

<b>Item No.</b> 11.	<b>Classification:</b> Open	<b>Date:</b> 18 June 2015	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Better Care Fund (BCF) progress report: January – March 2015	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Paul Jenkins, Interim Director of Integrated Commissioning, NHS Southwark Clinical Commissioning Group  Jay Stickland, Director of Adult Social Care, Southwark Council	

## RECOMMENDATION

1. The Board note the progress on the Better Care Fund set out in the national quarterly return for January – March 2015, and the latest analysis of progress on key outcomes metrics as set out in this report.

## BACKGROUND INFORMATION

2. The Better Care Fund (BCF) plan sets out a range of community based health and social care schemes to be funded from a pooled budget of £21.967m in 2015/16 to help deliver the local vision for integrated services. A key objective of the plan is to shift the balance of investment to community based care and health services that are more focussed on supporting people in a co-ordinated and effective way, preventing the need for more intensive support. The resources pooled under the BCF are not new to the health and care system overall, but the approach has enabled increased investment in community based services.
3. In March 2014 the Health and Wellbeing Board agreed the original BCF plan and the associated vision for integration “Better Care, Better Quality of Life”, and requested a regular update on progress. In July 2014 the Board received an early update on implementation. In October 2014 a further report was received including the final BCF plan, incorporating national changes that required all plans to be strengthened and resubmitted. These revised plans were subject to a more rigorous national approval process. Southwark’s plan was one of only 6 nationally to receive immediate approval, whilst all other areas were required to provide additional assurances that plans were robust. A summary of the plan is set out in Appendix 1.

## KEY ISSUES FOR CONSIDERATION

### **Progress on BCF conditions – first national quarterly return for January to March 2015**

4. The BCF is a national scheme designed to increase the pace of integration and has associated conditions and targets, including a national quarterly reporting regime to confirm progress is being made. It is expected that Health and

Wellbeing Boards receive the national quarterly reports as part of the assurance process. The first of these reports covering January to March 2015 is attached in Appendix 2.

Points to highlight to the Board include:

5. The first question asked is *"Has the authority received its DFG allocation?"*. This question requires some explanation. DFG stands for Disabled Facilities Grant, which is received by the council to contribute to the cost of funding housing adaptations for people in non-council accommodation. From 2015/16 this becomes part of the BCF pooled budget. The funding must however continue to be ringfenced for statutory DFG purposes, and the question appears to reflect a concern that this may not always be the case. In Southwark DFG has been received for both 2014/15 and 2015/16 (£614,000) and under the BCF it will continue to be used for DFG purposes. As part of the BCF programme the DFG system is being reviewed to ensure it is effective and well integrated with the wider system of support for disabled people in order to better achieve BCF goals.
6. The second question is on whether budgets are being pooled under a Section 75 agreement between the council and the CCG in line with the original plan. In Southwark the start date of the Section 75 agreement was 1/4/2015 and this is in place.
7. The section on national conditions reflect the fact that Southwark is broadly on course per the original BCF plan with regards to these conditions. The response highlights that data sharing and use of NHS number are being advanced through the implementation of social care IT systems over the summer, and that community based integrated care models will be further developed through the Local Care Networks approach to neighbourhood working.
8. The narrative section of the return highlights a number of areas of BCF related progress, including the development of weekend hospital discharge social work teams, expansion of overnight homecare support, the roll out of self-management support course for people with long term conditions, expansion of mental health reablement and expanded capacity in community healthcare enhanced rapid response and intensive home based support as an alternative to hospital.

