

Health and Wellbeing Board 24th May, 2018

HWBB Joint Commissioning Report - Better Care Fund Update

Responsible Officer

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1. Summary

- 1.1 This report provides an update on the progress on the Better Care Fund development and makes recommendations for taking forward the Partnership Agreement (pooled budget), integration, and linkages with the STP and system planning. It also provides the performance data for 17/18, Appendix A, performance data over time, Appendix B and BCF Quarter 4 return, Appendix C.
- 1.2 The Better Care Fund Plan outlines the HWBBs ambition for integration. The Board agreed in a very broad approach to integration that offers the ability to take into account a number of ways of working. The statement says that, *"Shropshire's HWBB believes integration is about putting Shropshire people at the heart of decision making. The Board uses evidence that is gathered through data and through engagement to develop a common purpose and agreed outcomes for people, with people; it is about taking a whole system approach to leading, designing and delivering services."*
- 1.3 The HWBB agreed that during 2017/18 the Shropshire Health and Care economy would focus on developing the Better Care Fund as a tool that fully supports integration. In line with the agreed statement above, this has meant that officers are working to make best use of our limited resources in a way that makes sense for people in Shropshire; working to maximise opportunities for joint working and minimise confusion for people as they navigate the system.
- 1.4 The BCF plan had final approval in November and through December, January and February, colleagues from the Council and the CCG have reviewed each line of the Better Care Fund spend and worked towards making recommendations for taking work and integration forward. An action plan has been developed to ensure that what is in the Better Care Fund are key pieces of work that will make a real difference to integration.
- 1.5 The Better Care Fund is seen nationally as a stepping stone to support system planning and integration, and as such high level conversations have been taking place about how the Shropshire system can make best use of pooling our resources to improve services and support the population's health and wellbeing, linking to the STP planning cycle. System leaders are working towards using the BCF to support a broader agenda, in line with our ambition for integration. This includes care navigation, Continuing Health Care (CHC), facilities management, equipment stores, and the system planning of the STP.
- 1.6 This new emphasis and ambition requires Shropshire Council and Shropshire CCG to take stock of where we are and where we want to get to, in order to make a real and positive

contribution to the health and wellbeing of Shropshire people. As such, the CCG and Local Authority are recommending steps to support our renewed ambition:

- 1.6.1 Updated Terms of Reference (ToR) for the Joint Commissioning Group – with more regular meetings and focus on pooled budgets and integration;
 - 1.6.2 A new post for Better Care Fund manager hosted by the local authority– with increased emphasis on integration, as well as project support for a range of joint commissioning developments;
 - 1.6.3 A joint working group (LA and CCG officers) to determine how to fully implement a pooled funding arrangement and section 75 Agreement.
- 1.7 As mentioned above, the latest BCF monitoring report is attached as Appendix A (Appendix B, performance over time) and the year-end Quarterly return is attached as Appendix C. The reports highlight good progress on all metrics (Delayed Transfers of Care, Non-Elective Admissions and Admissions to Care Homes).
- 1.8** In addition, the Joint Commissioning Group would like to provide details (below) of the funding received for an improved Individual Placement Support (IPS) employment model for those using secondary mental health services, following the receipt of additional grant funding from NHS England. Shropshire will receive approximately £294,500 in 18/19 and £289,843 in 19/20 and the Joint Commissioning Group is working to find sustainability from 20/21.

2. Recommendations

- 2.1 To agree the proposals set out in paragraph 1.6 above;
- 2.2 To note and provide comment on the Quarter 4 return; and
- 2.3 To note the new national investment in the IPS service (Enable in Shropshire) and opportunity for the STP to apply for Wave 2 funding (as described below) to support the population of T&W.

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
- 3.2. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities.
- 3.3. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups, ethnographic research.
- 3.4. Currently a key risk in this system is a lack of resource to support the BCF and lack of a Section 75 Partnership Agreement.

4. Background

BCF and Pooled budgets:

- 4.1 The “Integration and BCF planning requirements for 2017 -19” sets out the NHS England’s requirements on developing BCF plans in local areas. The NHS Act 2006, requires that in each area the CCG transfer minimum allocations into one or more pooled budgets established under section 75. For Shropshire the minimum sum for 2018/19 is £20.021m. Of this figure the CCG is required to spend £5.689m on out of hospital services and £7.779m on social care, leaving

£6.553m to be allocated to out of hospital services, social care, other services, or a combination of those.

