



Health and Wellbeing Board 8th May 2015

Better Care – Programme Update April 2015

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1. Summary

1.1 April 2015 saw the official launch of the Better Care Fund. The Better Care Fund is about improving the quality and experience of Health and Social care available to the public. It is about moving away from a 'sickness service' and towards one that enables people to live independent and healthy lives in the community for as long as possible by joining up services around the individual person and their individual needs.

The Better Care Programme is a comprehensive programme of activity, focussed on the delivery of better outcomes through working better together across health and social care.

This report seeks to update the Board on the progress in relation to the Better Care programme, it will focus on the following areas:

1. National Better Care Programme Update
2. BCF National Metrics - Performance Update
3. BCF Transformation Schemes Update
4. BCF Expenditure Plan
5. Programme Plan

2. Recommendations

- That the Health & Wellbeing Board Note the content of the report
- That the Health & Wellbeing Board consider the draft 'Conflict of Interest' policy and make comments/amendments as appropriate.

REPORT

3. National Better Care Programme Update

3.1. Better Care Support Team

3.1.1. A new national Better Care Support Team was introduced in April 2015.

3.1.2. The new Support Team is hosted by NHS England and supported by the Department of Health, Department for Communities and Local Government, Local Government Association and NHS England. The primary focus of the team is to ensure that support is in place to assist in delivering the BCF visions for integrated care and to understand the progress that HWB Boards are making. The Support Team will be working through existing NHS England and local government regional structures.

3.2. 'How to' Guides & Technical Webinars

3.2.1. The Better Care 'How to' Guides look to provide practical support to Health and Wellbeing Boards, BCF leads and all of the partners responsible for delivering the local BCF plans.

3.2.2. The guides have been developed by the consortium delivering the national programme of support to help areas overcome barriers to the successful implementation of better care. The guides include:

How to Lead and Manage Better Care Implementation.

How to bring budgets together and use them to develop coordinated care provision.

How to work together across health, care and beyond.

How to understand and measure impact.

3.2.3. The Guides have been supported by a series of technical webinars that discuss the subjects in the 'How to' guides and takes questions from those attending. A recording of these webinars can be found at the same web address: [Better Care pages on the SCIE website](#)

3.3. Better Care Exchange

3.3.1. The Better Care Exchange will launch on Thursday 30th April, with a national webinar event, hosted by SCIE. The Exchange provides a single, accessible place for sharing learning, information and good practice on delivering better integrated care, thus supporting the implementation of BCF plans.

3.4. Operationalisation of the BCF

3.4.1. Guidance for the Operationalisation of the BCF in 2015-16 has now been published, and is available for downloading on the Better Care Fund page of the NHS England website: <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

3.4.2. Alongside the guidance, a sample quarterly report template has been provided and a metrics analytical tool that will help in confirming the implications of final baseline data, including for the operation of the payment for performance framework

4. BCF Performance Update

4.1. Performance against the National Metrics is monitored through the Finance, Contracts and Performance Group, which is a sub-group of the Health and Wellbeing Board, chaired by Stephen Chandler.

4.2. The National Metrics are:

- Non-Elective Admissions
- Care Home Admissions
- Effectiveness of Reablement
- Delayed Transfers of Care
- Patient Experience Metric – Access to Mental Health Crisis Care Contact Details
- Local Metric – Proportion of people with a diagnosis of dementia admitted to Redwoods

4.3. Local monitoring against these metrics started in November 2014. Reporting and the pay for performance period linked to the National Metrics for the BCF is January – December 2015

4.4. Only performance in relation to Non-elective admissions is linked to the ‘Pay for Performance’ payments.

4.5. Non-Elective Admissions

BCF1 - Non Elective Admissions:											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
G			A				A				

4.5.1. Year to date performance, plan = 21639 actual = 21647, resulting in a variance of 8.

4.5.2. Normal tolerance would be 5% which would rate the performance as Green, however this has not been applied. This cautious position has been taken as this metric is based on the performance of 9 contributing trusts (including SATH) and further clarity is required as to the impact of the other trusts outturn before a definitive position is provided. It is not anticipated that the position will deteriorate when that performance is applied.

4.5.3. The targets for this indicator will be revised from January in line with an agreement with NHSE.

4.5.4. To enable Finance, Contracts and Performance Group to monitor performance of non-elective admissions closer to real-time, a local metric will be developed to monitor the performance of SATH admissions only.

4.6. Care Home Admissions

BCF2 - Care Home Admissions:											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
G	G	G	G	G	G	G	G	G	A	A	

4.6.1. Year to date performance, plan = 616 actual = 512 (low performance is good), resulting in a variance of 104.

4.6.2. Performance for January and February is well below target and therefore could be rated Green, however, this is a new indicator and data quality checks are still being undertaken and so a cautious position of Amber has been given.

4.7. Effectiveness of Reablement

BCF3 - Effectiveness of Reablement:												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
						R	A	A				

4.7.1. This indicator has historically been difficult to report against as it relies on information sourced from the Local Authority, the Community Health Trust and SATH. With the introduction of ICS across the county from November, capturing data for this indicator became easier as both Social Care and Health rehab and reablement on discharge from hospital is undertaken in one team and is captured through one information system.