#### **Progress on BCF outcomes metrics**

9. To evaluate Southwark's performance the national team will combine information from the return above with performance data on BCF metrics drawn from national data returns. This section sets out the local view of that performance data:

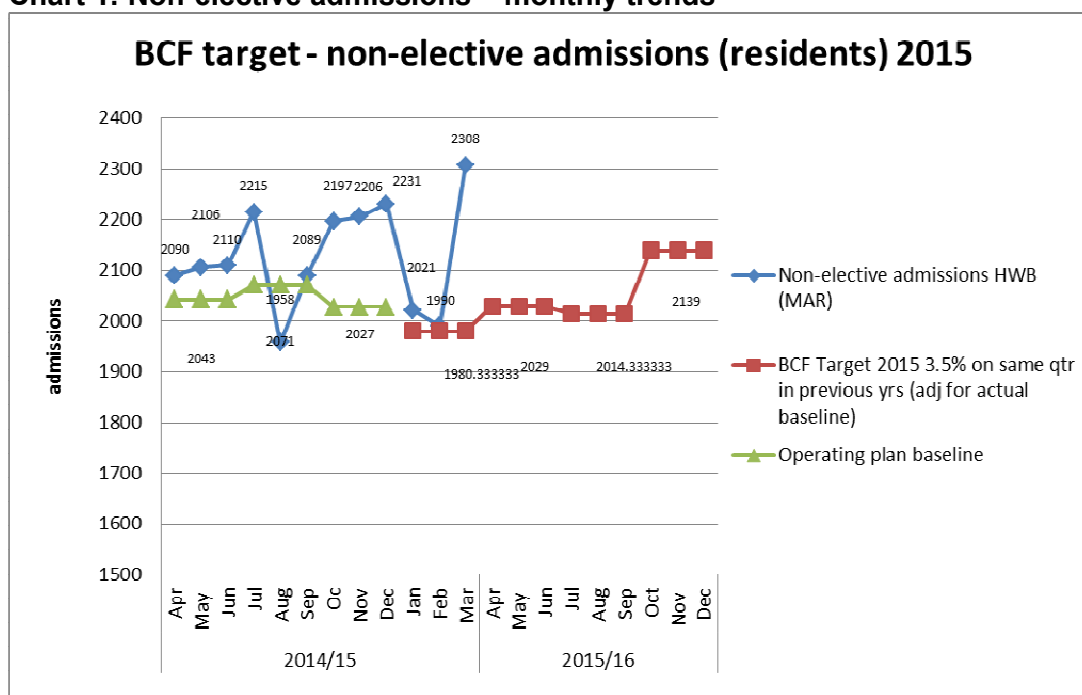
#### **Non-elective admissions**

10. The key target for the BCF is to reduce non-elective admissions by 3.5% in the calendar year 2015 compared to 2014. Performance on this target is linked to a payment for performance system potentially impacting on £1.3m of payments into the Better Care Fund. The target regime comes into force in the quarter, Jan- March 15, which requires a reduction of 3.5% on the same quarter in 2014:

<b>Date</b>	<b>Non-elective admissions</b>
Baseline:	
Jan 2014	2094
Feb 2014	1958
Mar 2014	2109
Jan to March 2014	6161
Target Jan to March 2015	5945 (3.5% decrease)
Actual:	
Jan 2015	2021
Feb 2015	1990
Mar 2015	2308
Jan to March 2015	6319
Actual decrease/ increase	158 (2.6% increase)

11. As can be see the first quarterly admissions target has not been met, primarily due to a very high figure in March 2015, the highest for over 2 years. However the accuracy of this figure has been called into question. The data for the BCF target definition is taken from one national hospital activity return which is not the main source of data used locally for contract monitoring. The local data used shows that whilst there was an increase in March it was not so pronounced and overall there is a downward trend is evident over 2014/15. A reconciliation of the data provided has been requested from the Commissioning Support Unit to check this, together with an analysis of particular growth areas within the March figure.
12. If the data is confirmed the performance related payment to the BCF for Quarter 1 will be zero, rather than the maximum of £333,000. In the case of Southwark however a local risk reserve was established to cover this eventuality, which can be drawn upon if necessary at year end. Alternatively the sum can be clawed back by “catching up” on the target before year end by doing better than the target in future quarters.
13. The chart below shows that January and February had relatively low non-elective admissions, following on from an increase in the winter quarter which analysis shows was strongly linked to respiratory illness and ‘flu’.