4.2 The BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations must be signed off by the HWBB. It was agreed by Shropshire Council Cabinet in 2013 that a Section 75 pooled budget agreement would be developed to support the delivery of the BCF and that the Council would host this.

4.3 To date Shropshire has operated an “aligned budget” with joint decision making at the Joint Commissioning Group (previously HWB Delivery Group) and the Shropshire Health and Wellbeing Board. With no new money at the outset of the Better Care Fund, the initial plan focussed on drawing together areas of spend that aligned. Good progress has been made to work together to improve our prevention support, admission avoidance and delayed transfers of care (please see Appendices A-C for details and the BCF Quarter 4 return, with metrics).

4.4 Despite this good progress, the HWBB and Joint Commissioning Group recognised that much more could be done to improve services and support for Shropshire people. In 17/18 the focus was on working through each line of the budget to understand real value for money and consider where more joint working would provide better support for the community and reduce spend. The key areas that are recommended for development in this way are:

Prevention:

- VCSE Grants
- Care Navigation/ Social Prescribing
- Falls
- Carers
- Early Help

Admission Avoidance/ Delayed Transfers:

- Integrated Community Services
- Housing/ step down
- Assistive tech/ telecare/health/ equipment

4.5 Additional areas that have been noted for developing pooled funds through joint discussions include Continuing Health Care (CHC), public estate/ facilities management and equipment stores. Using the Better Care Fund joint working and pooled funding arrangement could support these initiatives going forward.

4.6 A detailed programme of work needs to take place now to move this development forward. Shropshire Council and Shropshire CCG will need to commit resource to this joint working and the Health and Wellbeing Board is asked to consider and endorse this. There is also a good opportunity here to link to wider system planning and tap into the resource of the STP. Whilst aligning budgets is a positive stepping stone towards greater integration ultimately it is necessary (and a legal requirement) to ensure that the BCF is managed through a formal s75 pooled budget.

System Planning:

4.7 There is opportunity to connect BCF into the wider system planning of the STP. The aims of the STP are:

1. To build resilience and social capital
2. Integrated care across the NHS and Social Care
3. More appropriate use of hospital care
4. Working as one health system
5. Sustainable workforce
6. Sustainable finances

The BCF can help support these aims by providing the legal framework for pooling budgets and supporting locality based working based on evidence and local need.

4.8 The STP is charged with developing and supporting system plans including:

- Future Fit – hospital reconfiguration
- Neighbourhood working and Out of Hospital programmes
- Embedding prevention in all system plans
- Workforce
- Estates management
- Back office functions
- Digital planning and delivery (including integrated care records)

The STP Programme Management Office (PMO) works with system strategic planners to support this work and there is opportunity to connect more closely with the Better Care Fund planning for both Shropshire and Telford and Wrekin. There is huge opportunities across the system to draw together programmes and support integrated planning and delivery.

4.8.1 As an example, one of the opportunities that the STP has supported is the funding application for funding for an improved IPS service in Shropshire. This investment will support partnership and integrated working to support people using secondary mental health services into work.

Individual Placement Support (IPS) Funding:

4.9 The STP has supported the Shropshire system to secure approximately £584,000 over two years to improve the support people in secondary mental health services receive to get (back) into work.

4.10 NHS England has launched a new transformation fund for Individual Placement and Support (IPS) services. It aims to support the expansion of IPS services so that more people who experience serious mental illness SMI can find and retain employment. Doubling of access to Individual Placement and Support (IPS) by 2020/21, helping those with SMI to find and retain employment, is one of the objectives set out in the [*Five Year Forward View for Mental Health*](#).

4.11 Rates of employment are lower for people with mental health problems than for any other group of health conditions. IPS is an evidence-based approach to providing employment support for people experiencing serious mental health problems, shown to be twice as effective as vocational rehabilitation, and associated with reduced utilisation of other services, including use of inpatient admissions.

