Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 11 November 2015

Subject: Better Care Fund Performance Quarter 1 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 Guidance for the Operationalisation of the BCF in 2015/16 was published on the 20th March 2015. CCGs and Local Authorities have been requested to use the quarterly reporting template, distributed as part of the guidance, to be submitted NHS England at 5 points in the year. Due to the submission dates not being aligned to the Health and Wellbeing Boards, delegated approval was granted to the Strategic Director for Families, Health and Wellbeing on the 8th July 2015.

The purpose of this report is to provide the Health and Wellbeing Board with an outline of the template submitted for Better Care Fund Quarter 1 2015/16 performance.

This report sets out the response to the six sections of the performance template:

- Budget Arrangements;
- National Conditions;
- Non Elective and Payment for Performance;
- Income and Expenditure;
- Local Metrics and;
- Understanding Support Needs.

Recommendations

The Board is asked to note the report.

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: • 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 Monitoring 2015/16 – Report to Health and Wellbeing Board, 8th July 2015.
- 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 CCGs and Local Authorities have been requested to use the quarterly reporting template distributed as part of the guidance. 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

1.5 The submission dates do not coincide in a timely way with the Health and Wellbeing Board meetings. 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 resulted in the recommendation for delegated approval to the Strategic Director for Families, Health and Wellbeing, in consultation with City Wide Leadership Group which was approved on the 8th July 2015.

1.6 The purpose of this report is to provide the Health and Wellbeing Board with an outline of the template submitted for Better Care Fund Quarter 1 2015/16

performance, as set out in the guidance published by NHS England on the 20th March.

1.7 This data collection template for Quarter 1 2015-16 focused on:

- **Budget Arrangements** - this tracks whether Section 75 agreements are in place for pooling funds;
- **National Conditions** - checklist against the national conditions as set out in the Spending Review;
- **Non Elective and Payment for Performance** - this tracks performance against non elective ambitions and associated payment for performance payments;
- **Income and Expenditure** - this tracks income into, and expenditure from, pooled budgets over the course of the year;
- **Local Metrics** - this tracks performance against the locally set metric and locally defined patient experience metric in BCF plans, and;
- **Understanding Support Needs** - this asks what the key barrier to integration is locally and what support might be required.

2. Budget Arrangements Section

2.1. This section plays back the response to the question regarding Section 75 agreements from the 2014-15 Quarter 4 submission. The question is “Have the funds been pooled via a s.75 pooled budget?” of which the answer was Yes in 2014-15 Quarter 4 submission and thus stays the same.

3. National Conditions Section

3.1. This section required confirmation on whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of the plan.

3.2. The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed - The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending) - Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14.

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends - Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number - The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

   Local areas should:

   - confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
   - confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
   - ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

5) 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 - Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be

accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector - Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

3.3 The template set out the six conditions and required to confirm 'Yes', 'No' and 'No - In Progress' that these conditions are on track. If 'No' or 'No - In Progress' was selected then a target date when the condition is expected to be met was inserted. Further detail was provided in the comments box what the issues are and the actions that are being taken to meet the condition.

3.4 Two of the National Conditions moved from ‘in progress’ to completed compared to the 2014-15 Quarter 4 submission:

- Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?
- Is the NHS Number being used as the primary identifier for health and care services?

3.5 The response to the six national conditions can be seen in the table below:

Condition	Response	Estimated date of the condition being met	Comment
1) Are the plans still jointly agreed?	Yes		
2) Are Social Care Services (not spending) being protected?	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes		BCF is being used to fund the 7 day working arrangements as well as the use of SRG monies. Further work is required at present to better improve co-ordination of activities that are required to meet the objective in full
4) In respect of data sharing confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		Social care system input now updated to include the health identifier where there are integrated processes. ICT Care System upgrades are being developed to further expand the scope of integration to include health details.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		There is an enabling IM&T workstream which is tasked at reviewing and making recommendations on the systems/compatibility across the city
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		
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?	No - In Progress	31st March 2016	There is an Early Implementer programme for the integration of intermediate care and reablement which will use a joint care assessment tool and a Trusted Assessor model, launch date 1st September 2015. The objective 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 neighbourhoods multi disciplinary teams. A Practitioner Design Team has been set up for design and implementation of 'Neighbourhood Teams' across the city.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	No - In Progress	31st March 2016	Pooled budget options & risk sharing arrangements are being considered and developed.

4. Non Elective and Payment for Performance

4.1. This section tracks performance against non elective ambitions and associated payment for performance payments. The latest figures for planned activity and costs were provided along with a calculation of the payment for performance payment that should have been made for Quarter 4 2014/15.

4.2. For the period 1 January 2015 to 30 June 2015, the Manchester non elective reduction target has not been achieved, with a 3.6% cumulative over-performance (or 1,101 admissions) above targeted levels.

4.3. However, it should be noted that overall levels of admissions have not increased substantially above actual outturn for the same period in 2014, with only 0.2% total 'growth', or 49 additional admissions in the first six months of 2015.

