

# HEALTH AND WELLBEING BOARD

8 December 2015

<b>Title:</b>	Better Care Fund Progress Report for Barking & Dagenham		
<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 were approved by NHS England in January 2015. Two quarterly returns have been submitted to NHS England, for Quarter 4 2014/15 (January 2015 – March 2015) and Quarter 1 2015/16 (April 2015 – June 2015). These were signed off by the Joint Executive Management Committee under previously delegated authority from the Health and Wellbeing Board (HWBB).</p> <p>The Joint Management Executive Committee (JEMC) was established under the Section 75 agreement and is a committee (in Shadow form from October 2014 to March 2015) of the Clinical Commissioning Group (CCG) and Local Authority. It reports directly to the CCG Governing Body and the Local Authority's Cabinet. It also has a reporting line to the HWBB and it provides performance oversight of the Better Care Fund schemes and the pooled fund management arrangements. The HWBB subgroup Integrated care shapes Barking and Dagenham's engagement with the Integrated Care Coalition and therefore manages local developments on integrated care for older people and long-term conditions. However, the focus of the Sub-Group has shifted over the last 18 months to the BCF. This has included the development and finalisation of the BCF submission and overseeing the beginning stages of implementation of the eleven BCF schemes, including the Section 75 agreement governing the Fund.</p> <p>The eleven schemes of the BCF have delivered most 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. Key scheme plans are being reviewed to ensure these are fit for purpose. The delivery group which sits underneath the JEMC has helped focus the current schemes on the BCF metrics (admissions, delays of transfers of care, Reablement, admissions to care homes, user experiences and falls prevention). As highlighted in the submitted BCF plan the Community Health and Social care scheme, and prevention scheme have the most activities that impact on the metrics. The programme reporting is now focused on the schemes that impact on the metrics with the others schemes progress reported by exception.</p>			

The report gives details on all the BCF metrics. The none-elective metric is the crucial metric as performance on this target is linked to a payment for performance. To date, the partners have struggled to continue the strong track record of admissions reduction over past years. This is likely to cost the partnership £710k in performance penalties this year. The Integrated Care Subgroup is leading the work to understand our current performance, and to develop plans to turn it around.

The pooled budget arrangements formally came in place April 2015. The total 2015/16 funding in the BCF is £21.299m.

The governance arrangements for the BCF are detailed in a section 75 agreement between the Local Authority and CCG. The pooled budget is 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. The Section 75 agreement includes a 50:50 risk share arrangement that comes into play if some or all of the targeted reduction in non-elective activity is not achieved.

### **Recommendation(s)**

The Health and Wellbeing Board is recommended to note and comment upon:

- the latest information on delivery of the Better Care Fund ambitions, as set out in the report, and the steps that are being taken to address underperformance;
- The proposed continuation of the Better Care Fund into 2016/17 and that, on behalf of the Board, the Joint Executive Management Committee will be considering the approach to the BCF refresh for the next year,

### **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 update provides an opportunity to review progress and to provide direction to officers leading the Better Care Fund on how performance may be improved. This contributes to the priorities of both the Clinical Commissioning Group and the Council, as well as other partner agencies.

## 1 Introduction and Background

- 1.1 The Better Care fund “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.” It is a critical part of the NHS two year operational plans and the five year strategic plans as well as local government planning.<sup>1</sup>
- 1.2 Two quarterly returns to NHS England have been submitted on the Board’s behalf, and the third quarterly report was submitted on 27<sup>th</sup> of November 2015. This is the first detailed update report to the HWBB since the plans were submitted to NHS England in December 2014.
- 1.3 Regular reporting of the BCF has been managed by the Joint Executive Management Committee, with the Board’s Integrated Care subgroup helping to shape the delivery of the 11 BCF schemes.
- 1.4 The focus of performance monitoring has been on the 7 schemes most directly associated with delivery of the metrics. These are:
- Community Health & Social Care Services;
  - Prevention;
  - Mental health support outside hospital;
  - End of life care;
  - Dementia support ;
  - Equipment & adaptations; and
  - Support for family carers’ scheme.
- 1.5 Reporting on the other four schemes has been scaled back, either since they have made the contribution that was intended to our improved performance, or because there are other monitoring arrangements in place. These are:
- Improved hospital discharge (the Joint Assessment & Discharge Service);
  - Intermediate care;
  - Care Act implementation; and
  - Integrated commissioning.
- 1.6 This report provides the Board with an overview of the pooled budget arrangement since its formal conception in April 2015. This forms part of the regular reporting to the Joint Executive Management Committee.
- 1.7 As part of the regular programme reporting, a set of metrics, which were agreed as part of the initial programme, are tracked on a monthly basis against the baseline and planned improvements. Details of each metric are outlined in Appendix B.