4.12 The funding has been made available in two waves; commencing in 2018/19: Wave 1: Expansion at pace within an STP area that already have high performing IPS services – as mentioned Shropshire has been successful with this wave and will receive £584,000 over two years; and commencing in 2019/20, Wave 2: Increasing provision in STP areas that do not have any IPS service provision (subject to confirmation later in 18/19).

4.13 For a number of years Shropshire has operated an IPS service, funded through the Better Care fund – Enable, which has a Fidelity score of Good. The funding will allow for the expansion of the service, improved partnership working across the system and place a focus on improving the Fidelity rating to Excellent.

4.14 A key consideration is how we will work in local areas to develop sustainability plans for the IPS service when the funding is no longer available. Social Impact Bonds are being explored to continue investment in this area, and we have partnered with the Mental Health and Employment Partnership to develop this opportunity to commission evidence-based

supported employment services for people with mental illness through the Life Chances Fund. Should the bid be successful it will provide Shropshire the opportunity to jointly fund this service on an outcomes based approach; which is seen as a positive new initiative that supports our strategic and commissioning intentions. Please see background papers below for link to the Life Chances fund information.

5. Financial Implications

5.1 The Better Care fund financial commitment for 2018/19 is explained in the chart below. This will be the basis for discussing and implementing the s75 Pooled budget.

BCF Funding Summary	2018/19	Trail of Funding
Revenue		
Schemes Commissioned and Funded by the CCG	£12,241,702	Comes from NHS England to the CCG. The CCG commissioned spend.
Schemes Commissioned and Funded by Shropshire Council	£699,637	Comes from Central Government to SC. SC commissioned or delivered.
Schemes Commissioned by Shropshire Council with CCG Funding	£7,779,302	Comes from NHS England to the CCG and then to SC. SC commissioned or delivered.
Schemes Commissioned by Shropshire Council with iBCF Funding	£8,288,253	Comes from Central Government to SC. SC commissioned or delivered.
Capital		
Disabled Facilities Grants and Social Care Capital Schemes Funded and Commissioned by Shropshire Council	£2,974,155	Comes from Central Government to SC. SC spends the money.
Total BCF 2017/18	£31,983,049	

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

For the final BCF plan please see HWBB paper [here](#)

Life Chances Fund details [here](#)

<https://www.gov.uk/government/publications/life-chances-fund>

Cabinet Member (Portfolio Holder)
Cllr Lee Chapman

Local Member
n/a

Appendices

Appendix A: Performance Summary 17/18 (below)

Appendix B: Performance Summary over time 15-18 (below)

Appendix C: BCF Quarter 4 Return (attached)

Appendix A – BCF Metrics 17/18

Better Care Fund – measures delivered by Shropshire Council

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

Number of residential admissions is reducing

The following table shows the rate of admissions per 100,000 people

2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Profile (target)	150	300	450	600.3
Actual	83.5	150.8	317.7	449.7*
Performance				

* Provisional end of year figure subject to year-end checks and audit

Performance is better than the profiled target. The number of people entering residential care during the year was 334 (449.7 per 100,000). This is a reduction of when compared to last year, 347 people (500.7 per 100,000). The service reiterates that its priority is to ensure that the most appropriate care package is provided at the right time to meet people's needs.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

This measure is reported in arrears.

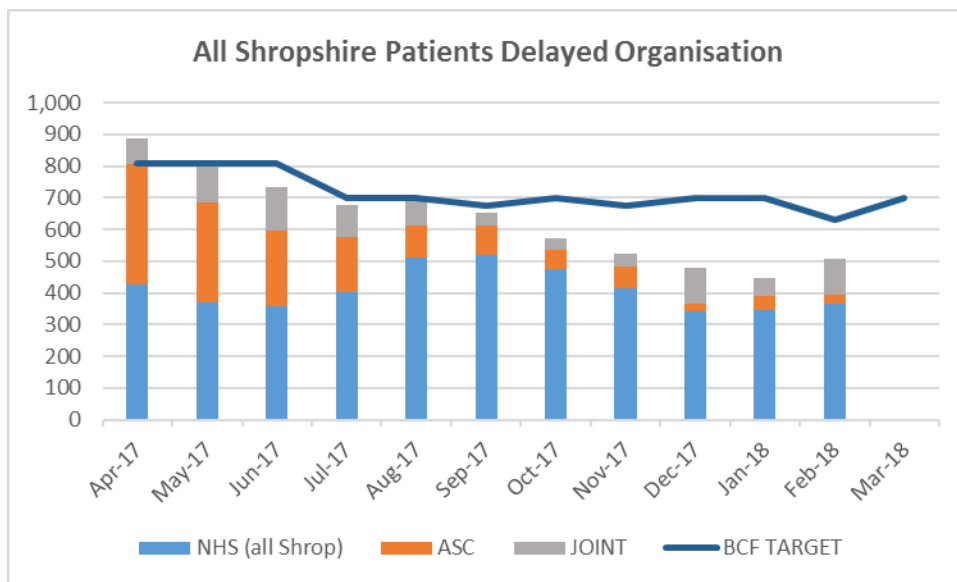
2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	82%	82%	82%	82%
Actual	83.2%	81.09%	82%	
Performance				