4.4. Non elective admissions relating to patients registered with 'non-Manchester Clinical Commissioning Groups' contribute to the performance of the Manchester Health and Wellbeing Board. Such activity has remained largely flat over the six month period (with a small increase of nine non elective admissions, which is negligible however for monitoring and reporting purposes).

4.5. Based upon the performance against target in the first two quarters of 2015, it is unlikely that the remaining two quarters will secure sufficient admission reductions in order to deliver the full year target of to reduce non elective admissions by 3.5% (2,180 admissions) by 31 December 2015.

4.6. £1.5m of the NEL risk reserve has been released to date and therefore unavailable for investment in new integration schemes at this stage.

5. Income and Expenditure Section

5.1. This section tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

- Planned and forecast income into the pooled fund for each quarter of the 2015/16 financial year
- Confirmation of actual income into the pooled fund in Quarter 1
- Planned and forecast expenditure from the pooled fund for each quarter of the 2015/16 financial year
- Confirmation of actual expenditure into the pooled fund in Quarter 1

5.2. The response can be seen in the table below:

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan
Plan	£10,965,250	£10,965,250	£10,965,250	£10,965,250	£43,861,000
Forecast	£10,965,250	£10,965,250	£10,965,250	£10,965,250	
Actual*	£10,965,250				
Variance	£0				

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan
Plan	£10,784,453	£10,896,104	£10,923,288	£11,257,245	£43,861,090
Forecast	£10,192,329	£10,535,052	£11,171,050	£11,962,290	
Actual*	£10,192,329				
Variance	-£592,124				

5.3. The slippage in Quarter 1 expenditure against planned spend is due to Disabled Facilities Grants for major adaptations (£449k) and New Delivery Models (£143k). The year end forecast is breakeven.

6. Local Metrics Section

6.1. This section tracks performance against the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In both cases the metric is set out as defined in the approved plan and the following information is required for each metric:

- Confirmation of planned performance for each quarter of 2015-16 (against the metric being tracked locally - whether the same as within the plan or not)
- Confirmation of actual performance for Quarter 1 2015-16 (against the metric being tracked locally - whether the same as within the plan or not)
- Commentary on progress against the metric and details of any changes to the metric including reference to reasons for changing

6.2. The local performance metric described in the approved BCF plan is the 'Estimated Diagnosis Rate for People with Dementia'. The reporting frequency for this metric is annual.

The baseline figure for 13/14 as per the submission was 55.48%. In 14/15, the position has improved to 66.8%, just slightly behind the plan of 67.02%. From 1st April 2015, changes were introduced to the dementia prevalence calculation; as a result no data has yet been made available for 15/16.

6.3 The second local performance metric described in the approved BCF plan is the 'proportion of people reporting that they have a written care plan' was our patient experience metric in the approved BCF plan. Surveys are completed twice annually in January & July. This metric is currently on target.

7. Understanding Support Needs Section

7.1. This section asks what the key barrier to integration is locally and what support might be required in delivering the six key aspects of integration set out previously. This section builds upon the information collected through the BCF Readiness Survey in March 2015. The questions asked were to:

- Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plan
- Confirm against each of the six themes whether they would welcome any support and if so what form they would prefer support to take

7.2 The six themes of integration identified as the greatest challenge or barrier to the successful implementation by NHS England are:

1. Leading and managing successful better care implementation

2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships

7.3 The theme selected as the biggest barrier of challenge to delivering the BCF for Manchester was 'Measuring Success'.

7.4 For all six themes, we indicated that we welcome support with any particular area of integration, and selected the preferred medium that the support might take, as per below:

Theme	**Preferred support medium**
1. Leading and Managing successful better care implementation	Case studies or examples of good practice
2. Delivering excellent on the ground care centred around the individual	Peers to peer learning / challenge opportunities
3. Developing underpinning integrated datasets and information systems	Hands on technical or delivery support
4. Aligning systems and sharing benefits and risks	Access to technical expertise to troubleshoot issues
5. Measuring success	Hands on technical or delivery support
6. Developing organisations to enable effective collaborative health and social care working relationships	Workshops or other face to face learning opportunities

8. Summary

8.1. The Better Care Fund Quarter 1 performance template was submitted to NHS England within the deadline and was fully populated.

8.2. Two of the National Conditions moved from 'in progress' to completed compared to the 2014-15 Quarter 4 submission. The two conditions 'in progress' with a completion date of 31st March 2016 are:

- 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 changes in the acute sector.

8.3. For the period 1 January 2015 to 30 June 2015, the Manchester non elective reduction target has not been achieved, with a 3.6% cumulative over-performance (or 1,101 admissions) above targeted levels.

8.4. The completed income and expenditure statement showed slippage of £592k as at Quarter 1 2015/16 mainly due to spend to date against the Disabled Facilities Grant and a forecast breakeven position for the year.

8.5. From the six themes outlined as barriers of challenge to delivering the Better Care Fund, the theme selected was ‘Measuring Success’.

8.6. The BCF data collection for Quarter 2 2015-16 will focus on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics.