

HEALTH AND WELLBEING BOARD

26 April 2016

Title:	Better Care Fund 2016/17 Plans
Report of the Strategic Director for Service Development & Integration	
Open Report	For Decision Yes
Wards Affected: ALL	Key Decision: Yes
Report Author: Mark Tyson, Group Manager, Integration & Commissioning, London Borough Barking Dagenham Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG	Contact Details: Tel: 020 8227 2749 E-mail: mark.tyson@lbbd.gov.uk
Sponsor: Anne Bristow, Strategic Director for Service Development & Integration, London Borough Barking Dagenham Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups	
Summary: <p>This report provides the Health and Wellbeing Board (HWBB) with the detailed plans for the local Better Care Fund (BCF) for 2016/17 and asks the HWBB to endorse the BCF plan and budget for 2016-17 prior to submission to NHS England, conditional on adjustments following input and comment from the Health and Wellbeing Board. The Board is also asked to delegate authority to the appropriate officers to extend the Section 75 agreement for the BCF.</p> <p>This reports follows on from the March 2016 meeting report to the HWBB, where the Board was provided with an end of year 2015 assessment of performance and an outline of the plans for developing the 2016/17 BCF Plans, including the national timetable for submission of the BCF and the Board's role in approving the plan.</p> <p>The report sets out the national conditions for the BCF as well as setting out a high level narrative of how we are meeting these national conditions. These are the same conditions in 2015/16 BCF with two new additional requirements: on investment in NHS commissioned out-of-hospital services, and agreement on a local action plan to reduce delayed transfers of care.</p> <p>Our BCF metrics for 2016/17 are largely a continuation of the priorities set in 2015/16, informed by a detailed analysis of the past year's performance. The report outlined how a realistic assessment has been undertaken on the proposed impact of BCF initiatives on performance in 2016-17.</p> <p>The BCF Pool in 2016/17 will be comprised of the CCG minimum required contribution to</p>	

the fund, the Local Authority minimum contribution, plus additional contributions from the Local authority over and above the required minimum. The BCF Pool for 2016/17 will total £20.705m.

Guidance from NHS England indicates that risk sharing agreements, as part of contingency planning, should be considered to manage potential excess emergency hospital activity (admissions). Whilst the CCG has proposed that a risk sharing agreement should be in place for this risk in 2016/17, the local authority has also raised the significant financial pressures on its services, including the costs and activity levels within its commissioning of residential placements and crisis intervention services, clearly identifying that any risk share ought to take these costs into account, alongside those of unplanned admissions. In recognition of the fact that both partners have significant financial pressures in 2016/17 and the complexity of identifying proportionate arrangements for mitigating these multiple risks within the timescales available, it is being proposed that there will be no risk share agreement in 2016/17. From its own resources, the CCG has identified a contingency sum which is being included as part of the BCF pool.

The Joint Executive Management Committee has provided approval at each stage of the submission of information to NHS England as well as strategic direction and guidance throughout the process. The timelines for developing the BCF 2016/17 have been imposed on us by NHS England and there has been flexibility in our own governance processes in order to accommodate this. The 2015/16 governance arrangements for the BCF will be maintained for 2016/17. These arrangements and the processes have been robust as the BCF received full assurance from a recent internal audit carried out by the Council's auditors, as has been previously reported to the Board.

The finances of the BCF will be governed by a Section 75 agreement made between the CCG and London Borough of Barking & Dagenham. The existing Section 75 agreement will be extended to cover the BCF 2016/17 with minor amendments to reflect changes to levels of funding and risk sharing.

Recommendation(s)

It is recommended that the Health and Wellbeing Board:

1. Endorses the Better Care Fund plan, budget for 2016-17 and activity as well as delegate authority on behalf of the Council to the Deputy Chief Executive and Strategic Director, Service Development and Integration, for submission to NHS England as set out in Appendix A, conditional on adjustments following input and comment from the Health and Wellbeing Board.
2. Delegates authority on behalf of the Council to the Deputy Chief Executive and Strategic Director, Service Development and Integration, to extend the Section 75 agreement for the Better Care Fund, with amendments in line with this report, and in consultation with the Director of Law and Governance and the Strategic Director Finance and Investment.

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 report sets out the priorities and activities for the BCF for 2016/17 and provides the Board with an

opportunity to approve plans for a further year's work to integrate and improve services via the Better Care Fund. This contributes to the priorities of the Clinical Commissioning Group and the Council, as well as other partner agencies.

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board (HWBB) with the detailed plans for the local Better Care Fund (BCF) for 2016/17 prior to submission to NHS England. There is a requirement in the BCF technical guidance for plans to be jointly developed and approved by the Board.
- 1.2 The report provides the Board with an overview of what is contained in the planned submission, including the national conditions set out for this year's BCF, the timeline for the process, and the 2016/17 plans and targets that the BCF will deliver in 2016/17. The report also sets out the programme management and governance process that will underpin the BCF in 2016/17.
- 1.3 The Board is being asked to delegate authority for approval of the final submission on behalf of the Council, since NHS England is still releasing parts of the submission template it is not possible to include all final documents with the reports pack for the 26 April meeting. The substantive content is, however, all present in this report.

2 Better Care Fund reports to HWBB

- 2.1 In December 2015 a report to the HWBB provided the Board with details of the progress the BCF had made in 2015, including information on performance against the agreed metrics, delivery of the agreed schemes within the BCF and actions that were being taken to address underperformance.
- 2.2 This report was then followed up at the March 2016 meeting of the HWBB, where the Board was provided with an end of year 2015 assessment of performance and an outline of the plans for developing the 2016/17 BCF Plans, including the national timetable for submission of the BCF and the Board's role in approving the plan. The report also highlighted that national technical guidance and templates had not yet been received.

3 Better Care Fund Plans for 2016/17

- 3.1 The 2016/17 BCF Plans are set for one year. As Board members will be aware work is underway on the development of the Sustainability and Transformation Plan for North East London, of which the Barking & Dagenham, Havering and Redbridge components will be worked up alongside the development of the Accountable Care Organisation Business Case. This will set the vision, model and approaches which will lead to greater integration in the delivery of health and social care by 2020 and, if successfully developed, the guidance suggests there would not be a requirement for BCF plans beyond the current year.
- 3.2 The BCF technical guidance issued by NHS England sets out the national conditions that all BCF plans are required to meet. The following conditions are the same in 2016/17 as for 2015/16:

- Plans to be jointly agreed;
- Demonstrate how areas will maintain provision of social care services in 2016/17;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

3.3 In addition, for 2016/17 there are two further conditions that have been added, which are:

- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.

3.4 Appendix A provides the high level narratives that detail how we are meeting each of the national conditions. These were submitted in draft to NHS England on 21 March 2016 and have since been revised following feedback received on 13 April 2016. Appendix A also includes the targets against the required metrics for the Better Care Fund, with the plan included at Appendix B setting out how we proposed to deliver against those ambitions for 2016/17.

3.5 We will meet the new condition of investing in NHS commissioned out-of-hospital services by maintaining the investment in the Joint Assessment and Discharge Service (JAD) which has successfully brought together teams from partner organisations into a single service, and has removed structural barriers to effective collaborative working. The BCF to commission a handyperson scheme in the Borough to complement a range of interventions. In addition, there continues to be investment in intermediate care services and social care crisis intervention support to facilitate safe and timely discharge.

3.6 In response to the level of delayed transfers of care in mental health inpatient settings, we have also identified particular opportunities to improve the provision of mental health supported living and to increase investment in social care support for this client group. This also relates to the second national condition, around the need to develop a clear, focused action plan for managing delayed transfers of care (DTC).

3.7 Our DTC plan is set out in Appendix C and is designed to tackle delays occurring in acute and inpatient settings across the health and care system. It reflects the

actions included under the 'Improved Discharge from Hospital' Theme in the overall BCF plan that is set out in Appendix B.

3.8 Barking and Dagenham has worked hard to deliver its aspirations against the original trajectories for the BCF metrics but with limited success. Understanding the reason for this underperformance and using that information to inform planning, monitoring and aspiration setting for 2016/17 has been a significant aspect of preparing to refresh the plan.

3.9 In terms of the targets we propose to achieve, the details are included below:

Metric 1: non-elective admissions

3.10 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. In 2015/16 we failed to meet the target reduction, with a consequential loss of the performance reward payment to the local system.

3.11 The target for 2016/17 will be 228 admissions avoided. This will be against an expected total admission of 2,405 in 2016/17. The target for BCF has been reduced in line with actual performance in 15/16 but still represents a challenging target and is based on impacting avoidable admissions. The BCF plan represents one element of the overall CCG operating plan for admission reduction. The BCF plan is focused on local joint actions most likely to impact admissions and is supported by wider system work through Systems Resilience Group. In setting the target we have made sure that the schemes overview milestones details how the schemes will impact on this metric.

Metric 2: Permanent admissions into residential/nursing placements

3.12 A further key aim of the Better Care Fund is the promotion of care closer to home, and for social care this concerns avoidance of admission to residential care as far as possible. Last year, we set a target based on the 2013/14 outturn, which was low compared to a longer-term trend. It proved to be a target that it was not possible to meet. This year, we have reviewed a longer trajectory and set a reduction target which better reflects achievable performance.

3.13 There has been a fluctuating pattern of admissions over the last few years, within which there are signs of a reduction in admissions. Over the past four years, admissions have been:

- 2011/12: 200;
- 2012/13: 170;
- 2013/14: 135;
- 2014/15: 179.

3.14 This has averaged at 171 admissions. In 2015/16 the outturn is around 180 admissions, subject to data validation.

- 3.15 We therefore feel confident that a target of 170 admissions is realistic, given the variability in this data, as well reflective of the expected continued pressure on admissions.

Metric 3: Re-ablement effectiveness

- 3.16 The Better Care Fund also seeks to ensure that hospital discharge is effectively setting people up for continued independent living, and that care plans put in place are sustainable.
- 3.17 The measure has a crude element of calculation and is understood to be subject to national review. Its collection involves contacting people that were admitted in hospital within a 3 month period to ask if they were re-admitted into hospital within 90days after that 3month period. Concerns about the viability of this measure are shared across other London authorities, including the variability in how it can be affected by various service interventions, the identification of the cohort of individual service users it takes in, and the challenge of the manual data collection involved. Changes to the way the data collection was approached for 2014/15 are a significant contributor to performance dropping so markedly to 67.2%. The Council's approach to crisis intervention over a conventional re-ablement service also adds confusion about definitions of those service users to include in the measure.
- 3.18 Taking into account greater clarity about who is included in the cohort of service users to be assessed for this measure, it is proposed that our target for 2016/17 is set at 75%.

Metric 4: Delayed Transfers of Care from Hospital

- 3.19 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.
- 3.20 The Joint Assessment and Discharge team have made a significant and positive contribution to our DTOC target in 2015/16. We are clear on the areas that are causing us significant issues, which include Mental Health delays, and we have reflected this in the DTOC plan which will be submitted as part of the overall BCF plan.
- 3.21 A 2% reduction in delayed transfers of care against 2015/16 outturn will be our target of 2016/17. This is both reflective of the significant pressures we are expecting as well taking into account the actions proposed in our plan.

Metric 5: GP user survey – people feeling supported by services to manage their long term conditions

- 3.22 This periodic survey uses a small cohort of respondents to assess a range of measures, one of which is the judgment about feeling supported to manage long-term conditions. Even within the usual variability of perception surveys, the methodology and small sample mean it is difficult to have robust confidence in this measure. Nonetheless, patient perceptions of feeling supported remains an important aspect of our joint service delivery.

3.23 Our current performance is 54% which is lower than the London average of 58%. Our performance target therefore is to match or improve on the London average figure.

Metric 6: Injuries due to falls in people aged 65

3.24 This indicator measures the number of emergency admissions due to falls-related injuries.

3.25 This is one of our local indicators on which we have performed well against its set target. In the calendar year 2015, there were 17 fewer falls-related admissions compared to a baseline of 410 in the previous year. We intend to improve on this in 2016/17, and are proposing a target of a further reduction.

4 Finances for the BCF

4.1 The BCF Pool in 2016/17 will be comprised of the CCG minimum required contribution to the fund, the Local Authority minimum contribution, and additional contributions from the Local authority over and above the required minimum. The BCF Pool for 2016/17 will total £20.705m and full financial details are included in Appendix D. The table below summarises the funding streams:

BCF 2016-17	£'000
Local Authority funding	
LA Minimum contribution: Disabled Facilities grant (DFG):	1,265
LA Other contributions:	
Base Budgets:	5,070
Public Health grant:	1,191
Total LA funding:	7,526
CCG funding	
CCG Minimum contribution:	13,179
Total BCF 2016-17 pool:	20,705

4.2 In 2015/16 the key performance target associated with the BCF was a reduction in non-elective admissions to hospital, which was subject to a payment for performance regime. As detailed in previous reports, due to the failure to achieve the target set the performance penalty was invoked resulting in a penalty of £710k, split equally between the CCG and Local Authority. In 2016/17 non-elective admissions to hospital will continue to be a key performance indicator, however without an attached performance penalty.

4.3 The Board will be aware that in the 2015/16 Section 75 Agreement, the CCG and Local Authority entered into a risk share agreement whereby if non-elective admissions did not fall below a 2014 calendar year baseline, both partners contributed to a risk share that was to be used by the CCG to pay for unplanned non-elective activity in acute hospitals.

- 4.4 Guidance from NHS England indicates that risk sharing agreements, as part of contingency planning, should be considered in the event of excess emergency hospital activity (admissions). Whilst the CCG has proposed that a risk sharing agreement should be in place for this risk in 2016/17, the local authority has also raised the significant financial pressures on its services, including the costs and activity levels within its commissioning and delivery of residential placements and crisis response services, and that any risk share ought to take these costs into account, alongside those of unplanned admissions. In recognition of these multiple sources of system cost pressure, and the complexity of arriving at a proportionate risk share arrangement within the available guidance and timeframe, it has been agreed that there will be no risk share agreement in 2016/17
- 4.5 In discussions we have noted that both partners have a positive history of working together, and are developing transformative approaches to addressing on-going sustainability. It also remains our view that any risk share for 2016/17 is likely to be counterproductive to these developments. Rather, working across the whole health and social care sector (with all partners such as BHRUT and community services), including the potential development of an Accountable Care Organisation or similar partnership arrangements, would represent the main mechanism through which rising activity/acuity risks will be mitigated.

