

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Claire Jackson Programme Director Integrated Commissioning
DATE:	8 th March 2016

SUBJECT: Better Care Fund- quarter 3 submission and planning for 2016/17

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 3 (October to December 2015) including progress in relation to delivery of the plan since the previous report to Board members in December 2015.
- Provide HWBB members with an overview of BCF financial and performance reporting for quarter 3 including progress in relation to delivery of the plan.
- Provide HWBB members with an update on planning for 2016/17 including timescales for submission

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the BCF quarter 3 submission and progress made against delivering the BCF plan
- Accept the recommendations of Joint Commissioning and Recommendations Group (JCRG) in relation to the quarter 3 financial position.
- Note the requirements and timescales for 2016/17 planning
- Approve delegation of sign off for 2016/17 Better Care Fund plan to Chair of Health and Wellbeing Board

3. BACKGROUND

The Blackburn with Darwen Better Care Fund plan submission was made on behalf of the Health and Wellbeing Board on 19th September 2015. Quarterly updates have been provided to Health and Wellbeing Board members to outline delivery progress to date and next steps.

4. RATIONALE

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 3 submission

The deadline for quarter 3 submission was made on 27th February 2016 following agreement with Joint Commissioning and Recommendations Group members and the chair of the Health and Wellbeing Board.

A number of new metrics are incorporated within quarter 3. They included:

- Modified versions of the pre-existing reporting questions on use of the NHS number and open Application Programme Interface (APIs). APIs are a set of routines, protocols and tools for building software and applications and enables systems to exchange information securely;
- More specific questions on the use of personal health budgets;
- The use of Multi-Disciplinary/Integrated Care Teams in both the non-acute and the acute setting.

Achievement of National Conditions

The submission outlined that 1 of the national conditions will not be achieved by March 2016 which is outlined below.

- 1) Is the NHS Number being used as the primary identifier for health and care services?

Plans are in place to ensure that this condition will be achieved by June 2016 at the latest. All other national conditions have been achieved.

Delivery of performance metrics and scheme delivery

The submission required an update on progress against the BCF delivery plan. At the end of the quarter 3, the emergency admissions reduction target of 2.2% had been achieved for Blackburn with Darwen. Whilst activity has reduced the cost of activity has increased due to the complexity of patients.

Good progress has been made towards achieving residential care, reablement, dementia and delayed transfers of care targets.

Further progress has been made to mobilise local schemes. A highlight of progress against individual schemes is outlined within appendix 1.

BCF finance – 2015/16 quarter 3 position

As reported previously the total BCF budget allocation for 2015/16 is £12.038 million of which £10.806 million relates to revenue and £1.232million relates to capital expenditure. During the course of the year carry over from 2014/15 of £13k has been included in the budget and overall forecast for the year. At the end of quarter 3, the reported underspend against planned allocations is £273,000.

The current position in relation to the Pay for Performance (P4P) element of BCF (for the first 3 quarters of the P4P period) shows an 84% achievement against the target reduction in emergency admissions. The final quarter data for financial year 2015/16 will be only be available in May 2016 therefore Joint Commissioning and Recommendations Group (JCRG) have agreed to estimate the outturn position. The P4P for 2015/16 is estimated at £415,000 for the pooled budget. Any financial difference to the P4P allocation will be adjusted for in quarter 1 of 2016/17.

JCRG have considered and recommended the P4P allocation and the forecast underspend are allocated to the CCG and Local Authority on a 50:50 share in accordance with the Section 75 agreement for pooled resources. This resource can then be utilised to support health and care activities in 2015/16. This will be supporting non-elective case mix changes for the CCG and support the Local Authority to meet the continuing demand for services in particular home care, crisis support and reablement.

Planning for 2016/17

The BCF framework released 13th January outlined the requirements for 2016/17 planning. Technical guidance, expected in early January was released on 23rd February 2016 and outlined the following requirements for submission.

Local partners are expected to continue working together to develop a joint HWBB level plan for integrating health and social care services. These should continue to build on plans delivered in 2015-16, and also look forward to longer term strategic plans.

Local partners are required to develop, and agree, through the relevant Health and Wellbeing Board (HWB):

- A short, jointly agreed narrative plan including details of how they are addressing the national conditions;
- Confirm funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
- A scheme level spending plan demonstrating how the fund will be spent;
- Quarterly plan figures for the national metrics.

For 2016/17 NHS England have set 8 national conditions, which areas we will need to meet through the planning process in order to access BCF funding. 6 of the conditions were included in the 2015/16 BCF framework and have been updated to reflect the 2015 Spending Review. The conditions require:

- i. That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and by the constituent Councils and CCGs;
- ii. A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17;
- iii. Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
- iv. Better data sharing between health and social care, based on the NHS number;
- v. A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- vii. That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- viii. Agreement on a local action plan to reduce delayed transfers of care.

Assurance and timescales for submission

There will be no national assurance process for BCF plans for 2016/17. In line with NHS operating planning process, plans will be subject to regional assurance and moderation. This process will be supported by local government regional leads for the BCF who will be consulted when making recommendations about plan approval.

Plans will be placed into one of the following categories:

- Approved- proceed with implementation in line with plans
- Approved with support – proceed with implementation with some ongoing support from regional teams to address specific issues relating to plan development and/or ‘risks to delivery’
- Not approved- do not proceed with implementation. Work with regional team representatives to put in place steps for achieving plan approval ahead of April 2016.

The submission and assurance process timetable is outlined below:

First high level BCF submission (following CCG Operating Plan submission on 8 Feb), agreed by CCGs and local authorities	2 nd March 2016
Assurance of CCG Operating Plans and BCF plans	16 th March 2016
Second submission following assurance and feedback, to consist of revised BCF planning return and high level narrative plan	21 st March 2016
Assurance status of draft plans confirmed	By 8 th April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25 April 2016
All Section 75 agreements to be signed and in place	30 th June 2016

Due to the delay in release of the guidance, it is proposed that the Blackburn with Darwen BCF plan for 2016/17 is signed off by the chair of the Health and Wellbeing Board following approval by Executive Joint Commissioning Group members. An initial submission of high level BCF data has been made as required following agreement across health and care.

BCF Health and Wellbeing allocations for 2016/17 were released on 10th February 2016. For Blackburn with Darwen, revenue allocation has increased by £166k to £10.972 million from CCG baseline. £3.118 million must be allocated within the budget to out of hospital services. Following recent government announcement, the Local Authorities Disabled Facilities Grant (DFG) allocation for 2016/17 is now confirmed at £1.461 million and is included within 2016/17 BCF capital allocation.

The total allocation, including revenue and capital funding for Blackburn with Darwen will be £12.433 million in 2016/17.

The guidance for 2016/17 outlines that local areas will need to agree how they best utilise the funding that had previously been used to support pay for performance. The guidance outlines that funding can be allocated in one of the following ways:

- To fund NHS commissioned out of hospital services
- To support contingency planning and provide funding for excess emergency hospital activity if targets are not achieved. This will need to form part of a risk share agreement between health and care.

For Blackburn with Darwen, it is initially proposed that the pay for performance of £634k plus unallocated budget of £123k is reserved to support contingency planning in 2016/17.

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report. Local areas are expected to fulfil

these requirements. Details of any plans affecting Blackburn with Darwen will be presented to the Board in due course.

7. FINANCIAL IMPLICATIONS

Financial implications for 2015/16 and 2016/17 are outlined within section 5 of this report.

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.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have 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 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 has 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.

VERSION:	V7
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CONTACT OFFICER:	Claire Jackson
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DATE:	22nd February 2016
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BACKGROUND PAPER:	Previous BCF reports to HWBB members
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Appendix 1 – BCF Narrative

Our BCF Plan is currently on track to deliver against the Plan submitted to NHS England. Progress has been made in the following areas:

Early Intervention and Prevention

Building capacity within the voluntary sector (VCF) – The joint model of Information, Advice and Guidance services is fully operational and a single point of access for voluntary sector services is in place. 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 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 there is joint working with commissioners to further strengthen the measurement of improvement of outcomes. The next phase in the single point of contract approach is currently being tendered and will see the integration of services for carers, information and support for isolated older people, and services to build resilience and empower vulnerable young people and adults such as those with substance misuse problems. Services will be in place from July 2016.

Further developments for phase 3 have commenced with the aim of implementing a fully integrated offer of voluntary sector services in localities by July 2016.

Delivery of Age UK 'Here to Help' Integrated Care Programme has continued since July and included the piloting of in reach into hospital to identify patients awaiting discharge who may be appropriate for the programme. The programme sits alongside health and social care services, providing voluntary support through working as part of Integrated Locality Teams. Personal Independence 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 or meet other high risk criteria, and will be evaluated by the Nuffield Trust. To date, 86 patients have been supported by the programme and feedback is positive.

Co-ordination of 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 2,802 in December 2015. There are now 72 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. An annual report of progress and recommendations for future delivery was published in November 2015.

Integrated Carers service - review of existing carers services undertaken, joint service specification developed and delivery has commenced. An integrated life course approach to Carers services will be in place from July 2016 as 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. Engagement work with carers and professionals working with carers has taken place to inform these developments.

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. Considerable work has been undertaken to identify suitable office accommodation to house the ILTs across 4 localities and Darwen Locality is on course to collocate before the end of March 2016.

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.

Intermediate Care including integrated discharge and discharge to assess

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 health and social care capacity is in place to support 7 day discharge. The capacity is being utilised to support discharges and to prevent admissions. Intermediate care provision has been reviewed and the model of care has been aligned for sub-acute, intermediate care and discharges to assess beds commissioned by CCG and Local Authority. Flexible use beds have been commissioned, which can offer a more responsive approach to the delivery of sub-acute and intermediate care dependant on need. The new model of care will ensure that all commissioned beds can be utilised flexibly. The main principle for intermediate care will be that a patient's own bed be the first option considered and care be provided in a residential setting.

Intensive Home Support

Intensive Home Support was initially commissioned in October 2014 to offer intensive medical, nursing and therapy support to patients in their own homes and intermediate care with Phase 1 being operational February 2015 and Phase 2 June 2015. GP Medical oversight model for Intensive Home Support is in place and access to the service is via the Care Navigation Hub.

The service was reviewed in November 2015 to ensure greater utilisation and has been further developed to promote a more streamlined pathway supporting 7 day discharge and admission avoidance. Plans are now in place to blend the IHS model with ILTs in the community, to utilise the Rapid Assessment Teams within the hospital to deflect admissions, make greater use of the community Intravenous antibiotic team to deliver in the community and supporting early discharge. A specialist Chronic Obstructive Pulmonary Disease team are in place and complex case managers are being recruited to proactively identify patients at risk of hospital admission and manage in the community.

Care Navigation Hub/Directory of Services (DoS)

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 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 through out of hospital services and is being utilised by health and social care services to mobilise services and triage and carry out assessment for access into

Intensive Home Support Services.

Better Care Fund 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 ensuring that localities and general practice receive the support required to reflect population need.