
**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 8 July 2015

Subject: Better Care Fund Monitoring 2015/16

Report of: Deputy City Treasurer (Manchester City Council) and Chief Financial Officer (North, South and Central Clinical Commissioning Groups)

Summary

The Better Care Fund (BCF) has been established by Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

The purpose of this report is to provide the Health and Wellbeing Board with an outline of the performance and monitoring arrangements for the Better Care Fund in 2015/16, as set out in the guidance published by NHS England on the 20th March. The reporting requirements include the completion of a quarterly reporting template which needs to be signed off by the Health and Wellbeing Board.

This report sets out:

1. The Better Care Fund reporting and monitoring requirements, including the latest report to NHS England on the period January to March 2015.
2. The alignment of Better Care Fund targets for reducing non-elective admissions to Clinical Commissioning Group's operational plans.
3. Performance management of the Better Care Fund by NHS England and the escalation process.

Recommendation

The Health and Wellbeing Board is asked to delegate approval to the Strategic Director for Families, Health and Wellbeing, in consultation with City Wide Leadership Group, for the quarterly report to NHS England. This is due to the inconsistency of quarterly reporting deadlines to NHS England with Health and Wellbeing Board meetings. After the end of each quarter, the submission will be reported to the next meeting of the Health and Wellbeing Board.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	The Better Care Fund (BCF) support the integration of health and social care
Providing the best treatment we can to people in the right place at the right time	The testing of models to improve outcomes for the five priority cohort groups for Manchester's Living Longer Living Better Programme is funded through the Better Care Fund. The priority cohorts are: <ul style="list-style-type: none"> • Frail elderly and dementia • Adults with long term conditions • Children with long term conditions • Complex needs • End of life
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Better Care Fund: Guidance for the Operationalisation of the BCF in 2015/16 - NHS England Publications Gateway Reference 03001

- Living Longer Living Better update – Report to Health and Wellbeing Board, 5th November 2014
- Better Care Fund – Report to Health and Wellbeing Board, 10th September 2014

1. Introduction and Background

- 1.1 One of the city's community strategy priority outcomes is for more residents to be living healthier, longer and fulfilling lives. The key principle is to provide effective safeguarding and protect the most vulnerable by supporting effective integration of health and social care and integrated commissioning at neighbourhood level. The Living Longer, Living Better (LLLB) programme will reform health and social care services in Manchester to co-ordinate them in a way that delivers better outcomes and efficiency savings.
- 1.2 The Better Care Fund (BCF) has been established by Government to provide identified funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.
- 1.3 The *Guidance for the Operationalisation of the BCF in 2015/16* published on the 20 March 2015 sets out in detail the:
- reporting and monitoring requirement for the Better Care Fund (BCF);
 - how progress against conditions of the fund will be managed;
 - advice around the alignment of BCF targets for reducing non-elective admissions
- 1.4 The purpose of this report is to provide the Health and Wellbeing Board with an outline of the performance and monitoring arrangements for the Better Care Fund in 2015/16, as set out in the guidance published by NHS England on the 20th March. The reporting requirements include the completion of a quarterly reporting template which needs to be signed off by the Health and Wellbeing Board.
- 1.5 Manchester Clinical Commissioning Groups (CCGs) have £37.638m of funding included in the Better Care Fund; the Care Act 2014 includes specific conditions for use of this funding. If any of these conditions are not met the Care Act 2014 enables NHS England to withhold, recover or direct how the money is used. The funding that comes directly to the Council for the Disabled Facilities Grant and Social Care Capital from Department for Communities and Local Government (DCLG) of £4.452m also included in the BCF is not subject to these conditions. The conditions are:
- the preparation and agreement of a spending plan by the CCG(s) and local authority party to the pooled fund
 - the approval of the plan by NHS England
 - the inclusion of performance objectives in a spending plan – i.e. the non-elective admissions reduction target; and
 - the meeting of any performance objectives included in a spending plan or specified by NHS England – i.e. payment proportional to performance as per the BCF Technical Guidance.