Performance throughout the year have remained around the 82% range and is in line with the target. As at the end of the period the percentage of older people who are still at home 91 days after discharge from hospital to reablement is on target. The age of patients and their complexity of conditions makes this a challenging measure to achieve. The service confirms their commitment to deliver support packages to ensure as many people as possible are able to remain safely in their homes. This measure is reported 3 months in arrears, those leaving hospital in quarter 4 will be surveyed in quarter 1 of 2018/19.

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).

This is a joint measure with the NHS which records the combined number of patients who are delayed in their transfer of care from hospital.

The following chart shows the total monthly number of delayed days by organisation
Finalised Q4 data will be published 10th May 2018



During the current year the monthly number of delayed bed days has reduced. Jointly attributed delays have shown a recent increase in numbers. As a percentage of delays the joint delays are higher than regional and national rates. BCF performance for Q4 is better than target and is forecast to achieve the end of year targets.







**ASC - 93%
reduction in
delayed
patients* ****

* April 2017 to February 2018

2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	2425	2077	2077	2031
Actual	2425	2035	1580	On target
Performance	✓	✓	✓	

The Better Care Fund targets for delayed transfer of care were established in July as part of the national improvement programme. Quarter 1 target was based on actual performance as data had been published at the time of target setting. Quarter 2 is in line with the target. Q3 is better than target whilst Q4 is forecast to also be better than target.

Non-Elective Admissions – Shropshire CCG Q2 – Q4 17/18

Month	Number of Non-Elective Admissions	Target and Total for Quarter
April	2552	
May	2705	
June	2651	Target = 8327 Total = 7,908 
July	2,714	
August	2,567	
September	2,468	Target = 8,080 Total = 7749 
October	2726	
November	2762	
December	2588	Target = 8,729 Total = 8,076 
January	2903	
February	2528	
March	2760	Target = 8,475 Total = 8191 

BCF Plan Non-Elective Admissions Targets

Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
8,327	8,080	8,729	8,475

Data Source

NHS England

<https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/>

Appendix B

Overview of Adult Social Care performance for the Better Care Fund 2015 – 2018

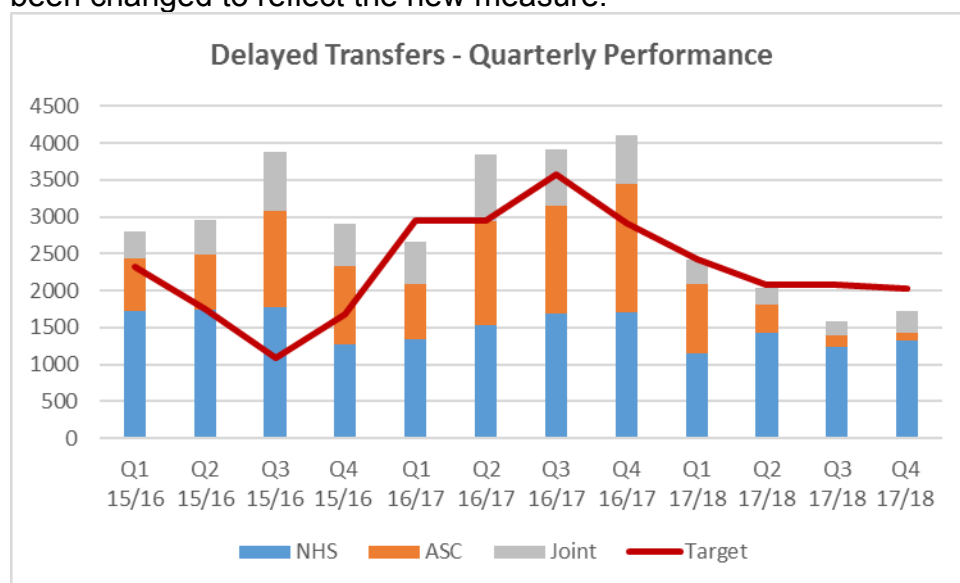
There are three measures which Adult Social Care contribute towards.

