fund**

HEALTH AND WELLBEING STRATEGY PRIORITY

1. The Better Care Fund (BCF) is a key component of the Health & Wellbeing Board's Integration strategy.

PURPOSE OF REPORT

2. This report seeks to update Health & Wellbeing Board on delivery of the BCF in 2015/16, with a particular focus on performance and lessons learnt.
3. The report also provides an update in respect of progress with Dudley's Better Care plan for 2016/17.

BACKGROUND

4. The Better Care Fund (BCF) represents "a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities" (LGA and NHS England, 2013).
5. All HWB areas in England are required to agree BCF plans. Dudley's first BCF plan was agreed in January 2015 and was for the financial year 2015/16; a second plan for 2016/17 has been in development since February 2016, with confirmation of ministerial approval expected at the end of June 2016.
6. On approval of the Plan, a pooled budget is established, with expenditure in line with the BCF plan governed by formal agreement between the Council and the CCG. The agreement allows for either CCG or council to act as "Lead Commissioner" for agreed schemes and services, and also as 'Joint Commissioner' where agreed. Financial monitoring is therefore undertaken by both CCG and council, with financial performance being aggregated for the purposes of governance reports.
7. BCF plans are required to meet minimum standards described in 73 'Key Lines of Enquiry' (KLOE) jointly defined by NHS England and the LGA, and subject to assurance against eight nationally set conditions:
    a) Plans are jointly developed and agreed;
    b) Social Care services (not spending) are protected;
    c) Seven day services to support patients being discharged and prevent unnecessary admissions to hospital at the weekends are in place and delivering;

d) Data sharing between health and social care, based on the use of (a) the patient's NHS number, (b) interoperable IT systems that speak to each other, and (c) appropriate information governance controls is in place;
e) A joint approach to assessments and care planning, with an accountable professional taking the lead where funding is in place for integrated packages of care;
f) Agreement on the consequential impact of the plan on the acute sector;
g) An agreed level of investment in NHS commissioned out of hospital services (new for 2016/17 plans)
h) An agreed local action plan for Delayed Transfers of Care (new for 2016/17 plans).

8. Plans are expected to effect improvements in local system performance. Nationally and locally defined targets have been set in respect of:
   - Non-elective admissions to hospital;
   - Permanent admissions to residential and nursing care homes;
   - Reablement effectiveness, as measured by the number of patients discharged from hospital who are still 'at home' 91 days after discharge;
   - Dementia diagnosis rate – this is a local, rather than national, performance target;
   - A measure of the 'Patient Experience' – in the absence of a nationally defined measure, we have been monitoring performance against the Adult Social Care Outcomes Framework (ASCOF) measure for Quality of Life;
   - For 2016/17 all plans are also required to monitor Delayed Transfers of Care. This reflects the national priority being given to DToC this year.
9. Management arrangements set up in 2015 include joint delivery, performance and monitoring. Management oversight is provided by the Integrated Commissioning Executive. Health & Wellbeing Boards are required to maintain delivery and performance oversight, whilst quarterly performance reports are submitted to NHS England (in May, August, November and February). NHSE performance reports also included additional 'integration metrics'. A summary of Dudley's quarterly performance returns is provided in the Appendix.

THE MAIN ITEM/S OF THE REPORT

10. Better Care Fund 2015/16 Performance

11. The 2015/16 plan created a pooled budget of £56.4m, comprising a minimum CCG contribution of £20.7m, an additional CCG contribution of £17.4m and a council contribution of £18.3m. The plan established four themed priorities and funded NHS, social care and integrated services aligned to these themes as follows:

Contribution to Fund	CCG contribution	Council Contribution	Total Contribution
Scheme 1 - Crisis and emergency support	£ 5.430m	£ 0.403m	£ 5.833m
Scheme 2 - Promoting Independence	£ 27.035m	£4.671m	£ 31.707m
Scheme 3 - Maintenance and Stabilisation	£ 5.507m	£11.375m	£ 16.882m
Scheme 4 - Support for people with dementia	£ 0.187m	£ 1.826m	£2.012m
Total	£ 38.159m	£ 18.275m	£ 56.434m

12. The plan assumed savings from a planned reduction in non-elective admissions and other integration benefits which did not materialise. Performance payments expected to be released on achievement of the non-elective admissions target were underwritten by the CCG; expenditure for the year was £57.9m.
13. Progress against the national conditions was maintained throughout the year, although additional 'integration metrics' introduced by NHS England during 2015/16 indicate ongoing challenges in respect of IT systems capability underpinning data sharing, and low levels of promotion and take-up of Personal Health Budgets in Dudley. These issues will require focus in 2016/17.
14. BCF performance measures have largely failed to show the benefits of integration:
    - Non-elective admissions performance for the year was 10% above (worse than) planned; governance and recruitment challenges meant that the Community Rapid Response Team was not able to make the significant improvement projected, whilst MDT working has not yet made a measurable impact on admissions avoidance;
    - Pressure on discharges from hospital in order to maintain patient flow has contributed to higher than planned permanent admissions to residential care, where there has been no improvement in performance over the 2014/15 baseline;
    - There have been appreciable increases in both hospital discharge activity (A&E 4 hour performance has reduced, with A&E breaches increasing) and the levels of need, for the hospital discharge cohort. This increase in patient need has seen a reduction in the number of people remaining in their own home, 91 days post reablement;
    - Dementia diagnosis has not improved as expected; year-end performance was 58.32% and whilst this is an improvement on 2014/15 (54.84%) performance remains well behind the target (66.7%).
    - Patient Experience as measured by the ASCOF Quality of Life indicator is marginally below the 2014/15 level. There are issues with this indicator as a measure of patient experience as the ASCOF measure is an annual indicator and doesn't readily lend itself to management action. Work through the Vanguard programme to develop Patient Reported Outcome Measures should allow a more responsive indicator in the future.
15. Notwithstanding the disappointing performance outcomes, the CCG and council agree that the BCF has had a positive impact on the integration of health and social care in Dudley, and is a key plank in the plans for a multispecialty community provider (MCP). Key recommendations to take forward into 2016/17 include:
    a) A need to increase plan oversight and visibility of performance across the key components of the BCF (Plan Development; Scheme Delivery; National Conditions; Integration Metrics; Key Performance Indicators; Risk; and Financial Performance);
    b) Linked to a), a need to strengthen BCF support capacity by increasing resources within the joint partnership office
    c) A need to strengthen performance management arrangements so that accountable teams have access to and are driven by timely performance data

that enables prompt corrective action, including the switching of resources between schemes where this would be beneficial to the overall objectives of the BCF plan.

16. Better Care Fund 2016/17

17. The Better Care Plan for 2016/17 builds on our initial plan. Since the development of the original BCF Plan, Dudley has become one of the NHS Five Year Forward View's Vanguard sites. It is our intention, as part of the Vanguard Programme, to develop and commission a Multi-Specialty Community Provider (MCP), delivering a full range of community physical and mental health, social care and primary care services currently the responsibility of a number of separate organisations. Services within the scope of the BCF will form part of the MCP delivery model.
18. Dudley's BCF Plan is to spend £62.75m on health and social care services in Dudley in 2016/17 through a pooled budget. This represents an increase of £4.875m over 2015/16 expenditure levels. The CCG will contribute £38.9m (comprising £21.0m minimum and £17.9m additional contributions) with the balance of £23.8m coming from adult social care budgets.
19. We will continue to embed integrated practice across the four themes and services underpinning our 2015/16 plan.

Crisis & Emergency	**£5.713m**
Promoting Independence	**£33.262m**
Stabilisation & Maintenance	**£22.055m**
Support for people with dementia	**£1.720m**
Total	**£62.750m**

Table 1: Expenditure Plan 2016/17 by Scheme

Acute	**£4.142m**
Mental Health	**£0.187m**
Community Health	**£21.587m**
Social Care	**£36.834m**
Total	**£62.750m**

Table 2: Expenditure Plan 2016/17 by area of spend

20. Based upon learning from our 2015/16 plan and our analysis of needs, our plan in 2016/17 will have a specific focus upon:-
    - supporting care homes (where our rate of admission to secondary care is high with 61% of these admissions taking place out of hours and a high proportion are at the end of life), preventing unnecessary admissions to secondary care from care homes - including patients at the end of life – as part of the development of our local integrated care pathway for the frail elderly, including people with dementia (where our diagnosis rate remains low compared to our national target) and to the benefit of patient flow through hospitals
    - developing an integrated discharge pathway to complement our work on implementing "discharge to assess" models, reducing delayed transfers of care (where our social care delays are above the national average) and promoting independence;
    - redesigning our falls service (where our rate of falls related admissions for the over 65s is above both our statistical neighbours and the national average – see

below) - integrating the commissioning of the CCG, social care and public health and taking a whole system approach so that we prevent avoidable admissions to hospital and increases in long term care costs;

- supporting and involving carers (where there is an increasing number of older people who are carers of older people, or who are carers of adult children with learning or physical disabilities) – one of the 5 key principles set out in the Five Year Forward View.

21. Dudley's plan has been assessed as meeting the assurance criteria and this enables us to commence delivery and expenditure in line with the plan. Work is underway to draft the new Section 75 agreement on which commissioning decisions will be based.
22. Operational management of the BCF remains with the Integrated Commissioning Executive (ICE). The ICE will maintain oversight through formal delivery monitoring arrangements and will hold designated Lead Officers to account for allocated schemes.
23. NHS and social care business intelligence teams will jointly monitor, analyse and report on relevant metrics – agreeing a 'single version of the truth' on which strategic and operational decisions will be based. Performance reports will be used to inform all joint and organisational governance requirements, as well as for NHS England quarterly monitoring returns.
24. CCG and Council Finance Leads will jointly monitor, analyse and report on both expenditure and savings.
25. Governance reports will be compiled by the Partnership Office based on the monthly status updates received from Delivery, Performance and Finance teams.
26. The Health & Wellbeing Board is ultimately accountable for delivery of the Better Care Fund. Periodic reports to HWB Board will be made as required to provide delivery assurance, and will document delivery, financial and performance statuses and key risks.
27. Sub-committees and working groups set up under the authority of the Health & Wellbeing Board may also require reports reflecting BCF performance. For example, System Resilience Groups has a particular interest in all initiatives affecting patient flow through the hospital system and will therefore require periodic updates on the Integrated Discharge Pathway and Delayed Transfers of Care performance.
28. Partner organisations will also maintain oversight of BCF delivery. Periodic progress reports will be made to the CCG Board, the council Cabinet and relevant overview and scrutiny committees as required.

FINANCE

29. See paragraphs 18 and 19 above. Performance monitoring and reporting will identify plan variance.

LAW

30. The legal basis for the Better Care Fund is set out in the BCF Policy Framework 2016/17.

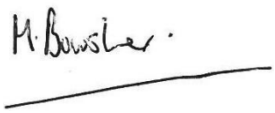
EQUALITY IMPACT

31. The impact of individual schemes on different demographic groups is assessed and monitored by operational and delivery teams.

RECOMMENDATIONS

32. The Board is asked to:
    a) Note the status of BCF delivery in 2015/16;
    b) Support the recommendations in Paragraph 15 above for increased oversight, support capacity and performance management in 2016/17;
    c) Note and agree the intentions for plan delivery in 2016/17;
    d) Indicate its requirements for ongoing reporting of the BCF plan in 2016/17.

Signature of author/s



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Appendix: BCF 2015/16 Performance Summary

Appendix

Dudley Better Care Fund 2015/16 – Performance Summary

BCF 2015/16 Quarterly Performance Reporting - Dudley

			Dudley
BCF Funding	Are budget arrangements (s.75 pooled budget agreement) in place?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G
	Quarterly performance payment agreed	Q4 1415	A
		Q1 1516	R
		Q2 1516	G
		Q3 1516	R
	Progress against financial plan	Q1 1516	R
		Q2 1516	A
		Q3 1516	G
		Q4 1516	G

Key:	
G	Performance against this requirement is as planned / expected
A	Performance against this requirement is slightly behind plan / expectation
R	Performance against this requirement is significantly behind plan / expectation
B	Data unavailable

			Dudley
National Conditions	Are the plans still jointly agreed?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G
	Are Social Care Services (not spending) being protected?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G
	Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G
	In respect of data sharing, confirm that: i) Is the NHS Number being used as the primary identifier for health and care services?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G
	Are you pursuing open APIs (i.e. systems that speak to each other)?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G
	Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G
	Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G
	Is an agreement on the consequential impact of changes in the acute sector in place?	Q1 1516	G
		Q2 1516	G
		Q3 1516	G
		Q4 1516	G

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			Dudley
National Metrics	Is performance on non-elective admissions in line with plans	Q1 1516	R
		Q2 1516	A
		Q3 1516	R
		Q4 1516	R
	% Change in rate of permanent admissions to residential care per 100,000	Q1 1516	B
		Q2 1516	G
		Q3 1516	A
		Q4 1516	R
	Change in annual percentage of people still at home after 91 days following discharge	Q1 1516	B
		Q2 1516	G
		Q3 1516	A
		Q4 1516	R
Local	Local performance metric	Q1 1516	B
		Q2 1516	A
		Q3 1516	A
		Q4 1516	A
	Patient Experience metric	Q1 1516	B
		Q2 1516	B
		Q3 1516	B
		Q4 1516	A

Key:	
G	On track to meet or exceed the target
A	On track to improve performance but target will not be met
R	Performance against this requirement is significantly behind plan / expectation
B	Data unavailable

			Dudley
New Integration Metrics	Use of NHS number as primary identifier across care settings	Q3 1516	A
		Q4 1516	A
	Availability of Open APIs across care settings	Q3 1516	A
		Q4 1516	A
	Is there a digital integrated care record pilot underway?	Q3 1516	A
		Q4 1516	A
	What proportion of local residents per 100,000 population are currently using a PHB during the quarter?	Q2 1516	3
		Q3 1516	3
		Q4 1516	4
	Proportion of PHB recipients in receipt of NHS Continuing Healthcare	Q3 1516	100
		Q4 1516	100
	Integrated care teams operating in the non-acute sector?	Q3 1516	A
		Q4 1516	G
	Integrated care teams operating in the acute sector?	Q3 1516	A
		Q4 1516	A

Key:	
G	Performance against this requirement is as planned / expected
A	Performance against this requirement is slightly behind plan / expectation
R	Performance against this requirement is significantly behind plan / expectation
B	Data unavailable