

# HEALTH AND WELLBEING BOARD

8 March 2016

<b>Title:</b>	<b>Better Care Fund end of year 2015 assessment &amp; 2016/17 Plans</b>
<b>Report of the Strategic Director for Service Development &amp; Integration</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> ALL	<b>Key Decision:</b> No
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<b>Sponsor:</b> Anne Bristow, Strategic Director for Service Development & Integration Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups	
<b>Summary:</b> <p>The Better Care Fund (BCF) plans for 2015/16 come to an end on the 31st of March 2016. This includes the Section 75 agreement signed between London Borough of Barking and Dagenham and Barking and Dagenham CCG. The Joint Executive Management Committee has managed the BCF, including regular monitoring of programme performance and the pooled budget, under delegated authority from the Health and Wellbeing Board (HWBB).</p> <p>The eleven schemes of the BCF have delivered most of the milestones that were set out in the BCF plans submitted to NHS England. Whilst there has been a high level of delivery against the key milestones in the schemes there has been under achievement against the BCF metrics. As highlighted in the report to the Board in December 2015, it was expected that delivering the scheme milestones would not impact on the metrics in 2015/16.</p> <p>The Policy Framework for the 2016/17 BCF was released in January 2016, with further detailed technical guidance and the template for the first round of submissions released in late February 2016. Work is currently underway to develop BCF plans to submit within the timeframes set out by NHS England.</p> <p>Our local BCF 2016/17 plans will take into account the national conditions and metrics for 2016/17 set out in the BCF Policy framework. However, trajectories for performance are going to be set in a manner which better reflects the current performance. The number of schemes will be reduced to increase the focus on schemes that will directly impact on the agreed metrics for 2016/17.</p>	

The pooled budget arrangements formally end in March 2016. Spend in 2016/17 is expected to be at a similar level to 2015/16, however this is still to be confirmed. Further details about the finances of the BCF can be found in **Appendix A**.

The governance arrangements for the BCF as detailed in the section 75 agreement between the Local Authority and CCG will be expected to be similar to those agreed to in 2015/16. The pooled budget will be hosted by the Local Authority and is responsible for monitoring spending, accounting and audit arrangements, and the allocation of resources to lead commissioners for schemes. Monthly reporting on finance and performance is made to the Joint Executive Management Committee.

### **Recommendation(s)**

It is recommended that the Health and Wellbeing Board (HWBB):

- (i) Notes the progress made in 2015 and the process for drawing up the 2016-17 Better Care Fund plans, the associated national timetable and the HWBB's role in approving the plan.
- (ii) Notes that the current draft Better Care Fund plan is provisional and may be subject to change.
- (iii) Endorses the current draft Better Care Fund plan, extension of the current section 75 agreement into 2016/17 and budget for 2016/17, which is as set out in the Finance report to JEMC in **Appendix B**, and will be used for the initial submission albeit that some amendment is likely as the plan is finalised.
- (iv) Agrees and delegates authority to the Strategic Director for Service Development and Integration, in consultation with HWBB Chair, to approve the BCF plan outside its normal meeting timetable.

### **Reason(s)**

The Better Care Fund is a major plank of the Board's strategy for promoting integration of services, which forms part of the statutory remit of the Board. This contributes to the priorities of both the Clinical Commissioning Group and the Council, as well as other partner agencies. This report provides an opportunity to review progress made in delivery of the BCF for 2015/16 and to provide direction in shaping the Better Care Fund for 2016/17.

## **1 Introduction and Background**

- 1.1 In December 2015 the HWBB received a detailed BCF progress report covering the programme report, financial report and metric report.
- 1.2 The 2015/16 Barking and Dagenham Better Care Fund (BCF) plan is currently coming to the end of its implementation period, and planning is underway for the 2016/17 period.
- 1.3 Regular reporting of the BCF is overseen by the Joint Executive Management Committee, with the Board's Integrated Care Sub-Group helping to shape the delivery of the 11 BCF schemes.