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<sup>1</sup> NHS England (n.d) [online] available from: <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

## **2 Progress on the BCF 11 schemes**

### **Scheme 1: Integrated Health and Social Care Teams**

- 2.1 This scheme is focused on the alignment of community services with ICM/locality arrangements and the effective operation of the service in supporting patients to be cared for at home rather than in hospital.
- 2.2 Alignment of community nursing and therapy services with localities took place in 2014. Since then the service has been working to detailed specification and a range of performance measures. Q2 report has recently been received. In essence indicators around Integrated Case Management (ICM) care plans, dementia case finding following acute episode, discharge care planning and training, frequent attenders audit and ICM care plan audit have been achieved. Further work to disseminate information and develop additional actions on basis of the audit work in train with a workshop planned for December 2015. ICM has also been developed further with input from secondary care consultants into MDT as part of the BHRUT CQUIN on ICM but with slow take up from primary care.
- 2.3 Further opportunities to develop this scheme are being considered in the light of the stakeholder workshop and hypothesis testing around system issues. Although this will not impact BCF for current year it will help to identify locality based developments in the future.

### **Scheme 2: Prevention**

- 2.4 The scheme focuses on preventative services to promote health and wellbeing with an emphasis on physical activity and falls prevention.
- 2.5 The scheme has so far commissioned 2 services Handy person support services and whole body therapy. The scheme leads are also working on reviewing the current actions to more effectively support the delivery of the BCF metrics.

### **Scheme 3: Mental health support outside hospital**

- 2.6 The scheme brings together health and social care commissioned services that work to support people with mental health problems through employment and recovery services.
- 2.7 The employment and recovery service contract has been extended for one year from October 2015 to allow for the re-design and tender process to be undertaken. 3 engagement workshops which are expected to inform the future direction have been completed.

### **Scheme 4: End of life care**

- 2.8 The scheme focuses on improving end of life care across current services and supporting training across agencies and services.
- 2.9 An improvement plan was developed and scheme leads have been working through this to ensure that the recommendations made from the review of end of life care (EOLC) are implemented in the borough. Training has been completed at all care homes and with some of the GP practices. Further work is planned around implementation of the EOLC electronic care plans after the trials in Havering.

Information provided on Care & Support Hub on EOLC will be expanded and regular contract monitoring of commissioned services such as integrated case management, Marie Curie and EOLC Facilitator support. A review of commissioning of EOLC has been undertaken to understand the opportunities to improve the commission of EOLC services in future.

#### **Scheme 5: Dementia support**

- 2.10 The objective of the scheme is to improve early diagnosis and support to people with dementia.
- 2.11 The schemes leads have been tasked to come back with a prioritised plan that related to what deliverable within the current capacity. This follows previous plans to set up a Dementia Action Alliance a vehicle for the developing a dementia-friendly community. The CCG working in partnership with NELFT are carrying on with actions to deliver the national target of 67% of people with a confirmed diagnosis from estimated the dementia prevalence. This will allow for this people to receive appropriate treatment early and the necessary support.

#### **Scheme 6: Equipment and adaptations**

- 2.12 The objective of the scheme is to bring together the commissioning and provision of equipment and adaptations that is required to support people in their homes focused around delivery of BCF metrics
- 2.13 A workshop to identify opportunities to improve equipment and adaptations took place in December 2014. Following that meeting a range of issues were identified which relate specifically to CCG processes around equipment. These are being addressed but they have necessarily slowed discussions around integrated approaches. Opportunities for cost saving based on CCG entering equipment consortia (as LBBB has) and other areas where integration could positively impact discharges from hospital, reablement or admission to hospital are being considered. A piece of CCG service mapping is being undertaken which will better inform this work.

#### **Scheme 7: Support for family carers**

- 2.14 The scheme focuses on carers who play a crucial role in supporting patients to remain independent in their own home and also in supporting timely discharge from hospital.
- 2.15 Scheme leads are working on a programme of events such as increasing the number of health checks for carers, increasing awareness around identifying hidden carers and supporting known carers through training of frontline staff.

#### **Scheme 8: Improved hospital discharge**

- 2.16 This is geared towards establishing a Joint Assessment and Discharge Service model developed to improve discharges from the acute hospital, supported by 7 day working and targeted care and support.
- 2.17 The Joint Assessment and discharge team and 7 day working service have now been in operation since June 2014. London Borough of Barking and Dagenham was the initial host for the service and led the implementation programme. A review

of the service was done and reported to the HWBB. It was agreed that JAD was achieving its aims and there was a commitment to its continuation as a model. It was agreed for it to continue in the format and capacity that was originally envisaged with the hosting arrangements being transferred to London Borough of Havering.

#### **Scheme 9: Intermediate Care**

- 2.18 An Intensive Rehabilitation Service (IRS) which provides intensive support to people at home, rather than in an acute or intermediate care bed. This is linked to a programme of productivity improvement for intermediate care beds.
- 2.19 In line with the decision at CCG Governing Bodies December 2014, the home based services-community treatment team and intensive rehabilitation-were permanently established 2015/16. The final phase of the reconfiguration programme is to centralise a reduced number of community beds on the King George Hospital site. Steps are underway to move of the community beds onto one site at King George Hospital the first phase of which is scheduled to take place December 2015.

#### **Scheme 10: Care Act implementation**

- 2.20 A scheme which looks at the implementation of the Care Act and includes carers' assessments, meeting national eligibility thresholds and statutory safeguarding board.
- 2.21 The Care Act programme board is reporting to the HWBB on regular basis on the progress. The deferment cap on care cost until April 2020 has been recently been reported to the HWBB. The programme has been revised to take account of the deferment and new programme arrangements have been agreed and put in place.

#### **Scheme 11: Integrated commissioning**

- 2.22 The scheme is geared to establish an integrated commissioning approach to develop and deliver the commissioning changes required in the BCF.
- 2.23 A programme management approach has been established to manage the BCF with the governance arrangement as highlighted in this report. There is further review of the schemes to understand the opportunities of overall fund to commission differently.

### **3 Progress on BCF outcomes metrics**

- 3.1 To evaluate Barking Dagenham's performance NHS England will draw from national data returns. This section sets out the local view of that performance data.

#### **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 The data on non-elective admissions is set out below.

<b>Non-elective Admissions</b>	Jan	Feb	Mar	Apr	May	Jun	Total
Baseline '14	1613	1543	1512	1638	1662	1472	9440
Actual '15	1586	1452	1660	1708	1816	1898	10120
Target Jan-Jun '15 2.5% decrease							9204
Actual increase on baseline							680 (+7%)

3.5 It is evident from the data that the target has not been met. However, some investigatory work is underway at present to ascertain the accuracy of these figures and reporting practices by Barking, Havering & Redbridge University Hospitals NHS Trust. An issue has been identified whereby so-called 'ambulatory care' data may have been double-counted since April, and which may have contributed to the reported increase.

3.6 An analysis of the performance without the ambulatory care data suggests the possibility of an overall downward trend through 2014/15. The Commissioning Support Unit (CSU) is leading on a reconciliation of the data with BHRUT.

3.7 Based on the current data there is no performance-related payment due to the borough for Quarters 1 and 2, resulting in a loss of up to £352k. To mitigate this, the underspend in previous years has been put towards covering the penalty. Alternatively the sum can be clawed back by "catching up" on the target before year end by doing better than the target in future quarters.

3.8 The HWB Integrated Care Subgroup led a workshop on the 21st of October 2015 to share with the wider stakeholders our current BCF performance, deep dive analysis, and to develop plans to turn it around.

