



Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Better Care Fund Plan – Update

Meeting Date: 20 January 2016

Responsible Officer(s) Julie Ogley, Director of Social Care, Health & Housing
Alison Lathwell, Interim, Director of Strategy and System Redesign Bedfordshire Clinical Commissioning Group

Presented by: Julie Ogley, Director of Social Care, Health & Housing
Alison Lathwell, Interim, Director of Strategy and System Redesign - Bedfordshire Clinical Commissioning Group

Recommendation(s) The Health and Wellbeing Board is asked to:

1. **review the progress on delivering the Better Care Fund Plan including the Quarter Two return to NHS England;**
2. **review current performance and the actions taken to support improvement; and**
3. **note the proposed process for producing the 2016/17 BCF Plan and to provide a steer on the key areas of focus.**

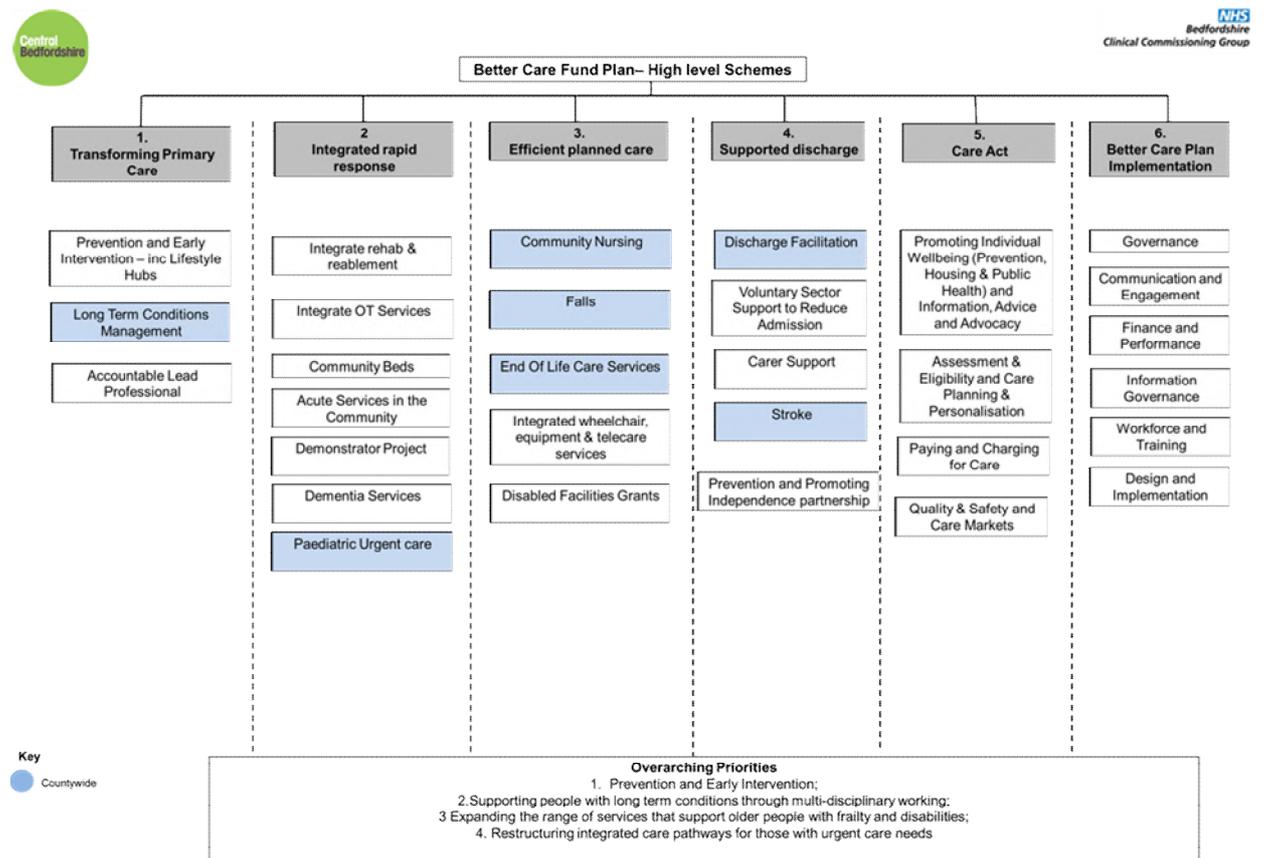
Purpose of Report	
1.	To update the Board on progress to date with the delivery of the Better Care Fund Plan and performance against key delivery targets.
2.	For the Board to note the submission of the BCF Quarter 2 performance return to NHS England and narrative on progress.
3.	For the Board to note the current financial position of the BCF Plan.
4.	To inform the Board on plans for the Better Care Fund Plan 2016/17.

