TO:	Health and Wellbeing Board
FROM:	Claire Jackson, Programme Director Integrated Commissioning
DATE:	15th December 2015

SUBJECT: Better Care Fund and Joint Commissioning Programme Update

1. PURPOSE

The purpose of this report is to:

- Provide an update on the delivery of the Joint Commissioning Programme across the Local Authority and CCG between September and December 2015.
- Provide an update on Personal Health Budget (PHB) development and local Transforming Care plans.
- Provide Health and Wellbeing Board members with an overview of Better Care Fund (BCF) performance reporting for quarter 2 (June to September 2015) including progress in relation to delivery of the plan since the previous report to Board members in September.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note update on progress on the delivery of the Joint Commissioning Programme including Personal Health Budgets and Transforming Care Plans.
- Note the BCF quarter 2 submission and progress made against delivering the BCF plan.

3. BACKGROUND

3.1 The Blackburn with Darwen Better Care Fund plan submission was made on behalf of the Health and Wellbeing Board on 19th September 2015.

3.2 Quarterly updates have been provided to Health and Wellbeing Board members to outline delivery progress to date and next steps.

3.3 Health and Wellbeing Board members have requested specific updates relating to progress towards developing Personal Health Budgets locally and the implementation of Transforming Care Plans which are outlined within this report.

4. RATIONALE

4.1 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 compelling arguments for greater collaboration across health, care and the voluntary sector.

4.2 Additionally, the integration of health and social care services, allied to co-production with the community, potentially offers further means of supporting people with complex health and social

care needs to live independently.

5. KEY ISSUES

5.1 Personal Health Budgets

- From October 2014 all eligible persons have had a right to have a Personal Health Budget (PHB) and direct healthcare payment. As at 30th September 2015, 4 families in Blackburn with Darwen were accessing Personal Health budgets and a further 5 joint health and care budgets funded through the CCG and Local Authority.

- In line with the NHS Forward View into action: Planning for 2015/16, local CCGs are expected to outline plans to increase uptake of PHBs and consult with members of the public to develop a local offer by April 2016. It is has been proposed that the following groups are prioritised;
  - Children and young adults with education, health and care plans
  - Adults with complex health care needs
  - Adults who use mental health services.

- Blackburn with Darwen CCG has prioritised people with Learning Disabilities who have complex health needs plus potential social care requirements as part of the initial roll out.

- Consultation to develop the local offer has commenced across Lancashire, supported by a peer group made up of relatives of patients who are eligible or in receipt of Personal Health Budgets. People Hub is carrying out the engagement activities on behalf of all Lancashire CCGs.

- The CCG will then develop a plan for further roll out of PHBs across the other suggested groups based on the following:
  - Results of a local engagement process
  - Fit with wider strategic aims including Better Care Together
  - Capacity to undertake the above and other competing priorities
  - This roll out will be led by Midlands and Lancashire Commissioning Support Unit.

- The Health and wellbeing Board are asked to note the plan for the rollout of PHB's.

5.2 Transforming Care

- Transforming Care: A national response to Winterbourne View Hospital was the government's final report and response to the abuse that took place at Winterbourne View in 2012. As outlined in the report to Septembers HWBB, Lancashire was identified as a "Fast Track Area" in June 2015 and required to formulate a local plan to deliver the required transformation at pace.

- The plan has been through an NHS England assurance process and received positive feedback.

- Formal sign off by all local authorities and CCGs in Lancashire was required by 27th October. As this date did not align with local Health and Wellbeing Board meetings a special meeting was convened on 19th October in order to provisionally sign the plan off on behalf of both the Health and Wellbeing Board and CCG Governing Body.

- The Transforming Care requires a significant transformation of services provided for people with Learning Disabilities and their families. The transformation will see an end to reliance on bed-based or inpatient treatments for people with learning disabilities and/or autism who

are affected by complex behaviours sometimes described as challenging.