5 Process of developing the BCF Plans 2016/17

- 5.1 The BCF Delivery Group has worked to develop all aspects of the BCF Plans for 2016/17, ensuring that the plans meet the national conditions, that targets for metrics are set that are challenging but achievable and based on robust data, and that the revised schemes have an improved focus on specific projects that help support achievement against the set metrics. The Joint Executive Management Committee has provided approval at each stage of the submission of information to NHS England as well as strategic direction and guidance throughout the process.
- 5.2 The timelines for developing the BCF 2016/17 have been imposed on us by NHS England and we have flexed our own governance processes where possible in order to accommodate this. An outline of the timelines for the development and submission of the BCF Plans are set out below:

	Date	Milestones
Final submission timeline and sign off process	22 March – 13 April 2016	Amend and draft plans based on the feedback received from NHSE
	5 April 2016	Delivery group to develop the details schemes milestone and amend plans based on feedback received.
	12 April 2016	JEMC to agree and sign off the Plans
	13 April 2016	BHR CCGs JMT sign off
	21 April 2016	Final submission template released by NHSE
	26 April 2016	HWBB to agree overview of plans and delegate authority to conclude the planning process and submit the plan
	3 May 2016	Submit to NHSE
	24 May 2016	Update the CCG Governing Body of the final Plans that were submitted.

6 Programme governance of Better Care Fund in 2016/17

- 6.1 The current governance arrangements for the BCF will be maintained for 2016/17. We are confident that these arrangements and the processes around them are robust as the BCF received full assurance from a recent internal audit carried out by the Council's auditors. The finances of the BCF will be governed by a Section 75 agreement made between the CCG and the Council. The existing Section 75 agreement will be extended to cover the BCF 2016/17 with minor amendments to reflect changes to levels of funding and the new approach to risk share. The Section 75 was previously approved by the Board for 2015/16 at its meeting on 17 March 2015.

Mandatory Implications

Joint Strategic Needs Assessment

- 6.2 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

- 6.3 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

- 6.4 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

Completed by
Olufunke Adediran, Group Accountant, Corporate Finance

- 6.5 The Better Care Fund is an important aspect of ensuring the longer term financial sustainability of social care by aiming to reduce and better manage demand for both health and social care services.
- 6.6 The total BCF pooled fund for 2016/17 is 20.705m and is set out in more detail in Section 4 and Appendix D of this report.

Legal Implications

Completed by
Daniel Toohey, Principal Corporate Solicitor and Deputy Monitoring Officer

- 6.7 The Section 75 of the National Health Service Act 2006 gives powers to local authorities and clinical commissioning groups to make certain joint arrangements, including the establishing of pooled funds out of which payment can be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions. Such arrangements are often referred to in short hand as “s75 agreements”. Council and CCG must agree and implement a Better Care Fund Programme for 2016-17.
- 6.8 It is a requirement of the Better Care Fund grant programme, as set down in national directions, that an agreement in the form of a Section 75 agreement be entered into between the Council and the Clinical Commissioning Group for Barking and Dagenham, and an agreement for the year 2015/16 was accordingly entered into. There is accordingly now a requirement for an extension for the coming financial year. The agreement also formalises the management of the pooled funds and the role of the Joint Executive Management Committee in monitoring and improving performance across the Better Care Fund plan.
- 6.9 Under the s75 agreement, the Council has undertaken to host the fund, and in particular to manage and maintain the pooled funds, which entails ensuring that expenditure out of the pool occurs within strict parameters, and that specified actions regarding potential overspends are taken, including timely reporting back to the Joint Executive Management Committee. The procurement of services or supplies will need to comply with the requirements of the Public Contracts Regulations 2015 and any future proposed procurement exercises by the Council will require a return report to the Committee; Legal Services are available to advise and assist the Council and its officers in that regard.

Risk Management

- 6.10 Risk management arrangements are being put in place by the Joint Executive Management Committee as part of planning for the BCF. The JEMC will then be considering these risks on an on-going basis, with officers identified with responsibility for mitigating actions.

Patient / Service User Impact

- 6.11 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.

7 Non-mandatory Implications

Contractual Issues

- 7.1 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.

8 List of Appendices

Appendix A	BCF High level Narratives for NHSE submission
Appendix B	BCF 2016/17 Schemes and milestones
Appendix C	DTOC Plan 2016/17 for NHSE submission
Appendix D	BCF Financial Expenditure Plan 2016/17