2. Reporting and Monitoring Requirements

- 2.1 NHS England has standard reports that will fulfil both local and national reporting obligations against the key requirements and conditions of the Fund. The standard reports aim to fulfil both the quarterly reporting and annual reporting requirements to monitor the totality of the BCF at Health and Wellbeing Board level. CCGs and Local Authorities have been requested to use the quarterly reporting template distributed as part of the guidance.
- 2.2 The template return requires sign off by the Health and Wellbeing Board. The Health and Wellbeing Board will need to submit a written narrative with the quarterly report to explain any changes to plan and any material variances against plan. The reports are due for submission at 5 points in the year:
- 29 May 2015 – for the period January to March 2015
 - 28 August 2015 – for the period April to June 2015
 - 27 November 2015 – for the period July to September 2015
 - 26 February 2016 – for the period October – December 2015
 - 27 May 2016 – for the period January – March 2016
- 2.3 The submission dates do not coincide in a timely way with the Health and Wellbeing Board meetings. For example, the submission for the 28 August 2015 would require the template to go to Health and Wellbeing Board on the 8 July 2015. The information required to complete the template would not be available in such a short timeframe, from the end of the reporting period to populate the template. This results in the recommendation for delegated approval for the Citywide Leadership Group to sign off the reporting templates to ensure the deadlines set by NHS England are adhered to.
- 2.4 A new and much simplified quarterly reporting template for the period January to March 2015 only was issued on the 11th May 2015. The objective in revising the template was to simplify the data requests made from local areas and instead gather information from other pre-existing sources and data collections where these are available. The revised template therefore asked for data returns to be submitted on the following issues only:-
- Whether Disabled Facilities Grant has been pass-ported to the relevant local housing authority;
 - Whether a section 75 agreement is in place to pool BCF funding in accordance with the nationally approved BCF plan; and
 - Whether the six national BCF conditions are being met or are on track to be met through the delivery of the national approved BCF plan.
 - This will be the only information that we require to be provided from local areas for the return that is due by 29 May 2015.
- 2.5 The new reporting template also provided an ability to submit additional narrative text and to be used to provide any additional information local areas feel is appropriate to support the return including explanation of any material

variances against the plan and associated performance trajectory that was approved by NHS England.

- 2.6 The new reporting template for the period January to March 2015 was submitted to the Better Care Support Team by the deadline of the 29th May 2015. The submission content was signed off by the Citywide Leadership Group (CWLG) in the absence of a Health and Wellbeing Board. Further details of the submission can be found in Annex A.
- 2.7 Data in relation to the agreed local performance metrics submitted as part of the Part 2 Better Care Fund planning template, and income/expenditure data will be collected as part of the quarterly reporting return due at the end of Quarter 1 2015-16. An updated template capturing these additional reporting requests will be circulated in early July.
- 2.8 Following submission, returns will undergo a single validation process. Following this data validation process a report will be published presenting the data returns submitted by each Health and Wellbeing Board Area and collating that data alongside the other national BCF metrics data (forecast and actual performance) that will have been centrally collected from other sources.

3. Alignment of BCF targets for reducing non-elective admissions

- 3.1 As part of the BCF plan, there is a payment for performance target relating to the reduction in non-elective admissions. In the Manchester BCF plan, the target is set at a reduction of 3.5%. The guidance sets out the advice around aligning the BCF plan target with the CCG operational plans.
- 3.2 The guidance confirms that BCF plans should continue to include ambitious 'stretch' targets which aim to accelerate progress on reducing admissions. The guidance specifically confirms that there will be no change to the targets included in BCF plans where these are within 2 percentage points of the assumptions in CCG operational plans.

For example, where the BCF target is for a 4% reduction in non-elective admissions, provided the operational plan target is for a 2% (or greater) reduction, the BCF target should not change. In these Health and Wellbeing Board areas there will be no further central plan review and assurance; and

Where the target in BCF plans is greater than 2 percentage points from assumptions in operational plans (for example a BCF target of 6% and an operational plan target of 1%), the Health and Wellbeing Board may, at its discretion, amend the BCF target where it believes this change is required to ensure it remains credible and realistic.

- 3.3 Any changes will need to be agreed by the Health and Wellbeing Board and will be subject to approval by NHS England (in consultation with Ministers).
- 3.4 The guidance provides further detail on managing the funding and the funding flows of the payment for performance of the non-elective target and the

necessary requirements of the CCGs to ensure money is available in line with the agreed plan.