4.7.2. The performance shows us that the number of people still at home 91 days after discharge from hospital falls marginally below the target 0.1%, however, it was anticipated when setting the targets that achieving the target this year may be difficult as the number of people that have been admitted into rehab and reablement has more than doubled since this time last year (from 155 to 325). It should also be noted that over 50% of those that were counted as not at home at the 91 day review were unfortunately deceased but would have still counted negatively towards this indicator.

4.8. Delayed Transfers of Care

BCF4 - Delayed Transfers of Care:												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
G	R	G	R	R	R	R	R	R	R	R		

4.8.1. Year to date performance, plan = 2273, actual = 3138 (low performance is good), resulting in a variance of 865.

4.8.2. There had been a sharp increase in the number of delays reported from the Redwoods since August 2014 and an improvement action plan has been created. This includes allocating a permanent worker to Redwoods to expedite discharges, and tightening the validation process for agreeing the delays prior to submission. This has started to have an impact in February and the number of delayed days attributable to Redwoods has now halved.

4.8.3. The number of delays reported from SATH and the Community Hospitals remain a concern and given that performance in this area has been consistently below target for 7 months, further analysis will be undertaken by the FCP Group with the findings presented to the Service Transformation Group to consider the development of new transformation schemes uniquely and specifically to target this area.

4.9. Patient Experience Metric – Mental Health (MH) Crisis Care Contact Details

4.9.1. This metric takes its data from a Care Quality Commission MH Patient Experience survey, conducted annually in July. The survey asks the respondent to answer if they know who to

contact in the event of a Mental Health crisis. In last year's survey, only 5 out of 10 respondents replied that they did know who to contact in the event of a Mental Health crisis.

4.9.2. The key BCF Transformation Scheme which looks to improve this metric is the MH Crisis Care Services scheme. A MH Crisis Care Helpline was introduced in April and it is hoped that the promotion of this will influence this outcome, although it is appreciated that it is unlikely to have a significant impact by July.

4.10. Local Metric – Proportion of people with a diagnosis of dementia admitted to Redwoods.

BCF6 - Local Metric: People admitted to Redwood Hospital with a diagnosis of dementia as a proportion of those with a dementia diagnosis											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
								G			

4.10.1. This is a newly created metric which measures the proportion of people with a dementia diagnosis admitted to Redwoods as an emergency admission.

4.10.2. Year to date performance. Plan = 38 (1.2%) Actual = 32 (1.1%)

5. BCF Transformation Schemes Implementation and Activity Update

5.1. With the exception of Team around the Practice, the Transformation Schemes are either on schedule or only marginally behind schedule in terms of implementation.

5.2. In relation to impact, the group has identified that it is difficult to monitor the impact of the schemes against the National metrics as the proxy measures that are currently collected do not lead clearly to a correlation with the national measures. More work is being undertaken to try and strengthen the proxy measures so that the Service Transformation group can establish a view about if the schemes currently identified are likely to have the necessary impact.

5.3. A Data Focus Group has met and developed a Benefits Map - Mapping of all Transformation Schemes and the National metrics that they are expected to contribute to. A copy is attached for reference.

5.4. Risks Identified

5.4.1. The 'Team around the Practice' transformation scheme is identified as one of the 'High Contributors' towards many of the National metrics. Unfortunately, this scheme has not progressed. We are currently mapping the potential impact of this so that we can look to re-profile some of the other schemes to ensure that we achieve the National targets.

5.4.2. The Integrated Community Service is not currently delivering against the activity levels expected. There have been problems in relation to recruitment, resulting in the team being at only 50% of the anticipated staffing level in the North and South of the county and unplanned demand has had an impact of the team's ability to meet core objectives. There have also been a number of concerns about the approach taken by the provider to address the concerns and regular director to director commissioner/provider meetings have taken place to try and address these concerns.

6. BCF Expenditure Plan

6.1 The fund is required to be pooled with effect from 01 April 2015 and Shropshire Council has been nominated as host of the pooled budget for Shropshire.

6.2 Cash balances will be kept to a minimum, in accordance with CCG requirements, with payments and cash reconciliations taking place on a quarterly basis.

6.3 The expenditure plan shows how the fund is allocated to schemes in 2015/16. 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. It is expected that this budget will be signed off by the Health and Wellbeing Board in May. With the exception of the Integrated Community Services (ICS) scheme, all other schemes are currently projected to outturn to budget. The ICS scheme is currently showing a pressure on transition funding requirements.

6.4 The next report to the Health and Wellbeing Board will provide an updated monitoring position in accordance with the monitoring cycle of the parties concerned.

7. BCF Programme Plan

7.1. An updated BCF programme plan has been developed for the period March – October '15. The plan is comprehensive and leads to developing best practice systems and processes to support the implementation of the Better Care Fund. The plan includes actions in relation to developing:

- Strategy – including the development of a 'Shropshire Model' of Integrated Commissioning and Delivery
- Governance – including the development of the 'Conflict of Interest Policy'. A draft version of the policy is included for information and comments/amendments.
- Systems – including the development of pathways for agreeing new transformation schemes, setting budgets and reviewing/evaluating existing activity.
- Delivery – includes the development of a forum for best practice in integrated delivery.
- Cross-cutting work streams – includes linking with work streams in relation to 7 day working and Integrated Care Records

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 Cllr. Lee Chapman

Local Member

Covers all constituencies

Appendices