3.9 The attendees were asked to test out the hypothesis around prevention, age and demography issues relating to admissions and system wide challenges.

3.10 A number of actions have been identified to which focus on maximising effectiveness and understanding variation across localities, proactive case finding approaches, understanding admissions in working age population and develop improved identification/self-management approaches.

3.11 The BCF Delivery Group has just undertaken a stocktake of all of the schemes which directly impact admissions to ensure the plans are focused and effective.

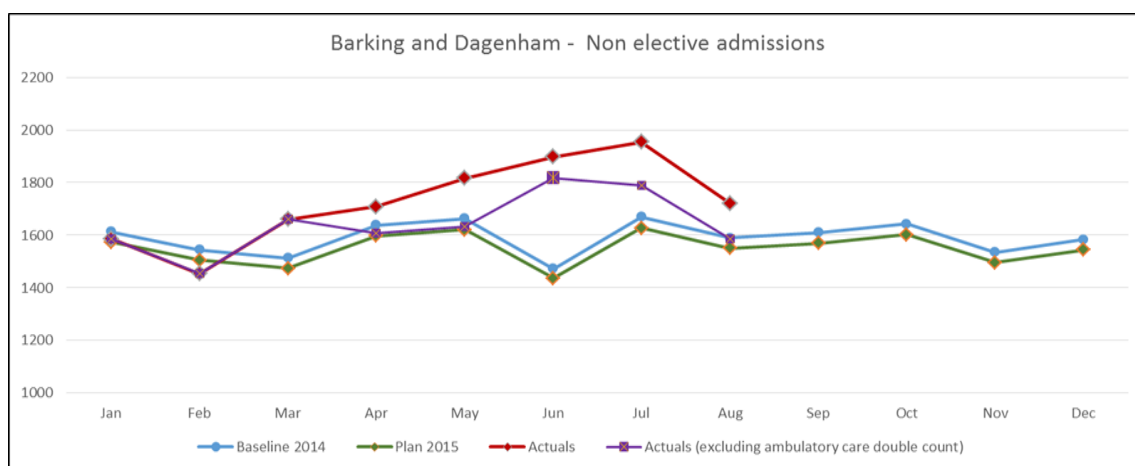


Chart 1: Non-elective admissions – monthly trends

### Delayed Transfers of Care from Hospital

- 3.12 Ensuring people are supported in an integrated way to enable them to be safely discharged from hospital is a key BCF priority. Data for delayed transfers of care shows that from April there has been an increase in delays mainly due to patients awaiting specialist rehab which is commissioned by NHS England. A pathway review is being undertaken by NHS England to address the waiting times of those waiting for specialist rehabilitation.
- 3.13 This is not only unique to Barking Dagenham but is a national issue. As the BCF measure relates to the total number of bed days delayed, rather than number of patients, the same patient can be counted again in the following month therefore making the numbers appear more. This needs to be taken into account when looking at the high performance.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
DTOC - 2014/15	172	141	187	239	192	238	143	167	194	188	158
DTOC - 2015/16	173	213	290	308	236						
DTOC - 2015/16 plan	169	169	171	171	171	171	202	202	202	161	161