**Chart 1: Non-elective admissions – monthly trends**



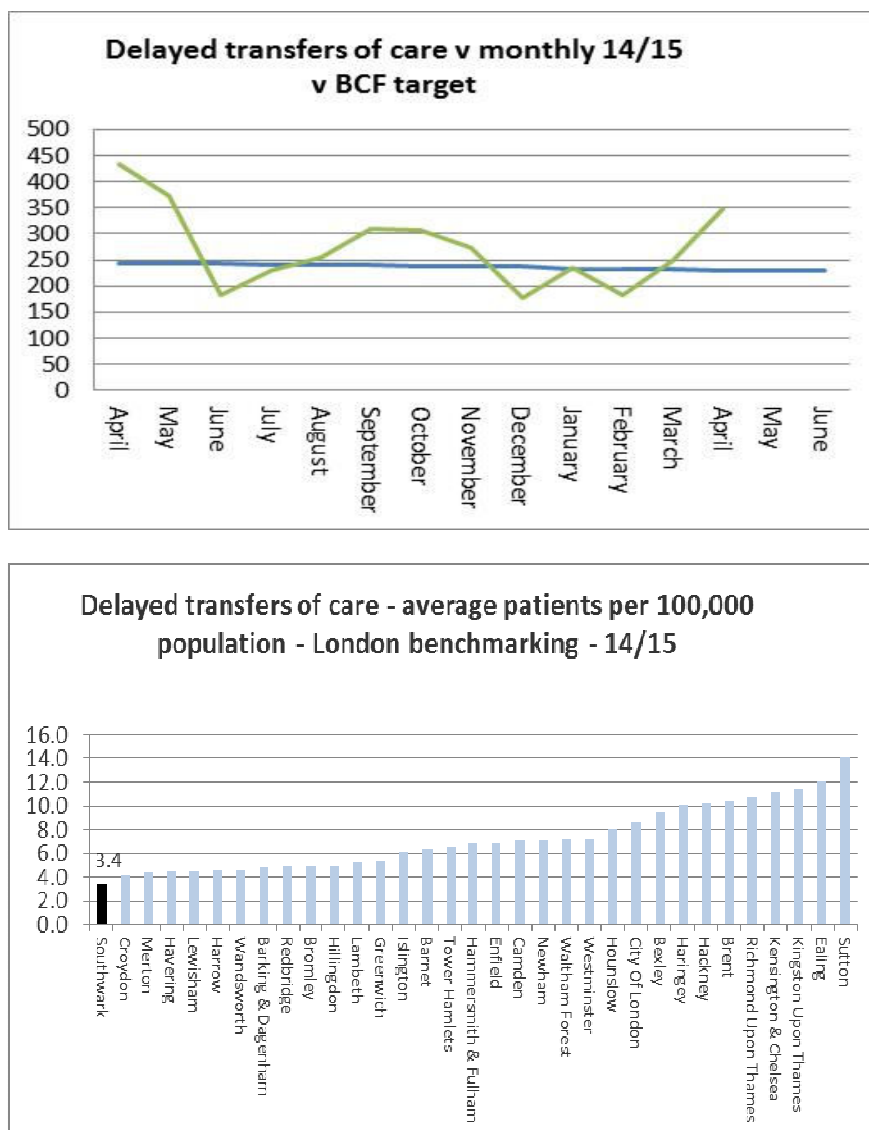
### Delayed Transfers of Care from Hospital

14. Ensuring people are supported in an integrated way to enable them to be safely discharged from hospital is a key BCF priority. Data for delayed transfers of care shows that Southwark remains a top performer in 2014/15. On the Adult Social Care Outcomes Framework measure, based on the average number of patients delayed per 100,000 population, Southwark was lowest in London in 2014/15. (See chart 2), and within that total delays attributed to social care were very low. However the BCF measure relates to the total number of bed days delayed, and on this measure whilst performance is comparatively good the target to further improve on 2013/14 was not met, as there was an increase of 128 days on the previous year. Whilst regrettable that the target was not met this needs to be considered in the context of the high performance.

Date	Delayed transfers of care (days)
Baseline 2013/14	3,084
BCF Target 2014/15	2,860
Actual 2014/15	3,212
Variance	352

15. Further analysis of underlying data shows that the main area for improvement in Southwark is that of lengthy non-elective mental health delays from South London and Maudsley Hospital.

**Chart 2: Delayed discharges – monthly trends and benchmarking:**



## Care home admissions

16. In 2013/14 Southwark had one of the highest rates of permanent care home admissions in London. The BCF target was set to reduce this by 3% to 160 despite upward demographic pressures, by ensuring improved integrated support and alternatives to care home admission in the community. This target has been met and in fact exceeded by a considerable degree with 120 admissions in the year. This success is attributable to a wide range of possible reasons, with the increased numbers benefitting from over-night home care visits and enhanced rapid response services being seen as a key factor.

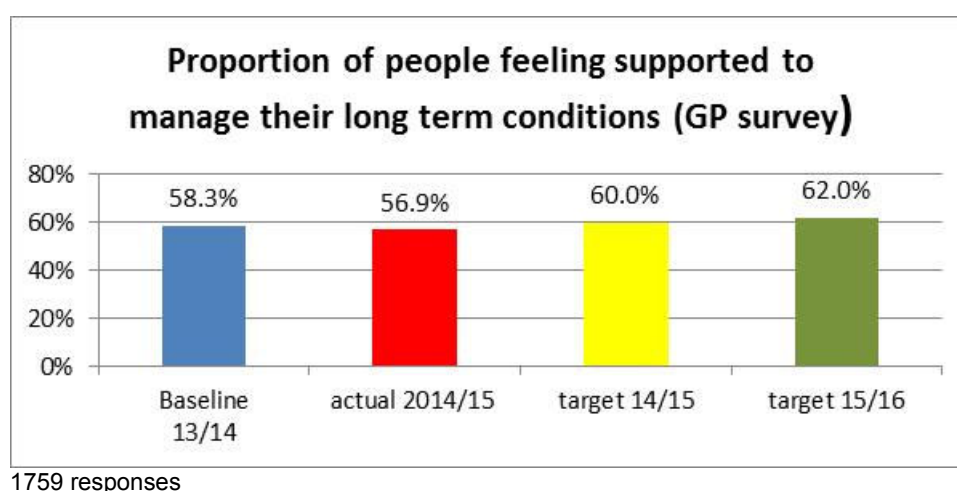
## Re-ablement effectiveness

17. The proportion of people still at home 91 days after hospital discharge into a re-ablement or other rehabilitative intermediate care setting was 86.2%. This was lower than the 88% achieved in 2013/14 and below the 90% target for the year.

Further analysis of performance, including the reason for individuals not meeting the target, is to be undertaken.

#### **GP user survey – people feeling supported by services to manage their long term conditions**

18. Performance has declined slightly on the baseline for this local metric, and is slightly below the London average of 58.4%. This will be further considered as results build up over time.



#### **User reported outcome measure – update**

19. The BCF is required to adopt one further service user reported measure that reflects the success of integrated services. Originally Southwark, like many areas, elected to wait to use a new national survey measure that was at the time being designed for this purpose. However this national measure has not been produced. A new local measure based on previous user consultation on outcomes will be selected to cover this.

#### **Summary of BCF spending - 2014/15**

20. During 2014/15 some transitional grant funding was provided to prepare for 2015/16 when the pooled budget arrangements formally came into place. This has been delivered in line with the BCF plan:

<b>Scheme</b>	<b>2014/15 budget</b>	<b>Outturn</b>	<b>Notes</b>
Scheme 1: existing NHS transfers within social care budget	£5,621,000	£5,621,000	Contribution to total social care costs. Including hospital discharge, intermediate care packages, telecare, community equipment and adaptations, reablement, mental health and learning disability personal budgets and carers support.