1.4 The purpose of this report is to:

- Provide an end of year assessment of the Better Care Fund and set out the process for drawing up the 2016/17 Better Care Fund plan and to confirm its approval timetable and approach.
- Present the draft Better Care Fund plan, section 75 agreement and budget for 2016/17 for HWBB feedback and initial endorsement prior to the first plan submission.
- Agree and delegate to HWBB Chair the final approval process for the plan, this may require the HWBB to approve the plan outside its normal meeting timetable.

## **2 End of year 2015 assessment of the BCF 11 schemes**

2.1 A full account of the performance of each of the 11 BCF schemes was given in the December 2015 report to the HWBB. There are no further updates for the schemes, with the exception of Scheme 2, Prevention. The Prevention scheme focuses on preventative services to promote health and wellbeing with an emphasis on physical activity and falls prevention.

2.2 A falls prevention service aimed at helping people over 65 years in the borough with repairs around their homes to prevent trip hazards commenced in November 2015. This service is called Handyperson and is being delivered by Harmony House. Feedback on the service so far has been positive.

## **3 End of year 2015 assessment of BCF metrics**

3.1 To evaluate Barking & Dagenham's performance NHS England will draw from national data returns. This section updates on the local view of that performance data since detailed report in December 2015. Please see Appendix B for details.

### **Non-elective admissions**

3.2 The key target for the BCF is to reduce non-elective admissions by 2.5% in the calendar year 2015, compared to 2014. Performance on this target is linked to a payment for performance, amounting to £710k across both partners.

3.3 A non-elective admission is an admission to hospital for overnight stay where the patient's admission is not planned; it includes emergency admissions, and admissions for maternity, births, and non-emergency patient transfers.

3.4 Full year data has now been received from January 2015 to December 2015. It is evident from the data that the target has not been met and that the payment for meeting the target will not be received. Given that this is already built into the relevant budgets, this has a financial cost to local partners. LBB and the CCG agreed at the outset to split the penalty 50:50, but with the underspend of 2014/15 being utilised to pay down the penalty.

3.5 The new BCF 2016/17 technical guidance indicates that local areas will still be expected to monitor and work towards reducing non-elective admissions, however there is no clear target set and there will need to be a link to the CCG operational plans for reducing non-elective admissions.

### **Delayed Transfers of Care from Hospital**

- 3.6 Ensuring people are supported in an integrated way to enable them to be safely discharged from hospital was a key BCF priority in 2015/16 and it is expected to remain a critical metric again in 2016/17.
- 3.7 There is still 3 months left for the current year. However, performance is not expected to return within the target trajectory within this time. A detailed plan to tackle DTOC performance is expected to be part of the 2016/17 metric plans.

### **Permanent admissions into residential/nursing placements**

- 3.8 A further key aim of the Better Care Fund is the promotion of care closer to home, for social care this means avoidance of admission to residential care as far as possible.
- 3.9 There has been an increase in people being admitted in care homes this year. The target for 2015/16 was 125 and it is expected that this number will be exceeded, with current projections of around 180 admissions. After reviewing performance against this metric for the 4 years it was found that the average number of admissions is 171 (2011/12 – 200, 2012/13 – 170, 2013/14 – 135, 2014/15 – 179).

### **Re-ablement effectiveness**

- 3.10 The Better Care Fund also seeks to ensure that hospital discharge is effectively setting people up for continued independent living, and that the care plans put in place are sustainable.
- 3.11 There is no change in this metric from what was reported in December 2015 report. The target for 2016/17 will take into account the current performance as well ensuring our reporting processes are similar to our neighbouring boroughs.

### **GP user survey – people feeling supported by services to manage their long term conditions**

- 3.12 Performance has declined slightly against the baseline for this local metric, and is slightly below the London average of 58.4%.
- 3.13 There is no change in this metric from what was reported in December 2015. However, we are progressing with a plan to address the underperformance and expect to report on this in 2016/17 progress update.