Date Delayed transfers of care (days) per 100,000



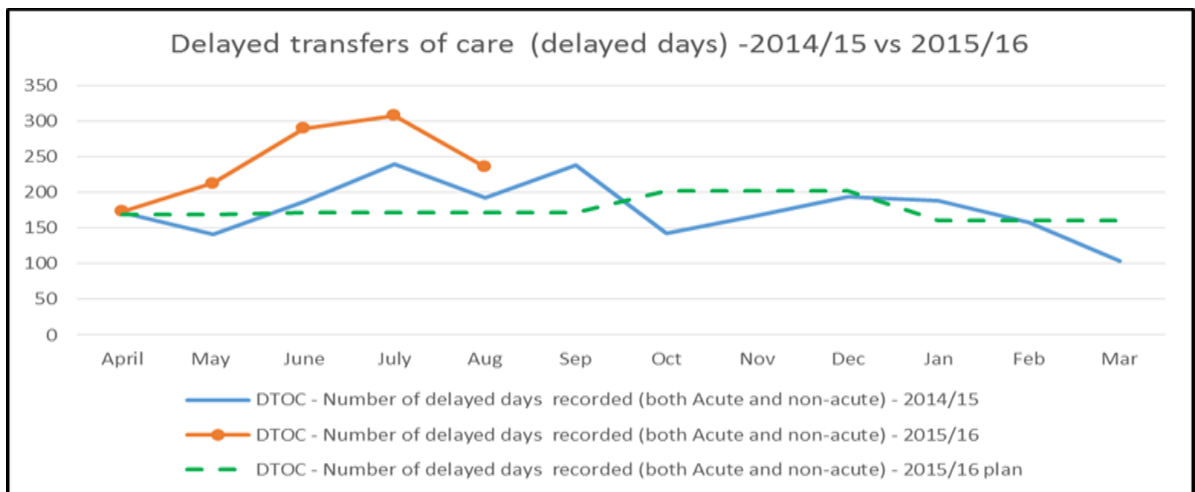


Chart 2: Delayed discharges – monthly trends and benchmarking:

### Permanent admissions into residential/nursing placements

- 3.14 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. Using an indicator from the Adult Social Care Outcomes Framework, this measures admissions into care (residential and nursing) for older people 65+ in the borough.
- 3.15 We have seen an unprecedented increase in demand for services over the last six months and this is directly related to the work undertaken to improve patient flow at BHRUT.
- 3.16 As part of this we have seen an increase in requests for temporary placements many of which become permanent at a later stage. We have recently changed the authorisation process for temporary placements and hope this will improve performance. We are also monitoring closely the number of people who are admitted permanently into residential care from a hospital bed who had no support package in place prior to admission.
- 3.17 Last year's performance was adversely affected by the decision taken to commission winter pressure beds. We believe this impacted badly on performance and on placement decisions during the early part of 15/16. The decision taken at SRG not to commission winter beds in 15/16 will allow a further opportunity to keep placements in check this winter and next spring.

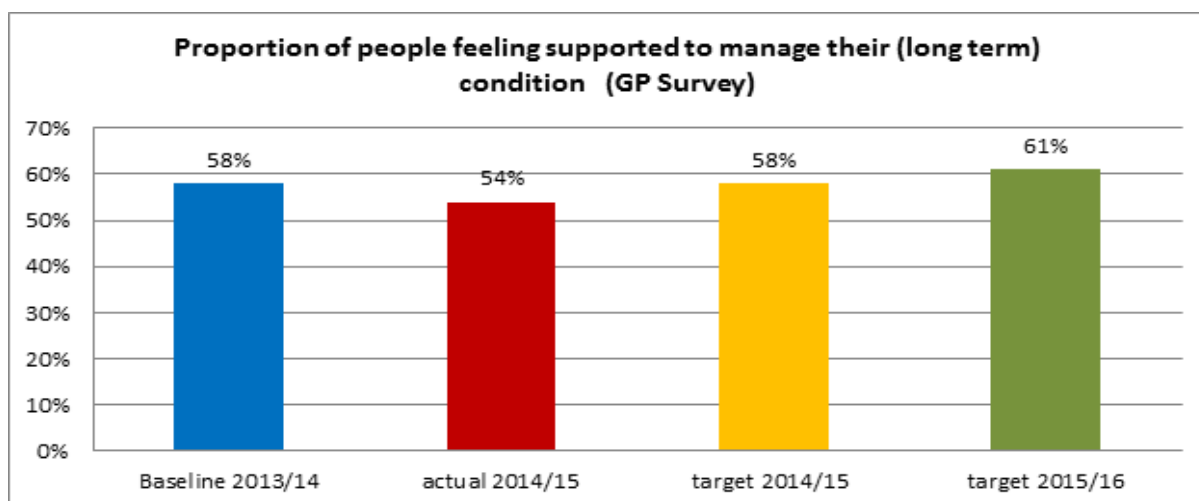
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Whole year
Admissions 14/15	15	14	18	14	13	9	10	9	14	19	22	22	179
Admissions 15/16	10	10	17	13	16	13							79
Admissions 15/16 plan	11	10	11	10	10	10	10	10	10	11	11	11	125

### Re-ablement effectiveness

- 3.18 The Better Care Fund is 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. To assess this, a measure from the national Adult Social Care Outcomes Framework (ASCOF) is used, about whether people remain at home 91 days after discharge into a package of reablement support. The plan was set at 89.3% and the baseline for 2013/14 was 88.3%.
- 3.19 Current performance is 67.2% which is significantly lower than baseline and plan. We are currently investigating whether a data problem in previous years' submissions may have concerned the inclusion of deaths in the numerator, contrary to ASCOF definition. We are also therefore now focusing on why our performance compares unfavourably with our statistical neighbours.

