

Health and Wellbeing Board

26th February 2016

BETTER CARE FUND FINANCE, PERFORMANCE & DELIVERY REPORT

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1. Summary

The report sets out progress to February 2016 in relation to the finance, performance and delivery elements of the Better Care Fund plan in 2015/16 and outlines planning for the Better Care Fund in 2016/17. The report also includes the draft Q3 NHS England BCF performance submission for review by the Board

2. Recommendations

The HWBB is asked to:

- A. Note the content of the report
- B. Note the performance position. In particular to note that the underperformance on the NEL and DToC metrics and agree any mitigating action required
- C. Agree the content of the Q3 National reporting template and approve its submission to NHSE
- D. Note the progress on implementation and delivery of the key BCF schemes in 2015/16
- E. Note progress on development of schemes for 2016/17
- F. Note the absence of guidance for submission of 2016/17 BCF plans and the key elements highlighted in the BCF Policy Framework
- G. Note the likely requirement for the BCF plan to be approved at pace once guidance has been published
- H. Agree the recommendation from the Delivery Group that the level of delegated authority for BCF budgetary decisions via the Delivery Group sits at £100k and under for 2016/17

REPORT

3. Report

3.1. Introduction

The June 2013 Spending Round announced that £3.8billion would be utilised to deliver closer integration between health and social care. The Better Care Fund (BCF) in Shropshire has been developed as a conduit for integrated working across health and social care around the delivery of a set of national metrics and utilising a pooled budget arrangement. This report

sets out progress to date and items of note in relation to BCF finance, performance and delivery against plan.

3.2. Overall Better Care Fund Financial Position

Summary

The Better Care Fund is a pooled budget held between Local Authorities and Clinical Commissioning Groups. Shropshire Council is host to the Shropshire Better Care Fund Pooled Budget.

The following section provides a financial update for the Better Care Fund in 2015/16 and requirements going forward.

BCF – 2015/16

The fund has been pooled with effect from 01 April 2015 and Shropshire Council is host to the pooled budget for Shropshire. Cash balances are kept to a minimum, in accordance with CCG requirements, with payments and cash reconciliations taking place on a regular basis.

A total of £21.750m is currently allocated to the Better Care Fund in 2015/16 this compares to a minimum prescribed allocation of £21.451m. There has been no overall change to the total of the fund since the mid-year report.

To date the fund is projected to end the year in balance and a detailed review of the budget is underway as part of the planning for 2016/17. No Payment for Performance monies have been released into the pooled budget for transformation activities during 2015/16 as activity on the contingent emergency admissions metric has not been reduced in line with our projected plan. (more detailed performance data is included later in the report)

The CCG is currently undertaking an additional piece of detailed ledger work to ensure compliance with NHS England (NHSE) National Guidance around the preparation of the Statutory accounts for 2015-16

The Integrated Community Services (ICS) projection remains volatile. At this point in the year, we are expecting a possible overspend however, we await up to date monitoring projections from SHOPCOM in order to confirm this. Close monitoring of this project will continue to ensure that significant staffing and domiciliary care costs remain within plan.

It is confirmed that in 16/17 the pay for performance element of the BCF will be replaced by a new system to reward out of hospital care. At present no detail has been provided on how this will function. As such, action may be required in relation to ICS where the Pay for Performance element has supported activity.

Delegated Authority

In the Autumn of 2015 the Health & Wellbeing Delivery Group requested that the Health & Wellbeing Board (H&WBB) consider giving delegated authority to the Delivery Group for financial decisions relating to the BCF budget. The H&WBB requested a recommendation be made regarding the level of delegated authority for their consideration.

The Delivery Group met on the 5th February and recommend that that for the 2016/17 period the level of delegated authority for BCF budget related decisions via the Delivery Group sits at £100k. The H&WBB is asked to approve this recommendation.

BCF – 2016/17

A working group is continuing to review and plan the 16/17 BCF budget on the following basis:

Rationalised schemes with clear descriptors which can be matched to operational activity.

Clear alignment of funding with the fund performance metrics.