### **Injuries due to falls in people aged 65**

- 3.14 This indicator measures the number of emergency admissions due to falls related injuries. This indicator has been performing better than its baseline set in 2014. However, performance has declined in the past three months.
- 3.15 There is a reduction in falls admissions in 65-74 and 75-84 age group in Q3 when compared to same period last year.

## **4 End of year 2015 assessment of BCF Financial position**

- 4.1 The pooled budget arrangements formally came into place April 2015. This has been delivered in line with the BCF plan. Please refer to Appendix A for a detailed report.
- 4.2 Based on the best available information as at Quarter 3 for 2015/16, actual progress is within the financial plan as per the BCF plan and section 75 agreement. The projected outturn is a break even position at year end for the total Pooled fund.

## **5 Better Care Fund Draft Plans 2016/17**

- 5.1 The Policy Framework for the BCF 2016/17 was released in early January 2016, which set out the high level requirements for the BCF. The planning guidance was then released on 23 February and the planning template on 24 February. The deadline for submission of the completed initial template has been set as 2 March. Given the severe constraints in the time available to carry out work on the BCF and the lack of planning guidance or a template, it has not been possible to draw up detailed plans about what the BCF for 2016/17 will look like, although work has been underway on the broad thrust of the partnership's approach. The following section will set out the what has been completed and agreed as well as what will be done next to prepare and submit the finalised BCF plans.

### **National Conditions**

- 5.2 As part of the BCF for 2015/16 there were 6 national conditions that every HWBB had to be working to deliver, covering issues such as the use of the NHS Number for social care records, 7-day working and information sharing. In all assurance reports to NHS England in 2015/16 detailed assurances were given of the progress made to meeting those conditions. For 2016/17 there has not been any change in our position on these conditions and we will continue to provide detailed narratives to NHS England on each of the 6 national conditions.
- 5.3 In 2016/17 there have been a 2 further conditions added to the national conditions (agreement to invest in NHS commissioned out-of-hospital services and agreement on a local target for Delayed Transfers of Care and a joint local action plan to address this). Plans for meeting these conditions are in development at this stage and there has not been wider stakeholder engagement, therefore we are reporting that we are not yet compliant.

### **National Metrics**

- 5.4 The national metrics for the BCF will continue as they were set out for 2015-16, in line with the national guidance. While it was initially indicated in the Policy Framework that non-elective admissions would not be included, the Planning Requirements released on 23 February did include non elective admissions. Further information on each of the metrics included in the BCF for 2016/17 is set out below.

### **Non-elective admissions**

- 5.5 As set out previously, performance against this target has been problematic, with limited impact by the schemes on reducing admissions. No clear target for this

metric is set out in the technical guidance and any target will need to link to the CCG operational plans for reducing non-elective admissions.

- 5.6 A risk sharing agreement tied to performance against this metric was a requirement for the BCF in 2015/16. However for the BCF 2016/17 there is no explicit requirement for there to be a risk sharing agreement tied to this metric or any other metric in the BCF. Any risk share agreement proposed as part of the BCF 2016/17 will be subject to discussed by JEMC.

### **Permanent admissions into residential/nursing placements**

- 5.7 The target for 2015/16 was 125, with expected performance for 2015/16 to be 180 admissions.
- 5.8 After reviewing performance over the last 4 year, it was found that on average there are 171 admissions per year (2011/12 – 200, 2012/13 – 170, 2013/14 – 135, 2014/15 – 179).
- 5.9 The previous BCF guidance set out that targets should be based on 2013/14 performance, which as shown above was an unusually low figure for this metric. Therefore it is proposed that the target for 2016/17 is 170.

### **Re-ablement effectiveness**

- 5.10 The performance drop from 88.3% in 2013/14 to 67.2% in 2014/15 is being investigated as a potential data issue, based around the definition of the indicator and whether we have included or excluded those who die between discharge and the 91-day point. It is suggested that the target is kept at 90% again this coming year.