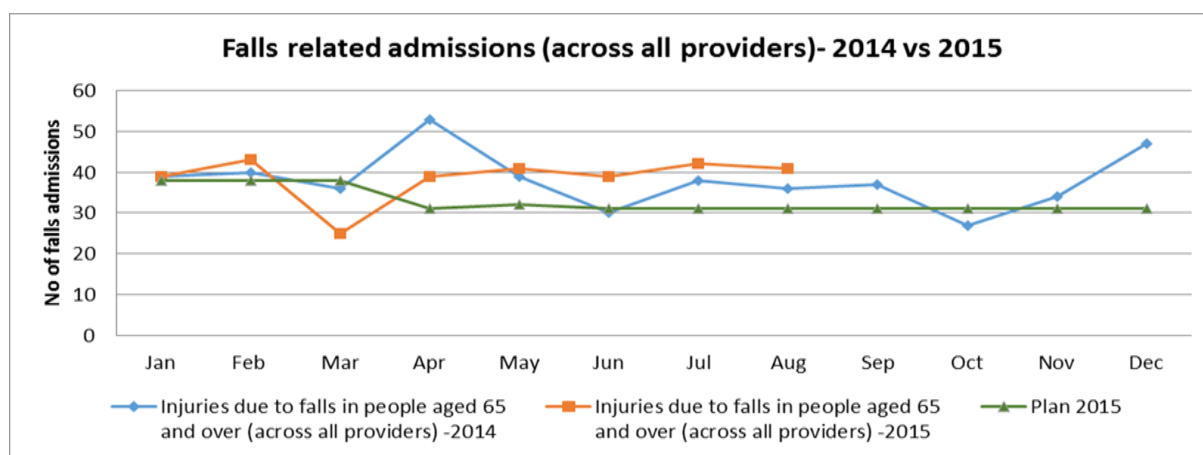
### GP user survey – people feeling supported by services to manage their long term conditions

- 3.20 Performance has declined slightly against the baseline for this local metric, and is slightly below the London average of 58.4%.
- 3.21 The further work is planned with local Patient Participation Groups and Healthwatch to understand patient experience. It is acknowledged that we can't influence the GP survey as it is sent by an independent organisation working on behalf of NHS England directly to a small sample of GP patients who complete and return the survey. However these planned exercises will help us understand why patients don't feel supported and how we can address this.



## Injuries due to falls in people aged 65

- 3.22 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.
- 3.23 A number of work streams are currently in place across Barking Dagenham, Havering and Redbridge looking at improving the operation of the falls pathway and the uptake of the risk assessment tool. It is the principal focus of our Prevention scheme under the Better Care Fund, and a service has been commissioned for a handyperson service to address trip hazards in the homes of frail older people.



## 4 Summary of BCF spending - 2015/16

- 4.1 The pooled budget arrangements formally came into place April 2015. This has been delivered in line with the BCF plan.
- 4.2 Based on the best available information held as at Quarter 2 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. The table below illustrates the budgetary allocation for each of the 11 work streams:

	Better Care Fund (BCF)	£000
	<b>Better Care fund allocation 2015/16</b>	<b>21,299</b>
	<b>Allocation by workstream:</b>	
1	Community Health and Social Care	9,158
2	Improved hospital discharge	2,019
3	New model of intermediate care	3,143
4	Mental Health Support outside hospital	1,096
5	Integrated Commissioning	220
6	Support for Family Carers	925
7	Care Act Implementation	1,586
8	Prevention	1,529

9	End of Life Care	105
10	Equipment & Adaptations	1,171
11	Dementia Support	347
	<b>Total BCF allocation:</b>	<b>21,299</b>

4.3 In line with the Section 75 Agreement that governs the Better Care Fund, any overspends will be managed by partners within their own resources, and discussions will be held through the Joint Executive Management Committee to evaluate the impact on the programme overall, including calls on any underspend that accrues in other parts of the programme.