Estimated savings to the system for each scheme

The output of the CCG's detailed ledger work and any implications for the BCF budget

3.3. Financial Performance – Other

BCF budget allocations for 2016/17 have been released by NHSE and the mandated minimum fund for Shropshire has been set at £19,302,000, a reduction of £226,000 from 2015/16 requirements. However it is anticipated that the 2016/17 budget may exceed the mandated minimum amount due to additional contributions to the fund from aligned areas of Local Authority activity.

3.4. Contracting Items of Note

Discussions are taking place between the CCG and its Commissioning Support Unit to ensure that any variations to contracts required to deliver BCF plans are being made

3.5. BCF Performance

The last requirement to make a performance submission to NHSE was 27 November for Q2. To date no formal feedback has been received on this submission. The Q3 performance submission is required by 26 February and is attached for agreement by the H&WBB at its meeting on this date.

The Q3 template remains largely the same as that for Q2. However, of note, changes have been made to Tab 8 "New Integration Metrics" where Integrated Digital Records has been replaced with "Use of NHS number as primary identifier across care settings" and "Use of Risk Stratification" has been replaced with "Availability of Open API's across Care Settings". Reporting on Personal Health Budgets remains, with the addition of two new metrics on "Digital Integrated Care Record Pilots underway" and "Use of multidisciplinary teams". These integration metrics are being piloted and it has not yet been confirmed whether they will feature in the 2016/17 performance framework

Headline information to note from the Q3 submission:

Reducing Non Elective (NEL) admissions to hospital remains a challenge. Shropshire did not meet its BCF target for Q3 with a quarterly variance of 1,199 from target and a cumulative variance of 2,248 from target. The implication of not meeting this target is that the payment by performance funds cannot be released into the BCF pool to support transformation activity but must be retained by the CCG to pay for the NEL activity, a proportion of which will be supported by the work of the Integrated Community Scheme (ICS).

Performance for the Reablement and Admissions to Residential Care metrics have achieved their targets in Q3 and are rated as green. However there is some concern about the trajectory of the residential care metric that is moving towards exceeding the target (where a position on or under target is good).

Local metric: “Admissions to Redwoods with a diagnosis of dementia”. This metric measures the number of people admitted to Redwoods with a diagnosis of dementia as a proportion of the population with a diagnosis of dementia. This is an annually reported target. Data was not available at the time of writing this report but it is anticipated it will be available by the time the H&WBB meets on 26 February.

Service user experience metric: “Use of the mental health out of hours crisis helpline telephone number” is based on an annual patient survey. Results show an improvement on 2014/15 position and an increased rate of responses. However, performance falls short of the 2015/16 target and is rated as amber

The Delayed Transfers of Care metric remains a challenge and continues to be rated red. This area continues to be the subject of focused work to reverse this position and is also linked to the A&E recovery plan.

3.6. 2015/16 BCF Scheme Activity

The attached activity summary report gives a snapshot position of implementation to date. The only scheme that has not been implemented in 2015/16 is the Team Around the Practice. This work will be taken forward via the development of the Primary Care Strategy which is under development and regular updates on progress will be reported to the H&WB Delivery Group. The remainder of the schemes are either fully or partially implemented and are RAG rated to this effect.

Once planning work for 2016/17 is complete the tracker will be updated to reflect the adopted primary schemes for the period and exception reporting will commence at the Delivery Group from April 2016.

3.7. Planning for 2016/17

- a. The BCF Task & Finish group has developed the themes that were identified during the autumn in planning sessions with key stakeholders these are: prevention, carers, mental health, delayed transfers of care, complex care and housing. A range of new schemes are being developed for inclusion in the 16/17 plan, with an overarching focus on admission avoidance and building community capacity. The full list for 2016/17 is set out in the table below.

Scheme	Status
Falls Prevention	In development. Implementation from April 2016
Integrated Community Service	Roll on scheme from 2015/16
End of Life Co-ordination	Roll on scheme from 2015/16
Alcohol Liaison Service	Scheme currently operational, but new to BCF for 2016/17
High Intensity Users Model	Scheme currently operational, but new to BCF for 2016/17