Background	
5.	The Better Care Fund Plan is a catalyst for improving services through a shared vision for health and social care in Central Bedfordshire. The Plan aims to improve outcomes for local people by transforming services through joint working and integration.

	This can help to mitigate the impact of increasing demand for services, complexity of need and financial challenges to ensure a sustainable local health and care system.
6.	Central Bedfordshire's Health and Wellbeing Strategy sets the overall vision for improving health, wellbeing and reducing health inequalities. The BCF Plan closely aligns with the Health and Wellbeing Strategy with the focus on improving outcomes for frail older people, and, sets out a cohesive approach to service delivery for older people, particularly in relation to urgent care treatment and the management of long term conditions.
7.	Implementation of Better Care Fund Plan commenced on the 1 April 2015 following the unconditional approval of the plan by NHS England in December 2014. The BCF for Central Bedfordshire is a pooled fund of £18.7million which is to be delivered through 6 key schemes.
8.	A requirement by NHS England was for the Better Care Fund to be transferred into a pooled fund under a section 75 agreement between the Council and the Clinical Commissioning Group (CCG). The Health and Wellbeing Board approved the section 75 agreement in October 2015.
9.	The focus of BCF delivery is now on the operationalisation of the schemes (Figure 1) within the plan and successful delivery of the performance metrics, including the pay for performance element of the fund.

Central Bedfordshire BCF Schemes

Figure 1



Update on Schemes

10.

A stocktake of current performance across BCF schemes has been carried out to provide a more detailed picture of the successes and challenges inherent in the current BCF plan. (Appendix 1). The progress made by each scheme has varied dramatically. However underlying all of this was that the number of unplanned admissions to hospital were increasing and not reducing.

A workshop held in April 2015 identified a number of additional projects that needed to be developed to assist in delivering the Plan. This programme of work which is focused on four key areas: Care Homes; Falls; Long Term Conditions and End of Life Care for reducing non-elective admissions, has been mobilised and is being monitored by the BCF Commissioning Board. This approach was also set out in the HWB BCF update in July 2015.

Appendix 2 provides further update on this programme of work. .

11.	There are a number of factors that have contributed to the slow pace of delivery of the BCF Schemes:
12.	<ul style="list-style-type: none"> • The Community Health Services contract re-procurement. The CCG and Council have been considering the procurement options for community health services and the initial extension of the contract was taken account of when planning the BCF Plan. Community health services provision is central the BCF Plan. The majority of the schemes set out in the BCF Plan require new ways of working and in particular integrated services to facilitate seamless and timely care pathways for frail older people. Uncertainties in the system have undermined the delivery of the BCF Plan.
13.	The ongoing review of community services now means that a number of BCF Plan projects are subsumed into the scope of the review and no longer described as individual projects. For example 'Integration of Rehabilitation and Reablement' and 'Acute Services in the Community'. The outcome of the review will influence how those services are delivered.
14.	<ul style="list-style-type: none"> • The impact of the Clinical Commissioning Group's financial recovery and changes in leadership has had an impact on the delivery of the BCF Plan and schemes.
	Performance Update
15.	Quarter two monitoring report was submitted to NHS England on 27 November 2015. The report was signed by both the Council and Bedfordshire Clinical Commissioning Group. A copy of the return is attached as Appendix 3. All but one of the National Conditions has been met as outlined in the attached report.
16.	Quarter 2 returns on overall progress for delivery of the Better Care Fund Plan noted that a number of projects had been mobilised to mitigate the challenge of reducing non elective admissions; successes of those projects were also described.(Appendix 2) Recent senior appointments at the CCG and changes within the Community Health Services leadership were noted as positive developments which would aid the successful delivery of the BCF Plan.
17.	Although compliant with the principle of 7 day working, further work is ongoing across the various general hospitals caring for Central Bedfordshire residents. Social workers at the Luton and Dunstable Hospital currently provide 7 day services. Discussion is ongoing with Care Providers to ensure 7 day services which will facilitate early discharge from hospital. Access to primary care services is also being considered as part of the ongoing work for transforming community health services.

