

Item No. 10.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund (BCF) – Quarter 2 monitoring report and update on 2017/19 planning	
Ward(s) or groups affected:		All	
From:		Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Dick Frak, Interim Director of Commissioning, Southwark Council	

RECOMMENDATION(S)

1. That the Health and Wellbeing Board are asked to:
 - Note the Quarter 2 BCF monitoring report
 - Note the latest position on planning for the 2017-2019 BCF (paragraph 21)

BACKGROUND INFORMATION

2. The Better Care Fund (BCF) is a nationally mandated joint fund to promote integration and transformation of community based health and care related services. The total fund value for 2016/17 is £21,828,414, formed by a CCG contribution of £20,679,441 and a Local Authority contribution of £1,149,000. This is the minimum required value of the BCF for Southwark under national rules. The fund is applied to social care services (75%) and CCG commissioned community health services (25%) in line with requirements. 2016/17 is the second full year of operation of the BCF.
3. The BCF pooled budget is governed by a Section 75 agreement that sets out the governance arrangements and detail of the 21 schemes that are funded. The services are intended to effectively support people in the community, reduce hospital and care home admissions and help people to be discharged smoothly and safely from hospital. The plan was agreed by the Health and Wellbeing Board and it is an expectation that the board receives monitoring reports.
4. A quarterly monitoring system for the BCF has been devised which includes national quarterly returns to NHS England. A local quarterly report is also considered in detail by the Health and Social Care Partnership Board, who received and approved an earlier draft of this report. This includes a summary of local scheme monitoring that is in place to enable an evaluation of how well service are delivering their aims and objectives, and overall performance on the following BCF targets:
 - Minimising delayed transfers of care from hospital
 - Reducing care home admissions
 - Improving effectiveness of re-ablement at keeping people at home after discharge

- Improving user experience of integrated services
 - People feeling supported to manage their long term conditions (GP survey)
 - Non-elective admissions
5. The BCF is also required to meet national conditions in the following areas:
- Plans jointly agreed by Health and Wellbeing Boards
 - Protection of social care services of benefit to health, including specific support for carers and for Care Act implementation
 - Information sharing based on NHS number
 - 7 day services to support discharge
 - A joint approach to assessments and care planning
 - Impact on acute sector
 - Agreement to fund CCG commissioned out of hospital services
 - Agreement on a local target for Delayed Transfers of Care (DTOC) and a joint local action plan
6. This report sets out the latest position on BCF monitoring for Q2 2016/17 and more recent data where relevant.
7. The Better Care Fund is due to be updated and renewed to create a new 2 year Better Care Fund Plan covering 2017/18 – 2018/19. Paragraph 24 sets out the current position regarding the planning process for this.

KEY ISSUES FOR CONSIDERATION

NHS England BCF Quarterly Monitoring Returns

8. In addition to assuring and approving BCF plans NHS England also undertake quarterly monitoring to help ensure BCF conditions are being met. The relevant extracts of the last report submitted relating to Q2 2016/17 which was agreed by the Health and Social Care Partnership Board are attached in annex 1. The report reflects a positive overall position on BCF implementation and performance. The summary highlights areas for development include reducing mental health related delayed transfers of care, the need to reduce acute pressures and the challenges associated with the high level of pressure on reduced social care budgets as we undertake planning for 2017-19.

Local monitoring of BCF schemes

9. A quarterly system for scheme level monitoring is in place. KPIs have been agreed with all scheme lead officers to assess progress to date including confirmation that schemes are being implemented as planned, expenditure is on track, and performance indicators and qualitative feedback from service users is provided.
10. A proportionate approach to the monitoring of Better Care Fund schemes is adopted to minimise the administrative burden, recognising the fact that schemes are already subject to the existing governance arrangements of the lead organisation in terms of quality, finance and performance. For example, existing monitoring reports can be provided for assurance purposes.
11. The Q2 returns received are summarised in annex 2. Overall these provide evidence that the BCF is being implemented as planned with satisfactory progress. The monitoring forms include some good examples of outcome

reporting, for example, the report for the multi-disciplinary Enhanced Psychological Support service for people with learning disabilities working with a complex needs cohort is strong, as is the report for the Move on Support Team working to move people on from mental health residential care settings. The Nightowls overnight homecare service and the dementia service initiatives also highlight good outcomes. In other areas there is an identified need to further develop outcome monitoring so that a full evaluation of scheme effectiveness can be undertaken. This will be picked up in future monitoring rounds.

CCG financial transfers to the council for the BCF

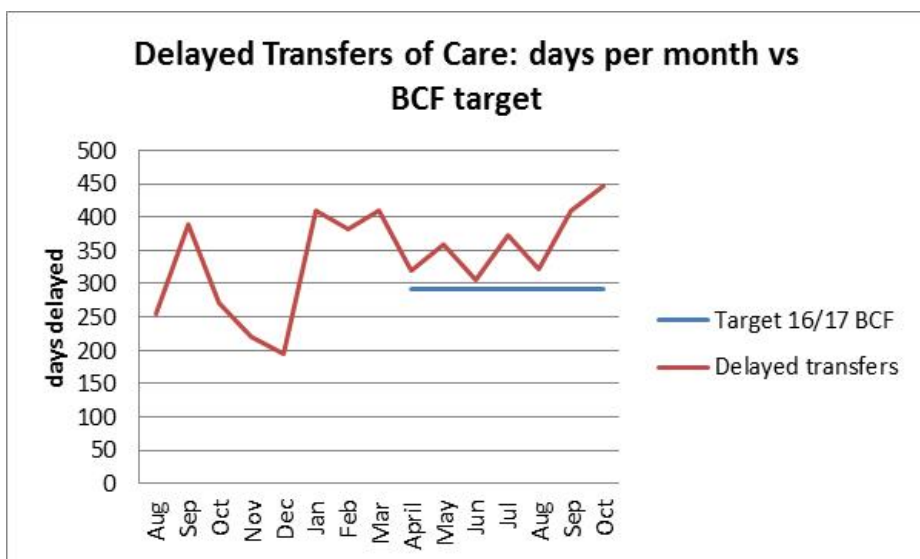
- 12. Financial transfers from the CCG to the Council have been proceeding as per the BCF plan on a monthly basis reflecting the budget agreement and the delivery of schemes.

PERFORMANCE METRICS

Overall effectiveness of the BCF is evaluated by the following high level outcome measures:

Delayed transfers (amber/red):

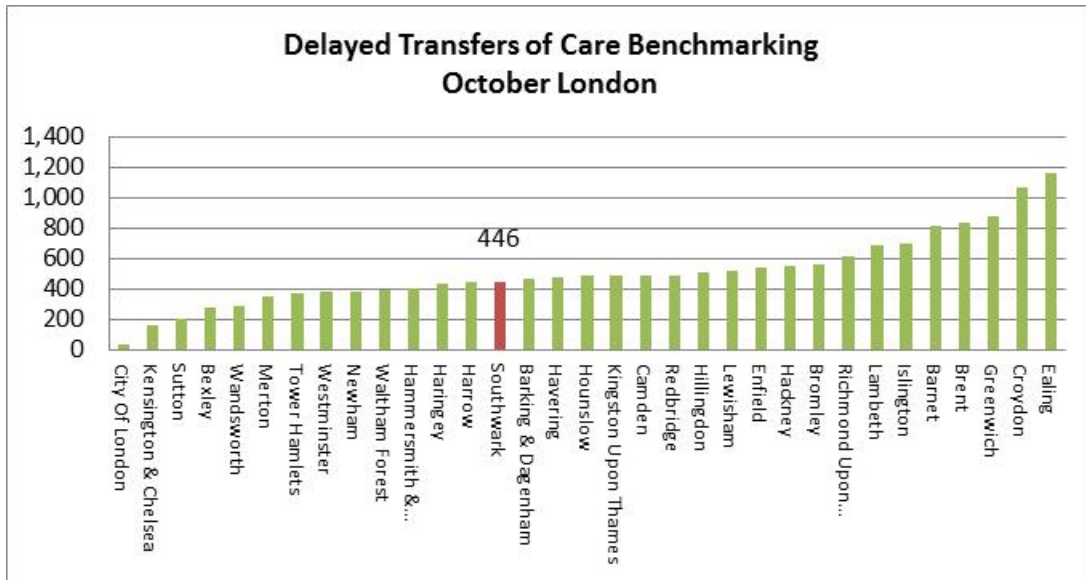
- 13. The key national performance indicator for the BCF is now delayed transfers of care, for which a reduction on 2015/16 rates was a standard requirement. This presents challenges for Southwark as 2015/16 performance was already very strong, amongst the lowest nationally. The target was exceeded by 11.2% in Q1 and 20.6% in Q2. The latest figures for October show a further decline. Whilst it is still the case that in absolute terms Southwark is not a poor performer the latest data, and the trend coming into winter, is clearly a matter of concern. Extensive actions are in place, including the BCF funded hospital discharge related services, to address this issue.



- 14. Analysis of this data shows that there is significant improvement potential from reducing mental health delays, and this has reduced since September. However there has been a larger increase in acute hospital delays as reflected in the October data which shows that:

- Out of 446 delayed days, 136 are mental health delays at SLAM
- 149 days were acute delays at GSTT and 116 at KCH
- 138 of the delayed days relate to social care (mostly care home delays), and 308 were NHS delays
- Delays relating to patient choice are a significant factor

15. Benchmarking for October shows that Southwark’s position is satisfactory, however there is significant focus on the issue to reverse recent trends and return to top performing status.



