



Central Bedfordshire  
Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

**Title of Report** Better Care Fund Plan 2016/17

**Meeting Date:** 19 October 2016

**Responsible Officer(s)** Julie Ogley, Director of Social Care, Health & Housing  
Donna Derby, Director Commissioning - Bedfordshire  
Clinical Commissioning Group

**Presented by:** Julie Ogley, Director of Social Care, Health & Housing  
Donna Derby, Director Commissioning - Bedfordshire  
Clinical Commissioning Group

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

1. **note that Central Bedfordshire's Better Care Fund Plan 2016/17 has received full approval from NHS England;**
2. **note the signing of the Section 75 agreement to create the pooled budget;**
3. **note the Quarter One return on the 2016/17 Better Care Fund Plan to NHS England; and**
4. **note the September 2016 Performance Report.**

<b>Purpose of Report</b>	
1.	To update the Board on the final outcome of the NHS England assurance process for the Better Care Fund Plan 2016/17.
2.	To inform the Board of the sign off of the Section 75 Agreement for the 2016/17 pooled fund.
3.	To be update the Board on the arrangements for managing implementation of the BCF Plan and for monitoring performance current performance against national and local metrics.

<b>Background</b>	
4.	<p>NHS England published the 2016/17 Better Care Fund (BCF) Policy Framework in January 2016. The Policy Framework outlined the requirements that in developing BCF Plans for 2016/17, local partners were required to develop and agree, through the relevant Health and Wellbeing Board:</p> <ul style="list-style-type: none"> <li>• A short, jointly agreed narrative plan including details of how they are addressing the national conditions.</li> <li>• Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes.</li> <li>• A scheme level spending plan demonstrating how the fund will be spent.</li> <li>• Quarterly plan figures for the national metrics.</li> </ul>
5.	<p>The Better Care Fund is a single pooled budget to promote the integration of health and social care services in local areas. The full value of the Better Care Fund in Central Bedfordshire for 2016/17 is £20.534m. This is made up of a CCG gross contribution of £15,276m, Disabled Facilities Grant capital allocation of £1,315m; underspend from 2015/16 of £526,000 and an additional contribution from the local authority social care budget of £3,417m. Of the total CCG allocation, £4.341m is ring-fenced for NHS out of hospital commissioned services/risk share.</p>
6.	<p>The Health and Wellbeing Board endorsed the 2016/17 plan at their July meeting following its submission in May 2016.</p>
7.	<p>The 2016/17 Quarter One performance return was submitted to NHS England on 9 September (appendix three).</p>
8.	<p>The Better Care Fund Plan 2016/17 is consistent with the priorities and outcomes of the Health and Wellbeing Board. It is focused on the progressive integration of health and social care services.</p>
9.	<p>To meet the immediate challenges, within the local health and care system, the BCF Plan for 2016/17 is focusing on three key schemes to help deliver improvements, cost efficiency, more streamlined pathways of care and to meet the national conditions. There is local recognition and agreement that a focus on these areas would deliver more significant benefits to the target population. The three key schemes are: Out of hospital care; prevention and protecting social services.</p>

<b>Better Care Fund Plan 2016/17</b>	
10.	Central Bedfordshire's BCF Plan 2016/17 was initially "Approved with Support" Following which additional work was undertaken to strengthen areas such as reporting and monitoring in the light of their verbal feedback. As a result of this work, the decision to award full approval to the plan was endorsed by the NHS Executive at their August 18th 2016 meeting.
11.	Central Bedfordshire's Better Care Fund Plan received full approval. Appendix two. A summary of the strengthened reporting framework is set out in Appendix Three.
	<b>Key Delivery Areas and Update</b>
12.	The key delivery areas for the BCF Plan 2016/17 are as follows:
13.	<ol style="list-style-type: none"> <li>1. Improving the Falls Service</li> <li>2. Transforming Community Services - Multi-Disciplinary Team Working</li> <li>3. Transforming Community Services - Maximising Independence through Supportive Technology (MIST)</li> <li>4. Improving End of Life Care</li> <li>5. Improving outcomes for stroke survivors</li> <li>6. Enhanced Care in Care Homes</li> <li>7. Delayed Transfers of Care (DTOCs)</li> </ol>
	<b>Section 75 Agreement</b>
14.	The legal framework for the BCF Fund requires that in each area the Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with DH and DCLG.
15.	Section 75 Agreement has now been signed off following full approval for the Plan.
	<b>2016/17 Quarter One Performance</b>
<b>BCF 1 - Total non-elective admissions in to hospital (general &amp; acute), all-age, per 100,000 population</b>	
16.	<p>Reported as "no improvement in performance".</p> <p>The reduction of non-elective admissions remains challenging. The required target reduction of 1.5% as set out in the Better Care fund Plan was not achieved. The additional projects which were mobilised as part of the 2015/16 BCF Plan around management of long term conditions, end of life care, Falls and Care Homes are beginning to have an impact on non-elective admission. This work will continue as part of the BCF 2016/17. The overarching ambition remains reduction of non-elective admissions in line with targets set for 2015/16.</p>

**BCF2 – Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population**

17.	<p>Reported as - “on track for improved performance, but not to meet full target”</p> <p>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>
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**BCF3 – Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services**