- It is recognised that some in-patient facilities will be required for the population of Lancashire.

- The new model for care in the community will be integrated Health and Care teams of locality level with more regional specialised support.

- Development of community support services will be required to transform care for those with learning disabilities who present challenging behaviour, from a reactionary approach to a proactive and preventative approach. Positive Behaviour Support services, Assessment, Treatment and Discharge facilities, Crisis Support Teams and Respite Care are included in the plan, to deliver the required transformation.

5.3 Better Care Fund – quarter 2 2015/16 submission

- The Quarter 2 submission was agreed by HWBB Chair.

    - The following responses to National Condition requirements were updated within this submission. Seven day provision is in place locally to prevent hospital admissions and support discharge from 7th September. Services to support 7 day working include Intensive Home Support and Integrated Discharge.
    - It is anticipated that NHS Number will be used as the primary identifier for health and care services by March 2016.
    - Good progress is being made to develop a joint approach to assessments and care planning. Mechanisms will be fully developed and in place by March 2016.

- The quarter 2 submission included additional requirements to support the submission which include planning and proposed new indicators for measuring the impact of integration.

- Planning for 2016-17. This section assesses local areas progress in planning to date, including the level of preparation so far, whether planning has commenced, levels of confidence in developing plans and local plans for pooling budgets going forward.

The Blackburn with Darwen submission outlined that planning for 2016/17 had commenced with the development of joint commissioning intentions and evaluation of BCF funded schemes. Further evaluation and planning will be undertaken between December and February to inform Quarter 3 submission.

- At this stage, it is proposed that the local expectations are to pool the same amount of resources, if mandatory requirements do not change. Further scoping of potential budgets, including Learning Disabilities, will be undertaken prior and approved prior to quarter 3 submission.

- Proposed new indicators for measuring the impact of local integration have been included within the updated submission template. They include:
    - Integrated digital records
    - Use of risk stratification
    - Uptake and utilisation of Personal Health Budgets (PHBs).

- The submission also required an update on delivery of the plan. Good progress has been made to mobilise the local schemes. A highlight of progress against individual schemes is outlined within appendix 1.

- Further submissions will be required on a quarterly basis and will be reported to Health and Wellbeing Board members in March 2016 along with any required updates to plans.

5.4 Better Care Fund – finance and activity

- As reported previously the total BCF budget in 2015/16 is £12.038m of which £10.819m relates to revenue, £1.232m relates to capital expenditure. At the end of September the finances are on track to spend against the annual plan.

- The first element of the Pay for Performance was anticipated to be released on a phased basis into the pooled budget at the end of quarter 2, if emergency admissions targets were achieved.

- As outlined in the report to HWBB members in September, non-elective admissions for this quarter are above plan and it has been recommended that no Pay for Performance funds are released into the pool until full year activity has been determined. Quarter 3 data will be released in February 2016 and an update on Pay for Performance will be provided at to HWBB members in March 2016.

- Delayed Transfers of Care have reduced between April and September 2015 compared to the same period of the previous year and is lower than the quarter 2 BCF trajectory.

- Other BCF metrics, including dementia, admissions to long term residential care are on track to deliver against plan. The local patient experience measure will be reported at the end of the financial year.

5.5 Emergency Admissions recovery plan

- In response to the increasing national and local trend in emergency admissions, work has commenced on the development of a recovery plan.

- The plan focusses on analysis of emergency admissions in over 65s to support a targeted approach and engagement with localities. This approach will also enable specific multi-disciplinary support to practices with higher than CCG average admissions. Emergency Admission analysis by locality has been presented to all locality groups by mid-November and contact made with individual outlier practices to discuss plans to reduce admissions by early December.

- To support admission avoidance, Blackburn with Darwen's Intensive Home Support Service and Community Teams including Rapid Assessment commenced delivery at the 'Front Door' from 9th November. The Integrated Discharge Service commenced 7 day delivery from mid- November, supported Monday to Friday by in-reach from Age UK Here to Help service.