Care Home Admissions (green)

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Target	13	13	13	13	13	13	13	13	13	13	13	13	13
Admissions	9	16	5	12	11	13	8	9	10	6	7	10	9

16. The 2015/16 target for reducing new permanent care home admissions for older people has been hit, with 128 admissions compared to the target of 155. Performance continues to be strong in 16/17, with the target met in every month of Q1 and Q2. This compares favourably with historic levels of relatively high care reflects well on BCF schemes that support people at home, particularly including home usage which informed the 15/16 BCF target, and re-ablement and intermediate care supporting discharge home.

GP Survey data – people feeling supported to manage long term conditions (amber)

17. Latest published data (July 16) shows an improvement to 59.7% (from the January figure of 57.2%) and is above the London average of 57.9%. However this remains below the target of 62%.

Local measure on patient experience of integrated care (green)

18. Local areas were required under the BCF to develop a local measure on service user experience of integrated care. In Southwark it was agreed to add a local question to the annual adult social care user survey targeted at people receiving health and social care services: “Do all the people treating and caring for you work well together to give you the best possible care and support?”. Two years data are now available on this. In the 2016 survey 81% said yes (419 responses, excluding don’t knows) whilst in 2015 the figure was 78%, hence a measurable improvement has been achieved.

Re-ablement (green)

19. Draft data shows that 92% of the cohort discharged in Q2 into reablement/rehab were still at home after 91 days without having re-attended hospital, against the BCF target of 90.5%. Final year performance will be based on the outcome for discharges during Q3.

Non-elective admissions (amber)

20. There is no longer a compulsory BCF non-elective admissions reduction target, however BCF performance is tracked against CCG operating plan trajectories which allow for a level of growth of 2.7%. The table below shows this is currently very marginally above target.

Non-elective admissions	June	July	Aug	Sept	Oct
Plan YTD	6030	8040	10050	12060	14070
Actual YTD	6141	8104	10061	12123	14107
Variance	111	64	11	63	37
% variance year to date	1.8%	0.8%	0.1%	0.5%	0.3%

Update on Better Care Fund planning for 2017-19

21. The NHS Operating Plan guidance states that “CCGs and Upper Tier Councils will need to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) for 2017/18 and 2018/19 via the Health and Wellbeing Board. The plan should build on the 2016/17 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care. Further guidance on the BCF will be provided later in the autumn”
22. Publication of the BCF guidance was due in November but has been significantly delayed (pending the issue by the Department of Health of the BCF Policy Framework which informs the NHS guidance, requirements and financial allocations). Rather than waiting for the new guidance strategic planning is proceeding on the assumption that there will be no great changes.

23. The government have however announced a new grant for local authorities called the Improving Better Care Fund grant which is expected to be added to the BCF for joint agreement on investment. In Southwark the grant is worth £1.7m in 2017/18 rising to £13.5m in 2019/20.
24. The joint Council and CCG Adults Commissioning Development Group will provide strategic oversight on the development of BCF plans. The group have had initial BCF planning discussions, and are due to hold a BCF workshop on 19th January. A number of options are possible for renewing the BCF to improve its effectiveness as a pooled budget, including voluntary expansion to bring in more relevant budgets in those service areas where both partners wish to see more joint commissioning. It is intended that the group ensure decisions on rolling forward BCF schemes are taken in a considered way based on an evaluation of outcomes, reflecting the need to ensure resources are targeted at agreed priorities and, in particular, help achieve financial sustainability for the health and social care system.
25. Following the workshop and the release of national conditions the newly formed Partnership Commissioning Team will take the lead in shaping detailed BCF plans for further discussion and agreement by the Health and Wellbeing Board. The management of the BCF pooled budget will also provide an opportunity for the Partnership Commissioning Team to make progress on the integrated commissioning agenda.
26. A verbal update on the outcomes of the workshop and the latest position regarding the national guidance for 2017/19 BCF plans and local progress will be provided to the Board.

Policy implications

27. There are no direct policy implications arising from this report. Any changes to the BCF for 2017/19 arising from the planning process described in this report may have policy implications. These will be agreed by the Health and Wellbeing Board before the BCF is finalised in line with the national timetable.

Resource implications

28. There are no direct resource implications arising from this report. Any changes to the BCF for 2017/19 arising from the planning process described in this report may have resource implications. These will be agreed by the Health and Wellbeing Board before the BCF is finalised in line with the national timetable.

Consultation

29. The BCF funds a range of health and social care services that are developed in line with existing policies on consultation in the commissioning process.
30. The approach to developing the BCF for 2017/19 has been discussed by the joint Adults Commissioning Development Group which includes senior CCG and Council and Healthwatch representation. The draft plan will be subject to consultation.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Better Care Fund documentation	160 Tooley Street SE1 2QH	Adrian Ward Commissioning Programme Manager 020 7525 3345

APPENDICES

No.	Title
Annex 1	NHS England BCF Quarterly Monitoring Returns Q2
Annex 2	Summary of Q2 monitoring reports

AUDIT TRAIL

Lead Officer	Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Dick Frak, Interim Director of Commissioning, Southwark Council	
Report Author	Adrian Ward, Commissioning Programme Manager, CCG	
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Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	19 January 2017	