	The ambition for integrated care hubs across four localities in Central Bedfordshire will also underpin this requirement through new ways of working and opportunities for timely access to care and support services.
	Overview of performance – Delivering the National Metrics
18..	Delivery against the BCF national metrics remains challenging. (Figure 2) The BCF performance framework which is monitored by the Commissioning Board is attached as Appendix 4.

Figure 2

Ref	Indicator	2015-16 Target	2015-16 (to date)	RAG rating and trend	Key issues for consideration	Mitigation Actions
BCF 1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	6,380	6,868	R ⬆	Reduction remains challenging.	SRG work and response to winter pressures.
BCF 2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	383.5	347.5	R ⬆	Not likely to meet full target.	Scrutiny of packages of care; crisis prevention through support for carers; discharge coordination.
BCF 3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	93.8%	81.0%	R ⬆	On track but not likely to meet target. Community rehabilitation figures still missing.	Pursue completeness of data.
BCF 4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1008.3	897.7	G ⬆	Delayed transfers of care now green	Will continue to monitor performance
BCF 5	Customer/Patient Experience	65.8	63.1	A ⬆	GP survey data only available twice yearly.	Other local measures more frequently available and are being considered. These include Adult Social Care Outcomes Survey and satisfaction with Disabled Facilities Grants.
BCF 6	Rate of emergency admissions for injuries due to falls in persons aged 65+ per 100,000 population	1,686.4	n/a	n/a	Rate of emergency admissions for injuries due to falls in people aged 65+ - no new data available	Although 2014/15 data awaited, there are ongoing initiatives to reduce falls. Falls prevention and awareness training is being rolled out. The Council's Urgent Homes and Falls Response Service is being extended into Care Homes.

BCF 1 Total non-elective admissions (General and Acute) per 100,00 population

19.	This is a pay for performance element of the Better Care Fund and is focused on reducing non-elective admissions that could be avoided through management in primary or community care. This can be influenced by health and care systems working together and as such is measuring combined Health and Social Care performance on an annual basis. The Council is working with health colleagues through the Better Care Fund (BCF) around reduction in emergency admissions to acute settings for the Bedfordshire population. However, achieving the target remains challenging.
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20.	A review of non elective admissions in Central Bedfordshire has been undertaken. Work has also begun in areas with higher rates of emergency admissions and includes a focus around proactively managing people with long term conditions. A risk stratification model is also been used to support the work of multidisciplinary teams as part of the Caring Together Project. In addition to this, the additional projects, (Appendix 2) with targets which have been mobilised should also deliver some reductions.
BCF2 – Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	
21.	<p>Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Although on track for improved performance, the target for this measure is not likely to be met. Frailty and dementia remain the most common diagnosis for admissions. Since April 2015, there were 153 new placements into residential and nursing care against a target of 106. Packages of care are being scrutinised through a panel process to ensure that all alternatives have been explored and that the focus remains on helping people to remain in their own homes. Work is on going to improve hospital discharge coordination and reduce reliance on residential care. Crisis prevention plans with carers are also being put in place.</p> <p>The Council's development of more independent living (extra care) accommodation will help to mitigate admissions into residential care.</p>
BCF3 – Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	
22.	<p>The measure currently reports only on the Council's reablement service and does not include outcomes data in relation to rehabilitation/intermediate care provided through Community Health Services. Consequently, although this measure shows an improving trend, it is unlikely to meet the full target of the BCF Plan.</p> <p>Discussion is ongoing to enable access to community rehabilitation data in order to provide a complete picture of the effectiveness of intermediate and reablement services.</p>
BCF4 – Delayed transfers of care (delayed days) from hospital per 100,000 population	
23.	This measure indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults and is on target. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. The main reasons for delay are attributed to patient and family choice and completion of assessment. A key issue is the number of hospitals which discharge patients into Central Bedfordshire and the need to support early discharge planning and coordination through joint working.