RAID (Rapid Access & Interface to Discharge)	Scheme currently operational, but new to BCF for 2016/17
Proactive Care Programme	Roll on scheme from 2015/16
Mental Health Crisis Care	Roll on scheme from 2015/16
Dementia Strategy Implementation	Roll on scheme from 2015/16
Community & Care Co-ordinators	Roll on scheme from 2015/16
Resilient Communities	Roll on scheme from 2015/16
Integrated Carer Support	Roll on scheme from 2015/16
CAMHS transformation	Scheme currently operational, but new to BCF for 2016/17
Housing Scheme (linked to admission avoidance and improving discharges)	Scheme in development for implementation in first half of 2016/17
Future Planning (focused on acute and community based conversations to aid discharge and help individuals and families plan for their future health & care needs)	Scheme in development for implementation in first half of 2016/17
Primary Care Atrial Fibrillation programme (prevention)	Scheme in development for implementation in first half of 2016/17
Strengthening families (learning from the programme that can be applied to other joint work areas)	Scheme in development for implementation in first half of 2016/17

Current schemes that will not continue to be mapped against BCF for 2016/17 are the Care Home Advanced Scheme which has not performed as well as anticipated in 2015/16 and the Team Around the Practice where development will form part of a wider programme of work to create the Primary Care Strategy.

- b. Guidance, templates and deadlines for the 16/17 BCF plan are still awaited from NHS England. Despite an original submission date for first draft plans of 8 February 2016 guidance has not yet been published. Discussion with the Regional BCF manager indicates that delays are predominantly due to ministerial level discussions around tackling DTOC.

Whilst BCF planning guidance is anticipated imminently a BCF Policy Framework has been published, as well as BCF minimum allocations (as set out above). The Policy Framework (which can be found on the NHSE website) states that the Payment by Performance element of the BCF will be removed for 2016/17 but that the same proportion of the funds will be required for investment into "NHS commissioned out of hospital services". In addition agreement on a local action plan to reduce Delayed Transfers of Care will be required as part of the plan. There will continue to be metrics focused on reablement and admission to residential care, although the detail relating to service user and a local metrics have yet to be confirmed. The plan will need to address the following national conditions, many of which carry forward from 2015/16 planning:

Plans to be jointly agreed;

Maintain provision of social care services;

Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to

acute settings and to facilitate transfer to alternative care settings when clinically appropriate;

Better data sharing between health and social care, based on the NHS number;

Ensure 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;

Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;

Agreement on local action plan to reduce delayed transfers of care.

Much of the narrative in the current BCF plan remains relevant and can be utilised in the 2016/17 plan and scheme descriptors have been drafted and refreshed in preparation for the published guidance.

However, given the uncertainty of submission dates and the likely swift turnaround of the draft plan once dates are announced, the H&WBB are requested to anticipate the need for approval of the draft and subsequent final plan at pace.

3.8. Recommendations

The HWBB is asked to:

- A. Note the content of the report
- B. Note the performance position. In particular to note that the underperformance on the NEL and DToC metrics and agree any mitigating action required
- C. Agree the content of the Q3 National reporting template and approve its submission to NHSE
- D. Note the progress on implementation and delivery of the key BCF schemes in 2015/16
- E. Note progress on development of schemes for 2016/17
- F. Note the absence of guidance for submission of 2016/17 BCF plans and elements highlighted in the BCF Policy Framework relating to increasing the focus on DToC, removal of the NEL Payment for Performance element and the introduction of the requirement to invest in NHS commissioned out of hospital services
- G. Note the likely requirement for plans to be approved at pace once guidance has been published
- H. Agree the recommendation from the Delivery Group that the level of delegated authority for BCF budgetary decisions via the Delivery Group sits at £100k and under for 2016/17.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Cllr Karen Calder

Local Member

Appendices

BCF Quarterly Collection Data Template

<\\Sw12ssfs01\commserv\Democratic Services\Committee\Health & Wellbeing Board\2015-16\Meetings\16-02-26\7 BCF Quarterly Data Collection Template Q3 15-16 Draft 1.xls>

Final Scheme Tracker

[\\Sw12ssfs01\commserv\Democratic Services\Committee\Health & Wellbeing Board\2015-16\Meetings\16-02-26\7 Final scheme tracker Jan 15 \(002\).xlsx](\\Sw12ssfs01\commserv\Democratic Services\Committee\Health & Wellbeing Board\2015-16\Meetings\16-02-26\7 Final scheme tracker Jan 15 (002).xlsx)