<b>Scheme</b>	<b>2014/15 budget</b>	<b>Outturn</b>	<b>Notes</b>
Scheme 2: Winter Pressures services	£1,048,000	£1,048,000	Services previously funded by Winter Pressures grant that was lost in 13/14. Includes the Nightowls intensive homecare services, Intermediate care 7 day working and enhanced rapid response, physiotherapy, mental health reablement.
Scheme 3: Re-ablement grant	£1,813,000	£1,813,000	Re-ablement services operating within overall growth targets – this is contribution to total cost of £2.8m.
Scheme 4: change management capacity	£100,000	£100,000	Costs include joint BCF manager post recruited to CCG to drive through BCF plans. Balance used for other change management support.
Scheme 5: self management programme	£107,000	£107,000	Pilot funding for CCG self-management courses which are being developed at a larger scale in 2015/16.
Scheme 7: psychiatric liaison	£54,000	£54,000	Seed funding 2015/16 mental health schemes in the BCF.
Scheme 11: Admission avoidance – enhanced rapid response	£214,000	£214,00	Funds Enhanced Rapid Response social work team working with community health.
<b>Total</b>	<b>£8,957,000</b>	<b>£8,957,000</b>	

21. The 2015/16 expenditure plans are shown in Appendix 3.

### **Governance update**

22. A section 75 agreement has been drafted of which the key features are:

- The pooled budget is hosted by the council who will be responsible for monitoring spend, accounting and audit arrangements, and the allocation of resources to lead commissioners for particular schemes. The CCG will transfer its contribution to the BCF fund on a quarterly basis.

- Quarterly reporting on finance and performance up to the Integrated Working Group, Health and Social Care Partnership Board, and the Health and Wellbeing Board co-ordinated by the BCF programme manager.
- Partners are required to invest resources allocated from the BCF in line with the purposes set out in the plan, and report any changes including potential underspends or overspends to the Integrated Working Group for partners to consider.
- The lead commissioning organisation for a scheme is responsible for any overspend risk unless otherwise agreed by the Integration Working Group, for example via reallocation of resources.
- Partners are accountable for all BCF through their own existing governance arrangements
- A joint risk reserve has been established for the purposes of protecting the BCF from the financial risk of the national payment for performance regime as set out in paragraph 12.

### **Financial implications**

23. The BCF totals £21.967m in 2015/16. The majority of the BCF funding represents existing budgets transferred directly from the NHS. The impact of the BCF has been fully taken into account in both NHS and council 2015/16 budget plans.

### **BACKGROUND DOCUMENTS**

<b>Background Documents</b>	<b>Held At</b>	<b>Contact</b>
Better Care Fund – supporting documents	160 Tooley St	Adrian Ward 020 7525 3345

### **APPENDICES**

<b>No</b>	<b>Title</b>
Appendix 1	Better Care Fund – summary - Plan on a page
Appendix 2	BCF - national quarterly return for January to March 2015
Appendix 3	2015/16 BCF expenditure plans



## AUDIT TRAIL

<b>Lead Officer</b>	Paul Jenkins, Interim Director of Integrated Commissioning, NHS Southwark Clinical Commissioning Group  Jay Stickland, Director of Adult Social Care, Southwark Council
<b>Report Author</b>	Adrian Ward, Programme Manager – Integration and Better Care Fund
<b>Version</b>	Final
<b>Dated</b>	9 June 2015
<b>Key Decision?</b>	No
<b>Previous relevant reports</b>	Better Care Fund Plan to HWB 24/3/14, BCF update report 24/07/14, and 2/10/14
<b>Date final report sent to Constitutional Team</b>	12 June 2015