- 3.5 A request from the Better Care Support Team was received on the 16 June 2015 asking for the Health and Wellbeing Board to confirm the reduction in the non-elective admissions target and the payment for performance values as a result of aligning the BCF plan target with the CCG operational plans.
- 3.6 The data for the non-elective activity is taken from the Monthly Activity Return (MAR) which does not align to local CCG operational plans as a different system is used (SLAM). This is further complicated by the Manchester BCF activity comprises more than just the three CCGs as other CCGs' non-elective admissions are attributed to Manchester based on residency rather than registered population. Overall the activity admissions target has reduced from 3.5% to approx. 2% from the original baseline which is due to growth being incorporated into the plans.
- 3.7 As a result of the non-elective admissions target reducing, the Payment for Performance reserve reduces from £3.2m to £1.9m.
- 3.8 For the return to NHS England, Payment for Performance non-elective reserve values have been over typed to the value of £3.2m as the ambitious stretch target of 3.5% is the number included in operational financial plans and reflects the original 2,100 admission reduction target.
- 3.9 The Payment for Performance non-elective reserve values also reflects the agreed and signed Section 75.

4. Managing Progress and Escalation Process

- 4.1 Performance management for the BCF will be led by NHS England through a joint Better Care Support Team with representation from Department of Health, Local Government Association and DCLG. The team will focus on:
- Supporting local areas with the implementation of their BCF plans;
 - Monitoring progress with the delivery of plans through the quarterly and annual reporting processes set out in this document;
 - supporting the performance management and escalation processes for the BCF, including the enactment of Care Act powers where relevant; and
 - reporting progress
- 4.2 Working with the Better Care Support Team, NHS England and the Local Government regions will monitor progress against plans from the quarterly monitoring process, and will determine whether areas are continuing to meet the conditions of the Fund:
1. That the Fund is pooled under a Section 75 Agreement
 2. That the Fund is used in accordance with their final approved plan
 3. That they continue to meet the requirements around the payment for performance framework

- 4.3 There is a proposed escalation process which will normally be initiated if any of the conditions of the Fund are not met following the return of the quarterly reports. The Better Care Support Team will support this process, making recommendations to NHS England for decision where necessary.

5. Conclusion

- 5.1 NHS England has released guidance on the operationalisation of BCF plans in 2015-16 which details the reporting and monitoring requirements, arrangements for the operation of the payment for performance framework and how progress against plans will be managed and the escalation process.

- 5.2 The BCF quarterly reporting templates are due for submission at a 5 points in the year:

- 29 May 2015 – for the period January to March 2015
- 28 August 2015 – for the period April to June 2015
- 27 November 2015 – for the period July to September 2015
- 26 February 2016 – for the period October – December 2015
- 27 May 2016 – for the period January – March 2016

- 5.3 The new quarterly reporting template for the period January to March 2015 was completed and submitted on the 29th May 2015. The template mainly included:

- Whether Disabled Facilities Grant has been pass-ported to the relevant local housing authority;
- Whether a section 75 agreement is in place to pool BCF funding in accordance with the nationally approved BCF plan; and
- Whether the six national BCF conditions are being met or are on track to be met through the delivery of the national approved BCF plan.

- 5.4 The outcome of the alignment of BCF targets for reducing non-elective admissions to CCG operational plans is the non-elective admissions target has reduced from 3.5% to 2%.

- 5.5 For the return to NHS England, Payment for Performance non-elective reserve values have been over typed to the value of £3.2m as the ambitious stretch target of 3.5% is the number included in operational financial plans and reflects the original 2,100 admission reduction target.

- 5.6 Performance management for the BCF will be led by NHS England through a joint Better Care Support Team with representation from Department of Health, Local Government Association and DCLG.

6. Recommendations

- 6.1 The Health and Wellbeing Board is asked to delegate approval to the Strategic Director for Families, Health and Wellbeing, in consultation with City Wide

Leadership Group, for the quarterly report to NHS England. This is due to the inconsistency of quarterly reporting deadlines to NHS England with Health and Wellbeing Board meetings. After the end of each quarter, the submission will be reported to the next meeting of the Health and Wellbeing Board.

Annex A

Allocation and budget arrangements

Question 1 - Has the housing authority received its DFG allocation?