18.	<p>Reported as - On track for improved performance, but not to meet full target. This remains a challenging target.</p>
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**BCF4 – Delayed transfers of care (delayed days) from hospital per 100,000 population**

19.	<p>Reported as - On track for improved performance, but not to meet full target. The local action plan for DTOCs should help to secure some improvements in this measure. A key project for our BCF is to reduce DTOCs. A number of initiatives like discharge to assess and seven day services in the care provider market should impact on this as well.</p>
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**BCF5 – Patient/Service user experience**

20.	<p>Patient satisfaction is reported as “on track for improved performance, but not to meet full target”</p> <p>No single measure of integrated care is currently available for this metric on patient / service user experience. The GP patient Survey and other local measures are used to give an indication of patient/service user experience of care.</p> <p>The proportion of people who reported being satisfied with the support they received for managing their Long-term Conditions, in the last six months, improved marginally to 63% in July 2016 compared to 61% in January.</p> <p>Ninety two percent of those who completed the Adult Social Care Survey reported that they were extremely or quite satisfied with the care and support services they received.</p>
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	<p>Demand for disabled facilities grant remains high with over £3million of works in progress at the end of Q1. 122 adaptations were completed in Q1, 44 of which were for level access shower/wet room, 24 for access alterations (doors and ramps, etc) and 15 for stair lifts.</p> <p>Despite this high demand, the time taken from referral to DFG approval remains good. Customer satisfaction is up on the 2015/16 outturn.</p>
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**BCF6 – Rate of emergency admissions for injuries due to falls in persons aged 65+ per 100,000 population**

21.	<p>Reported as “on track for improved performance, but not to meet full target”.</p> <p>This is a local measure within the Better Care Fund Plan and is reported annually. The overall outturn for 2014/15 showed an increase in the number of injuries due to falls for people aged 65 and over, although still lower than the England average. In order to incrementally monitor improvements, a number of local measures are also being monitored. The CCG monitors the number of injuries due to falls in people aged 65 and over. In quarter one there were 251 reported injuries across four hospitals. Referrals into the Urgent Homes and Falls Response Service increased in quarter one. The proportion of people remaining self caring improved from 77% at the end of last quarter to 85% in this first quarter of 2016/17. The number of people requiring no further intervention also increased.</p> <p>Improving the Falls Service is one of the key projects of the BCF Plan for 2016/17. Improvements will continue to be monitored by the BCF Commissioning Board.</p>
22.	The Quarter one performance return is attached as Appendix two.
23.	A more detailed breakdown of current performance is provided in the September BCF Performance Report, Appendix four.
	<b>Financial Update Quarter One Income and Expenditure</b>
24.	The profile of the expenditure has been aligned to operational plans and after the first quarter the income and expenditure actuals are in line with those plans.

**Reasons for the Action Proposed**

25.	The Better Care Fund Planning Guidance required that the Plan was signed off by the Health and Wellbeing Board itself and by the constituent Council and Clinical Commissioning Group.
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26.	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.
27.	The BCF Plan for 2016/17 aligns and contributes to the delivery of the national health and care strategy as set out in Delivering the Five Year Forward View, published in December 2016 and the emerging Sustainability and Transformation Plan.
28.	The BCF Plan is consistent with the priorities of Joint Health and Wellbeing Strategy for Central Bedfordshire for improving health, wellbeing and reducing health inequalities.
<b>Conclusion and Next Steps</b>	
29.	<p>Although achieving the set targets for the supporting metrics remains challenging, there is evidence of improvements in some areas. Mobilisation of the BCF projects has commenced. There is increased uptake of services with more referrals are being made to the Urgent Homes and Falls Response service and the proportion of people remaining self caring improved with fewer people requiring further interventions.</p> <p>Improvements will continue to be monitored by the BCF Commissioning Board.</p>
<b>Issues</b>	
Governance & Delivery	
30.	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.
31.	A review of the role of the BCF Commissioning Board is underway with the intention to create an Integration and Transformation Board. The new Board consolidates the work of the BCF Commissioning Board and the Joint Strategic Commissioning Group. It will continue to have oversight of the BCF delivery on behalf of the Health and Wellbeing Board.
Financial	
32.	The Better Care Fund creates a pooled fund of £20.543m in 2016/17 to support the delivery of integrated care. This is made of up of contribution of £5.258m from Central Bedfordshire Council and £15,275 from Bedfordshire Clinical Commissioning Group. An amount of £4.977m has been assigned out of the CCG minimum allocation for the protection of social care services. The BCF pool also includes the Council's Disabled Facilities Grant of £3.417m.

Public Sector Equality Duty (PSED)	
33.	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.
34.	Are there any risks issues relating Public Sector Equality Duty <b>No</b>

Source Documents	Location (including url where possible)
BCF Plan 2016/17	<a href="http://www.centralbedfordshire.gov.uk/health-social-care/better-care-fund/plan-2016-17.aspx">http://www.centralbedfordshire.gov.uk/health-social-care/better-care-fund/plan-2016-17.aspx</a>

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### Appendices:

- Appendix 1 - BCF 2016/17 Q1 return
- Appendix 2 - Approval Letter
- Appendix 3 - BCF Reporting Framework
- Appendix 4 - Performance and Finance Report Quarter One