

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Claire Jackson Programme Director Integrated Commissioning
<b>DATE:</b>	13 <sup>th</sup> December 2016

**SUBJECT: Better Care Fund Quarter 2 report**

## 1. PURPOSE

The purpose of this report is to provide Health and Wellbeing Board (HWBB) members with an overview of Better Care Fund (BCF) performance reporting for quarter 2 (July-September 2016).

## 2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- note the BCF quarter 2 submission and progress made against delivering the BCF plan, including performance metrics

## 3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund plan. The management of the plan is undertaken by Executive Joint Commissioning Group.

The Blackburn with Darwen BCF plan for 2016/17 was submitted on 3<sup>rd</sup> May 2016, following an update on planning requirements to HWBB members in March.

Health and Wellbeing Board members received an update on 27<sup>th</sup> September that the 2016-17 BCF plan had been formally approved by NHS England.

## 4. RATIONALE

### Better Care Fund

As outlined within previous reports to the HWBB, the case for integrated care as an approach is well evidenced. Rising demand for services, coupled with the need to reduce public expenditure, provides a compelling argument for greater collaboration across health, care and the voluntary sector.

The Spending Review set out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. This is reflected in the NHS Planning Guidance 2016/17-2020/21 Delivering the Forward View. The Better Care Fund remains a key policy driver to support integration of health and care services at a local level.

## **5. KEY ISSUES**

### **Quarter 2 2016/17 submission**

The quarter 2 submission was made on 25<sup>th</sup> November following sign off by the Chair of the Health and Wellbeing Board. The submission included an update on performance against national metrics between July and September 2016, as outlined below.

- Non-elective admissions have reduced by 374 during quarters 1 and 2 of 2016 compared to same period in 2015/16. This is on track to deliver against target, however acuity of patients being admitted to hospital is increasing which is reflected in increased costs.
- We are currently on track to deliver against target set for residential care admissions.
- The proportion of older people (aged over 65) that are still at home 91 days after discharge from hospital remains well above average in the North West of England. Further work is required to meet the challenging target we have been set nationally as part of the BCF plan.
- We are currently below target for reducing Delayed Transfers of Care (DToC). This indicator has been particularly affected by performance during September and plans are in place to improve this position, particularly over the winter period.
- We are ahead of plan for the local dementia diagnosis target.

Local patient experience metric 'In the last 6 months have you had enough support from local services to manage your long term condition' is reported annually.

The quarter 2 submission required local areas to review performance and highlight key successes, challenges and actions. The following key areas were included within the submission;

### **Highlights and successes**

- Learning from experience of joint working to deliver the local BCF plan continues to influence the development of the Sustainability and Transformation Plan and Pennine Lancashire Local Delivery Plan. This includes defining the future scope of integrated locality working and out of hospital models of care
- Further developed our Voluntary Sector model – supporting providers to work together to offer a co-ordinated approach to service delivery
- Established the framework to enable a co-ordinated approach across health and social care to support people being discharged from hospital
- Operationally we continue to strengthen and develop positive relationships across health and care
- Evaluated Integrated Locality Team delivery and agreed next steps for implementation across Pennine Lancashire

### **Challenges and concerns**

- System and financial pressures, including increased acuity, remains a pressure across health and care
- DToC position at quarter 2 is above plan. A number of initiatives, aligned to the local A&E delivery board, have been identified including a focus on development of Discharge to Assess and review of Integrated Discharge pathways to ensure optimum utilisation of intermediate care beds and community resources
- Maintaining momentum and engagement across partnerships during a time of significant system transformation

Further submissions will be required on a quarterly basis and will be reported to Health and Wellbeing Board members at subsequent meetings.

### **Finance**

As outlined in previous reports to HWBB members, the 2016/17 BCF budget is £12,433,000. The budget has been allocated as outlined below:

- Spend on Social Care - £5,544,332
- Spend on Health Care - £4,119,224
- Spend on Integration - £2,165,536
- Contingency - £603,908

It has been agreed that the contingency budget will be held until later in the financial year to enable a wider understanding of system requirements. This will be monitored by the Executive Joint Commissioning Group during quarters 3 and 4.

### **2017-18 planning**

The BCF policy framework and planning guidance for 2017-18 has not yet been released. It is expected that Health and Wellbeing Boards will be required to sign off plans prior to final submission. Guidance will be shared with HWBB members once published, along with required timescales for submission.

## **6. POLICY IMPLICATIONS**

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. Any further impact due to changes in National Policy or planning guidance will be reported as they arise.

## **7. FINANCIAL IMPLICATIONS**

No further financial implications have been identified for quarter 2.

## **8. LEGAL IMPLICATIONS**

Legal implications associated with the Better Care Fund governance and delivery has been presented to Health and Wellbeing Board members in previous reports. A Section 75 agreement is in place between the Local Authority and CCG which outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated delivery locally. The agreement has been reviewed to reflect joint arrangements in 2016/17.

## **9. RESOURCE IMPLICATIONS**

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members as part of the initial plan submission. Any further resource implications will be reported as they arise.

## **10. EQUALITY AND HEALTH IMPLICATIONS**

Equality and health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan.

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans.

## **11. CONSULTATIONS**

The details of engagement and consultation with service providers, patients, service users and the public

have been reported to Health and Wellbeing Board members throughout development of the local BCF plan. Consultation and engagement will form part of business case development for any new BCF schemes.

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<b>VERSION:</b>	<b>V2</b>
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<b>CONTACT OFFICER:</b>	Claire Jackson
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<b>DATE:</b>	5 <sup>th</sup> December 2016
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<b>BACKGROUND PAPER:</b>	Previous BCF reports to HWBB members
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