Response - Yes

Question 2 - Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

Response – Yes

National Conditions

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	Consistent with the CCG programme budget allocations for 2015/16 of £12.2m.
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	The BCF has been used to fund a number of locality provided services to be available over 7 days per week across Manchester for early intervention at home, care closer to home, supporting people with respiratory illness, end of life/palliative care and collaboration with Primary Care. The citywide One Team place based vision offers the opportunity to provide a more coordinated approach to 7 day services.
4) In respect of data sharing - confirm that:		

<p>i) Is the NHS Number being used as the primary identifier for health and care services?</p>	<p>No - In Progress</p>	<p>Where there are integrated processes and in health, the NHS number is the primary identifier. Not all processes/systems within social care have been adapted for the NHS number to date.</p>
<p>ii) Are you pursuing open APIs (i.e. systems that speak to each other)?</p>	<p>Yes</p>	<p>There is an enabling IM&T workstream which is tasked at reviewing and making recommendations on the systems/compatibility across the city.</p>
<p>iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?</p>	<p>Yes</p>	<p>Information Governance is set out in a schedule as part of the Section 75 agreement.</p>
<p>5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?</p>	<p>No - In Progress</p>	<p>There is an Early Implementer programme for the integration of intermediate care and reablement which is currently piloting a joint care assessment tool and currently developing a Trusted Assessor model for rollout in September 2015. Once completed, the aim is for these tools to be adopted across the city and to be fully implemented by March 2016. There is joint approach to assessment in the neighbourhood's multi-disciplinary teams. The design and implementation for 'Neighbourhood Teams' across the city is taking place in the latter half of 15-16.</p>
<p>6) Is an agreement on the consequential impact of changes in the acute sector in place?</p>	<p>No - In Progress</p>	<p>The BCF non-elective reduction targets have been shared with Manchester's acute providers to show the nationally required reductions. Strategic targets were agreed for acute services but need refreshing with reinvestment assumptions (this does not include Mental Health inpatients). Providers have considered the implications of the BCF schemes on the services it provides and are working jointly with the CCG and other providers to achieve these goals, however, detailed evaluation of the schemes and their effectiveness has not been conducted as yet due to the timing of implementation of a number of schemes.</p>

Narrative

The non elective admission baselines are being refreshed in line with CCG operational plans and recent liaison with NHS England.

The BCF pool for 2015/16 is £43.861m which is slightly higher than the BCF submission and the mandatory minimum contribution as specified by NHS England due an additional contribution from Manchester City Council of £1.771m from Public Health.

Greater Manchester Devolution

Greater Manchester Devolution will be a vehicle to progress the objectives relating to the Better Care Fund. The vision is that by 2020, the people who live in Greater Manchester will be benefiting from greater prosperity and a better quality of life resulting from our new model connecting our people and our talent across a greener city region. To achieve these ambitions, we will move from the authorities loosely working together on specific projects, in particular parts of Greater Manchester, to formally collaborating to integrate and co-ordinate services in new ways to tackle some of the major health, housing, work and other challenges we face in our region. This will allow us to have a bigger impact, more quickly, on the health, wealth and wellbeing of GM people by being far freer to respond to what local people want; using their experience and expertise to help change the way we spend the money.

Health and social care are a large part of this work and, following the wider agreement, NHS England the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts developed a plan for further joining up and integration of health and social care.

The strategic objectives relating to the health and social care devolution are:

- Improve the health and wellbeing of all of the residents of Greater Manchester from early age to older people, recognising that this will only be achieved with a focus on the prevention of ill health and the promotion of wellbeing.
- Move from having some of the worst health outcomes to having some of the best.
- Close the health inequalities gap within GM and between GM and the rest of the UK faster.

A key component of the Strategic Plan will be to identify new models of care across all settings including:

- A radical upgrade in prevention and Public Health;
- Realisation of the capacity and potential of assets and people in our communities;

- The transformation of integrated community based care and support ;
- The transformation of mental health care and support;
- The transformation of primary care;
- Safe transition to new models of hospital care (including specialist services);
- The radical acceleration of discovery, innovation and spread.

Alongside these will be the work on key enablers including:

- Organisational and Leadership Development
- Workforce Transformation
- Information, data sharing and digital integration

Key Principles

The NHS will still be responsible for keeping people safe and delivering the NHS Mandate and Constitution to all our residents.

Greater Manchester will remain within the NHS and social care system – this will give us the chance to further lead the way with new models of care suggested in the 2014 Five Year Forward View, building on what's already happening.

Formal consultation will continue to be a legal duty when the NHS considers changes to services and clinicians will continue to be at the forefront of decisions about health.

Statutory bodies such as Healthwatch will continue to be highly involved in decision making.

There will be no new layer of government and resources will not be taken away from the front line to support this.

CCGs and Councils will keep their existing accountabilities, legal obligations and funding.

There will be no requirements for NHS reorganisation.