### **Delayed Transfers of Care**

- 5.11 Data suggests that the DTOC target is being met at our local hospital BHRUT which might suggest the Joint Assessment Discharge (JAD) is having an impact on DTOC.
- 5.12 Further analysis of the data has identified that the areas which are negatively impacting the metric are NELFT Mental Health patients awaiting discharge. Previously there have also been delays due to Barts Health NHS Trust (at Whipps Cross University Hospital and Newham University Hospital), however these delays have been addressed.
- 5.13 A detailed DTOC plan is being developed which will set out how the BCF for 2016/17 will improve DTOC performance. This is one of the national conditions for the BCF. As the area of concern has been identified and we are confident we are able to impact on this area, the suggestion is to maintain the same target level as in 2015/16. Any local work on DTOC will need to link into the work being carried out by the Barking and Dagenham, Havering and Redbridge Systems Resilience Group on DTOC.

## **Patient Experience (GP user survey – people feeling supported by services to manage their long term conditions)**

- 5.14 Our performance which is 54% has been less than the target 61% as well being below the London average of 58%.
- 5.15 Due to the target being difficult to impact on we are suggesting that the London average of 58% as a more realistic target. We are developing a plan to impact this metric and will update the HWBB in year progress report.

## **Injuries due to falls in people aged 65 (locally agreed metric)**

- 5.16 We have performed very well on this metric with a reduction in over 65 year group in Q3. The target for this metric will need to match with the target set out in the CCG operational plans.

## **Scheme proposals**

- 5.17 After discussion at JEMC regarding performance of the BCF in 2015/16 it was felt that there were too many schemes. The proposal for 2016/17 is to have fewer schemes and to focus and align projects around the metrics they aim to impact on.
- 5.18 The three schemes proposed will focus on hospital discharge, hospital admission and integrated support in the community. Each of these schemes will have themes around dementia, mental health, prevention (including falls), carers and commissioning woven into them.
- 5.19 Further details of the schemes and what they will include will be available at the meeting on 8 March.

## **Process and timetable**

- 5.20 The high level timetable for agreeing the 2016-17 plan is as follows:

		<b>National milestones</b>	<b>Local milestones</b>
<b>Submission Round one</b>	Jan 2016	Issue national guidance for BCF 2016-17	
	23 Feb 2016	Planning guidance issued	
	24 Feb 2016	Planning template issued	
	25 – 26 Feb 2016		Drafting planning template and discussions around schemes
	29 Feb 2016		CCG leads to sign off first submission
	1 Mar 2016		HWBB Chair to sign off draft outline BCF plans for 2016-17 on behalf of HWBB.
	<b>2 Mar 2016</b>	<b>Planning template submitted to NHSE for assurance/moderation.</b>	
	3 Mar 2016		BHR CCGs Joint Management Team (JMT)

<b>Submission Round two</b>	9 Mar 2016	2 <sup>nd</sup> planning template release – including narrative plan & updated planning return	
	2 – 16 Mar 2016	First assurance & initial feedback to local areas on plans	
	9 -16 Mar 2016		Draft 2 <sup>nd</sup> plans following initial feedback
	9 Mar 2016		BCF JEMC sign off 2 <sup>nd</sup> plans & BHR CCGs JMT
	15 Mar 2016		HWBB Chair Sign-off
	<b>21 Mar 2016</b>	<b>Submission of planning template</b>	
	22 Mar 2016		CCG Governing body
<b>Submission of signed off plans</b>	22 Mar - 13 Apr 2016	Second assurance of full plans	
			Update plans following second set of feedback
	13 Apr 2016		JEMC sign off Plans & BHR CCGs JMT sign off
	18 Apr 2016		Publication of HWBB agenda, which will include a draft version of the final submission which will be sent to NHSE
	<b>25 Apr 2016</b>	<b>Final submission deadline</b>	
	26 Apr 2016		HWBB meeting where final BCF submission will be jointly agreed by HWBB
	27 Apr		Submission of jointly agreed BCF Plan
	24 May 2016		CCG Governing body