1. Transfer of Care from hospital
2. Admission to Residential Care
3. Reablement of patients to prevent re-admission to hospital

Performance over the period for each measure is as follows:

1. Transfer of Care from hospital

This measure is designed to prevent patients from experiencing delays in their discharge from hospital. This is a collaborative measure which requires the overall target to be achieved. In the first two years the measure was focussed on the rate of delays per 100,000 people. During 2017/18 this was changed to a daily delay rate. For comparative purposes the earlier targets have been changed to reflect the new measure.



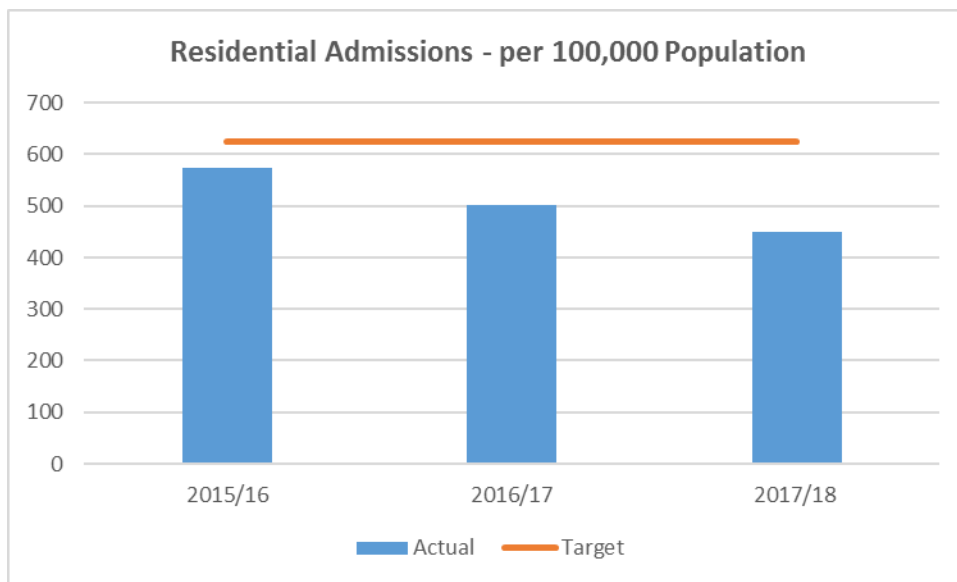
Performance from Q1 2015/16 to Q4 2016/17 was mainly above target with increases of delays attributed to Adult Social Care and to Joint attribution. 2017/18 has seen a significant reduction of delays attributed to both Adult Social Care and Joint Delays. NHS delays have seen a smaller but sustained reduction which has resulted in a collective achievement of targets in 2017/18.

Average monthly delays by organisation are shown in the table below

	2015/16	2016/17	2017/18
NHS	543	523	429
ASC	318	444	131
Joint	181	241	88
Collective	1042	1208	648

2. Admission to Residential Care

Many older people wish to live at their own home for as long as possible and is a preferred lifestyle. Advances in technology and household modifications along with appropriate support can meet these preferences and offer a quality of life. The numbers of older people entering residential care over the period of the Better Care Fund programme has reduced. The service reiterates that its priority is to ensure that the most appropriate care package is provided at the right time to meet people's needs.



3. Patients discharged to Reablement services who remain at home 91 days after discharge

This measure is aimed at providing support to patients to help them adjust to living back at home after a period of hospitalisation. Performance over the period has fluctuated around the 80% mark. This measure is particularly challenging as patients are often elderly and have complex health needs.