## 5 Governance update

5.1 A section 75 agreement is in place of which the key features are:

- The pooled budget is hosted by the Council who will be responsible for monitoring spend, accounting and audit arrangements, and the allocation of resources to lead commissioners for schemes.
- The CCG is transferring its contribution to the BCF fund on a monthly basis.
- Monthly reporting on finance and performance is made to the Joint Executive Management Committee.

5.2 Partners are required to invest resources allocated from the BCF in line with the purposes set out in the BCF Plan, and report any changes including potential underspends or overspends to the Joint Executive Management Committee for partners to consider. Each partner is responsible for managing overspend related to their own commissioning budget, unless otherwise agreed by the Joint Executive Management Committee. For example the Committee may agree to reallocate resources. Partners are accountable for ensuring that they meet their own organisation's financial standing orders requirements.

5.3 The Section 75 Agreement includes a 50:50 risk share arrangement that comes into play if some or all of the targeted reduction in non-elective activity is not achieved. This means that the £710k pressure resulting from failure to achieve the performance reward target is shared equally as a pressure between the Clinical Commissioning Group and the Council. This has been subject of further discussions through the System Resilience Group to address the impacts across Barking & Dagenham, Havering and Redbridge of the combined pressure resulting from Better Care Fund performance and forthcoming winter pressures.

## 6 The Better Care Fund in 2016/17

6.1 On 16 October 2015, the Council and Clinical Commissioning Group were notified by the Department of Health of the intention to continue the Better Care Fund into 2016/17. The letter attached at Appendix D noted that the formal planning guidance would not be forthcoming until the end of the year, but that early discussions about the future of the Fund should begin. In particular, the letter encouraged local areas to consider an honest evaluation of Better Care Fund implementation to date – including what has worked, what has not worked as

anticipated, and what could be adjusted, refined or changed moving forward. Tools to help in this evaluation were promised.

- 6.2 At its meeting on 16 December, based on 'deep dive' analyses and discussions with partners through recent workshops, the Joint Executive Management Committee will begin to consider the approach to the coming year. Amongst issues to take into consideration will be the impact of the Spending Review, including cuts to the Public Health Grant and pressures on adult social care services, which will impact on some of the current investments in the Fund.

## **7 Mandatory Implications**

### **Joint Strategic Needs Assessment**

- 7.1 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**

- 7.2 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**

- 7.3 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**

- 7.4 The total BCF allocation in 2015/16 which consists of funding from the Council and the Clinical Commissioning Group (CCG) amounts to £21.299m. It is assumed that the overall fund will breakeven at year end.
- 7.5 £3.773m of the BCF funding is subject to a payment for performance arrangement with the key target being the target to reduce non-elective admissions by 2.5%. Current monthly reporting shows that the target is not being achieved resulting in an estimated performance penalty for the year of £710k which would be split 50:50 between the Council and the CCG. The penalty will partly be mitigated by utilising the 2014/15 BCF underspend of £347k. The remaining pressure of £363k split 50:50 would need to be managed by both partners within their existing resources.
- 7.6 Following the announcement that the BCF would continue in 2016/17, the current plan would need to be reviewed by the JEMC taking into consideration current performance, the recent spending review, the funding cuts in the Public Health

grant and other pressures in adult social care in order to set the allocations for work streams in 2016/17.

(Implications completed by: Carl Tomlinson, Group Finance Manager)

### **Legal Implications**

- 7.7 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**

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

### **Patient / Service User Impact**

- 7.9 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.

## **8 Non-mandatory Implications**

### **Contractual Issues**

- 8.1 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.

## **9 List of Appendices**

**Appendix A** BCF Programme report

**Appendix B** BCF Metric report

**Appendix C** Better Care Fund 2016/17: Letter to Health & Wellbeing Board Chairs, 16 October 2015