- A plan to deliver a blended model of Intensive Home Support with Integrated Locality Teams commenced on 9th November. The model will provide increased community capacity for Locality Teams to deliver additional support to patients identified as at higher risk of admission and support planned discharge into community services.

- Delivery, impact and evaluation of the plan will be monitored by the Integrated Care Programme Office. Joint Commissioning Group members have requested a review of impact of performance against BCF social care measures to inform further development of the recovery plan.

- The recovery plan also outlines a number of admission avoidance schemes for paediatrics, including increased utilisation of GP within Urgent Care and delivery of Specialist Paediatric Clinics within the Community. An update relating to paediatric admissions has been

provided to members of the Start Well/Children's Partnership for review and discussion.

5.6 Better Care Fund Planning 2016-17

- Confirmation has been received via a letter to Health and Wellbeing Board chairs which outlines national plans for the continuation of the Better Care Fund into 2016-17. The letter makes reference to the impact that pooled budgets has had on planning and commissioning of joined up local services across health and care economies.

- The Comprehensive Spending Review on 25th November outlined the government's plans to support a £1.5bn increase for Better Care Fund by 2019-20. For 2016/17, the local flexibility to pool more than the mandatory amount will remain; however, further guidance is awaited on the minimum size of the Fund, the policy framework and any revised metrics. An update on 2016/17 requirements will be presented to HWBB members in March 2016.

6. POLICY IMPLICATIONS

6.1 Policy implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan. Any further impact due to changes in National policy and relating to integration plans locally will be reported as they arise.

6.2 Policy implications relating to Personal Health Budgets and Transforming Care are outlined within this report.

7. FINANCIAL IMPLICATIONS

7.1 Financial implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan. Quarter 2 financial position is included within this report.

7.2 Financial implications relating to the implementation of the Right Track Plan and shift in model of care are currently being considered by both the CCG and Local Authority.

8. LEGAL IMPLICATIONS

8.1 Legal implications associated with the Better Care Fund governance and delivery have 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 associated with integrated delivery locally.

9. RESOURCE IMPLICATIONS

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

10. EQUALITY AND HEALTH IMPLICATIONS

10.1 Equality and Health implications relating to the Better Care Fund plan were considered and

reported to Health and Wellbeing Board members prior to submission the plan.

10.2 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.

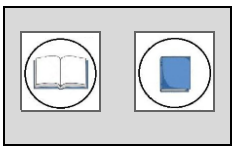
11. CONSULTATION AND ENGAGEMENT

11.1 The details of engagement and consultation with service providers, patients, service users and the public has been reported to Health and Wellbeing Board members throughout development of the local BCF plan. Full details of engagement can be found within the narrative submission.

11.2 The HWBB Healthtalk event, held on 24th November, focussed on integrated care across 'Start Well', 'Live Well' and 'Age Well' groups. The event was well attended and feedback from community members will be used to inform ongoing plans for integration locally.

11.3 Engagement with service users through patient participation groups, Learning Disability Partnership Board and wider forums is ongoing. As outlined within the report, engagement and consultation is taking place in relation to the development of Personal Health Budgets across Lancashire.

VERSION:	**1.0**
CONTACT OFFICER:	Claire Jackson Programme Director- Integrated Commissioning 01254 282070
DATE:	30th November 2015
BACKGROUND PAPER:	Previous BCF update reports to Health and Wellbeing Board