	Weekly monitoring is ongoing through the winter period to facilitate hospital discharge coordination as well ensuring clearer recording of reason for delay.
BCF5 – Patient/Service user experience	
24.	<p>No single measure of integrated care is currently available for this metric on patient / service user experience. A new national measure is being developed, but will not be in place in time to measure improvements in 2015/16. In the meantime other metrics that can provide an indication of patient/service user experience are being used.</p> <ul style="list-style-type: none"> • The GP Patient survey includes the question on whether patients have had enough support from local services or organisations to help manage long term health conditions. The proportion of people who reported being satisfied with the support they received for managing their Long-term Conditions fell slightly from 65% in October 2014 to 63% in April 2015. The proportion of people who said they have not needed support to manage their condition increased. More work will be needed to understand the influencing factors for more people not needing support. • Percentage of customers satisfied with Disabled Facilities Grant service. This measure scored 88% in quarter two and although marginally short of the target of 90%, this measure was green for the previous year outturn. • An annual Adult Social Care Survey also measures overall satisfaction of people who use services with their care and support. 63% of people reported overall satisfaction. This figure is comparable to the regional outturn of 63%. • Proportion of people who use services who find it easy to find information about services. Central Bedfordshire results of 74% for service users and 69% for carers are slightly higher than the Eastern region average of 73% and 65% respectively.
BCF6 – Rate of emergency admissions for injuries due to falls in persons aged 65+ per 100,000 population	
25.	<p>Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, such as people needing to move from their own home to long-term nursing or residential care. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year. Falls that results in injury can be very serious and can result in a fracture or hospitalisation and can impact significantly on non-elective admissions and hospital bed days.</p>

	<p>This measure is reported annually and the 2014/15 data is outstanding. However, the outturn for 2014/15 showed improvements against the BCF baseline rate for 2012/13. There are ongoing initiatives to reduce falls and this is one of the key areas mobilised to reduce non-elective admissions.</p>
	<p>Implications of Performance for Delivery of BCF Plan</p>
26.	<p>It is clear that there are now real challenges within the health and social care system in Central Bedfordshire for delivering an ambitious BCF Plan, particularly in relation to reducing unplanned admissions to hospitals.</p> <p>Although there have been some successes, the review of schemes (Appendix 1), has shown that there are a number of key areas that would benefit from a greater focus and colleagues are working to scope these further to ensure a more focused and achievable plan for 2016/17. This will include the role and use of Care Homes, multidisciplinary team working, and, integrated therapy/intermediate care services.</p> <p>There is local recognition and agreement that a focus on these areas would deliver more significant benefits to the population. It is intended to report in more detail to a future meeting of the Health and Well Being Board.</p>
	<p>Financial Summary</p>
27.	<p>From the activity in all of the schemes set out in Appendix 1, the Pooled Fund of £18.707m shows a forecast underspend of £1.053m.</p>
28.	<p>As the non-elective admissions set out in the plan have not achieved the required 1.5% reduction, the Pooled Fund needs to make allowance of a Pay for Performance target payment of £0.527m.</p>
29.	<p>Deducting the Pay for Performance payments from the initial Pooled Fund under spend, this leaves an overall revenue surplus of £0.044m and capital surplus of £0.482m. Both elements will be rolled forward to support the BCF in 2016/17.</p>
	<p>Planning for BCF 2016/17</p>
30.	<p>The template for BCF 2016/17 is due to be issued in January. The process for development and assurance of local plans will be more streamlined and better integrated into the business as usual planning processes for Health and Wellbeing Board, CCGs and local authorities. A light touch monitoring is proposed by NHS England.</p>