## 6 Section 75 agreement in 2016/17

6.1 The current section 75 agreement will be extended and renewed for 2016/17 with same features as in 2015/16. This builds on the positive assessment of the governance arrangements which was provided by an audit review earlier in the year. It will continue to include:

- The pooled budget will be hosted by the Council
- The CCG will transfer its contribution to the BCF fund on a monthly basis.
- Monthly reporting on finance and performance will be made to the Joint Executive Management Committee.
- Each partner is responsible for managing overspend related to their own commissioning budget, unless otherwise agreed by the Joint Executive Management Committee.

## 7 Further integration between health and social care

7.1 There is a clear expectation from Central Government that local areas will from 2017/18 start to roll out plans for further integration between health and social care by 2020, with the Better Care Fund as a key part of this. In developing the Better

Care Fund for 2016/17, partners are aware of the need for longer term strategic integration between health and social care.

- 7.2 As part of the London Health and Care Collaboration Agreement announced in December 2015, Barking and Dagenham, Havering and Redbridge were awarded a pilot to test the concept of an Accountable Care Organisation, where primary and secondary care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill.
- 7.3 This pilot work will identify whether delivery of an Accountable Care Organisation will accelerate the delivery against the ambitions being set out by the partnership, and build a business case for it. If it is viable, then the eight statutory organisations that form BHR's Integrated Care Coalition will take the decision on whether to proceed with an ACO from 2016/17. In 2016/17 Better Care Fund will continue in its role integrating services and contributing to the work around developing an Accountable Care Organisation and a system-wide vision.

## **8 Mandatory Implications**

### **Joint Strategic Needs Assessment**

- 8.1 The Better Care Fund is specifically mentioned in Recommendation 11 of the 2015 JSNA as a key programme to ensure services promote residents' independence. The Better Care Fund also contributes to Recommendation 12, reducing hospital admissions and re-admissions as well as Recommendation 14, allowing terminally ill adults to die with dignity in a supported and planned way with real choice about where they die.

### **Health and Wellbeing Strategy**

- 8.2 The Better Care Fund reinforces the aims of the Health and Wellbeing Strategy and aligns to three of the four priorities set out in the Health and Wellbeing Strategy: Care and Support, Improvement and Integration of Services; and Prevention. In particular, it is a significant vehicle for the delivery of integration of services, principally for frail older people.

### **Integration**

- 8.3 Integrated commissioning and provision is at the heart of the Better Care Fund and the report sets out a number of ways in which the management of the Fund has furthered integrated service delivery.

### **Financial Implications**

- 8.4 All financial implications are included in Appendix A, Finance report - Better Care Fund 2015/16 Period 6 (Sept 2015), which was provided to the JEMC.

### **Legal Implications**

- 8.5 Since this paper is an update on progress, there are no formal legal implications to consider arising from the content of this report.

## **Risk Management**

- 8.6 Risks are identified in the Better Care Fund Programme Highlight report. The Joint Executive Management Committee considers these risks on an on-going basis.

## **Patient / Service User Impact**

- 8.7 The purpose of the Better Care Fund is as a vehicle to improve services to patients and service users through greater integration. Across a number of areas, including hospital discharge, falls prevention and end of life care, improvements are being made through BCF schemes. It also provides an opportunity to engage with frontline staff and patients/service users themselves about potential improvements that could be made to their services.

## **9 Non-mandatory Implications**

### **Contractual Issues**

- 9.1 Across the Better Care Fund there are investments which are delivered through contracts held by either the Clinical Commissioning Group or the Council. Where procurement activity is taking place (such as proposals that have been before the Health & Wellbeing Board already around carers' services) they are planned jointly, even where one partner is taking the procurement lead. This report proposes no specific changes in itself, and no decisions are required on contractual matters as a result of this update.

### **List of Appendices:**

**Appendix A** - BCF Financial report

**Appendix B** - BCF Metric report