Appendix - Better Care Fund scheme delivery update

Scheme	Progress
Dementia services	A dementia co-ordinator is leading the delivery of a joint plan to develop a Dementia Friendly Community in BwD. This has resulted in a significant increase in the number of Dementia Friends in the Borough from 471 in September 2014 to 2,762 in September 2015. There are now 70 dementia champions compared with 17 in September 2014. Dementia awareness sessions are being delivered regularly to professionals, individuals and organisations including residential homes. Businesses and GPs are becoming recognised as dementia friendly organisations.
Voluntary sector	The joint model of Information, Advice and Guidance services is fully operational, a single point of access for voluntary sector services is in place and the development of phase 2 commissioning has commenced with a plan for a fully integrated VCF offer to be in place by April 2016. Data shows the number of people supported through the integrated work has increased. There is now a single route of access into services and shared assessment process to accelerate access to support. Services are better aligned to the localities with representation on the Integrated Locality Teams. Providers are working together to access external funding. A quarterly monitoring process is in place and joint working with commissioners is taking place to further strengthen the measurement of improvement of outcomes. These successes will be replicated across future phases of the approach. Delivery of Age UK ' Here to Help' Integrated Care Programme commenced in early July. The programme sits alongside health and social care services, providing voluntary support through working as part of Integrated Locality Teams. Personal Independent Coordinators are assigned to carry out a home visit, complete a full assessment and coordinate all non-medical needs. The programme is targeted at patients with 2 or more long term conditions and who have experienced at least 2 emergency admissions in a 12 month period and will be evaluated by the Nuffield Trust.
Integrated offer for carers	A review of existing carers services undertaken, joint service specification developed and delivery has commenced. Carers services will form part of the phase 2 VCF redesign with the aim of fully integrating the carers offer with wider VCF services, reducing duplication and increasing reach.

Integrated Locality Teams (ILTs)	4 Integrated Health and Social Care teams (with links to Specialist Services, Mental Health and VCF services) have been established and continue to build relationships with Primary Care teams. A process has been established to review existing care plans and use an agreed risk stratification tool to identify service users who require proactive care planning and intervention. Work is underway to develop a common case management framework that is underpinned by a single assessment and discharge process. Progress has been made and case management processes are in place and will be formalised through the framework between January and March 2016 and will be aligned to wider system developments across Pennine Lancashire. Memory assessment services are now offering scheduled appointments in agreed GP surgeries across the 4 localities and are aligning to ILT working to improve access and quality of services offered to patients living with dementia. BwD CCG and Borough Council are working together to link the 4 ILTs housing interventions that will potentially deliver health and wider social improvements. The interventions will be delivered by the Borough's DASH (Decent And Safe Homes) service.
Directory of Services (DoS) and Care Navigation Hub	Launched December 2014 and provides a single contact point to support Health and Social Care services across Pennine Lancashire, working with ILT's in local delivery of services through a detailed DoS, including more than 800 services, to identify service options or make referrals as required. The navigation hub provides prompt, clinical advice to support navigation of out of hospital services.
Intensive Home Support	Intensive Home Support extended to offer intensive medical, nursing and therapy support to patients in their own homes and intermediate care from June 2015. Medical oversight model for Intensive Home Support is in place and access to the service is via the Care Navigation Hub. Plans to blend the IHS model with Integrated Locality in the community and Rapid Assessment Teams within the hospital to promote a more streamlined pathway supporting 7 day discharge and admission avoidance commenced from November 2015.
Intermediate Care and integrated discharge	An integrated Discharge Service model commenced operation in September 2015. The emerging model supports the role of trusted assessor, aligning health and care assessment activity. Additional capacity is in place to

	support 7 day discharge. Intermediate care provision has been reviewed and the model of care aligned for sub-acute and intermediate care commissioned by CCG and Local Authority. Flexible use beds have been commissioned, which can offer a more flexible approach to the delivery of sub-acute and intermediate care dependant on need.
Planning for 2016/17	Planning has commenced for the delivery of 2016/17 plan with the joint agreement of commissioning intentions across CCG and Local Authority. Commissioning intentions issued by the CCG signal to providers how services will be further integrated to support joined up local delivery. Across Pennine Lancashire work is underway to further align plans and provide a consistent out of hospital offer to support residents across a wider health and care footprint, whilst ensuing that localities and general practice receive the support required to reflect population need.