31.	<p>The timescales for submitting Better Care Fund local plans will follow the deadlines set out in the NHS Planning Guidance:</p> <ul style="list-style-type: none"> • First draft – 8 February 2016 • Refresh – mid-March 2016 • Final submission (signed off by Health and Wellbeing Boards) - mid-to-late April 2016
32.	<p>In light of the tight timescales, the first draft submission of Better Care Fund local plans on 8 February will be high-level, focused around the finances and core principles, whilst providing sufficient detail to support Councils' budget setting processes. The detailed requirements for submissions and the exact timings for the March and April resubmissions will be confirmed in the guidance.</p>
33.	<p>Schemes and projects will need to be reviewed and consolidated to focus on immediate local priorities including, finances, and transformation of community services, 7 day working, information sharing and systems and delivery of future care models.</p>
34.	<p>Clearly the ongoing review of Community Health Services will influence how the next BCF Plan would need to be adapted to meet the current requirements of local health and care system. The BCF Plan would also need to set out plans for developing a system-wide plan for 2017.</p>
	<p>Conclusion</p>
35.	<p>Delivery of the BCF plan has been a challenge due to challenges and constraints within the local health and care system. Future care delivery requires a clear focus on what can be delivered within the current care economy and the levers to facilitate that which includes re-procurement of services will be required.</p>
36.	<p>Some progress has been made on a number of the projects within the six schemes. The pay for performance element of the Better Care Fund, which is focused on reducing non-elective admissions, remains a key priority; however achieving the required target reduction in non-elective admissions remains challenging. A reshaping of how care is delivered is required and importantly linked to the re-provision of community health services.</p>
37.	<p>Although transformation of Community Health Services is a key enabler for addressing some of the challenges described, there are other wider issues in the system such as, variations in care quality and experience and importantly workforce shortages in domiciliary care which has a real impact on the ability to keep people at home for longer.</p>
38.	<p>Central Bedfordshire Council, Bedford Borough and Bedfordshire Clinical Commissioning Group are working in partnership to agree a plan for the transformation of community services.</p>

39.	The Chancellor for the Exchequer's announcement of the continuation of the Better Care Fund Plan for 2016/17, with available funding from 2017, to local government, worth £1.5 billion in 2019-20, to be included in the Better Care Fund, requires a robust Systems Plan. The intention is that by 2020 health and social care are integrated across the country, and a requirement for every part of the country to have a plan for this in 2017, implemented by 2020. Further information on the next iteration of the BCF Plan is expected in January.
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Reasons for the Action Proposed	
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40.	The Health and Wellbeing Board (HWB) has a statutory duty to promote integration and is seen as a valuable forum for stakeholders to come together to review performance of the BCF and consider opportunities for transforming health and social care. The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners ¹ .
41.	NHS England guidance requires that local areas submit quarterly and annual reports. Health and Wellbeing Boards are required to sign off the performance report before it is submitted.
42.	There is a requirement to produce a BCF Plan for 2016/17 and a wider Systems Plan by 2017.
Next steps	
43.	<ul style="list-style-type: none"> • Continue to monitor the impact of key projects for reduction in non-elective admissions. • Produce draft BCF Plan for 2016/17 for submission in February 2016. • Implement a programme framework for delivery of BCF Schemes aligned to the wider integration agenda.

Issues	
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Governance & Delivery	
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43.	Progress on the Better Care Fund Plan will be reported to the Health and Wellbeing Board and delivery will be through agreed Joint Commissioning Board and governing boards for partners. The Health and Wellbeing board will provide overall assurance and sign off performance monitoring returns.
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¹ Section 195 of the Health and Social Care Act 2012

Financial	
44.	The payment by result element of the BCF may pose a risk to both CBC and the CCG. Risks have been identified as well as mitigating actions which were recorded in the BCF Risk Plan. A risk sharing agreement has been produced and will form part of the Section 75 agreement. The section 75 agreement is a legal contract that outlines the responsibilities of both the CCG and CBC through the aligned and pooled budget arrangements.
Public Sector Equality Duty (PSED)	
45.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between and in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
46.	Are there any risks issues relating Public Sector Equality Duty Yes/No
47.	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)
BCF Plan	http://www.centralbedfordshire.gov.uk/Images/The-Central-Bedfordshire-Better-Care-Plan-final_tcm6-62825.pdf#False

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Appendices:.

Appendix 1 – High Level Scheme Analysis and Progress

Appendix 2 - Reducing Non- Elective Admission - Update January 2016

Appendix 3 – Quarter 2 Monitoring Report

Appendix 4 – Performance and Finance Report