

Manchester Health and Wellbeing Board Report for Information

Report to: Health and Wellbeing Board – 9 March 2016

Subject: Better Care Fund Performance Quarter 3 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 five points in the year. Due to the submission dates not being aligned to the Health and Wellbeing Boards, delegated approval to submit returns 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 overview of the template submitted for Better Care Fund Quarter 3 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;
- National / local metrics;
- New Integration 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 supports the integration of health and social care.
Providing the best treatment we can to people in the right place at the right time	Funding for the testing of service delivery models to improve outcomes for the five priority cohort groups for Manchester's Living Longer Living Better Programme is provided through the Better Care Fund.
Turning round the lives of troubled families	The priority cohorts are:
Improving people's mental health and wellbeing	<ul style="list-style-type: none"> • Frail elderly and dementia
Bringing people into employment and leading productive lives	<ul style="list-style-type: none"> • Adults with long term conditions • Children with long term conditions
Enabling older people to keep well and live independently in their community	<ul style="list-style-type: none"> • Complex needs • End of life

Lead board member: Hazel Summers

Contact Officers:

Carol Culley
Deputy City Treasurer
0161 234 3406
c.culley@manchester.gov.uk

Joanne Newton
Director of Finance, Manchester Clinical Commissioning Groups
0161-765-4201
joanne.newton6@nhs.net

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 Performance Quarter 2 2015/16 – Report to Health and Wellbeing Board, 13th January 2016.
- Better Care Fund Performance Quarter 1 2015/16 – Report to Health and Wellbeing Board, 11th November 2015.

- 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 requirements for the 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. The Health and Wellbeing Board has delegated approval to submit returns from the Strategic Director for Families, Health and Wellbeing, in consultation with City Wide Leadership Group.
- 1.6. The purpose of this report is to provide the Health and Wellbeing Board with an overview of the template submitted for BCF Quarter 3 2015/16 performance.

1.7 The data collection template for Quarter 3 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;
- **New Integration Metrics** - These relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care and;
- **Understanding Support Needs** – This section re-asks the questions on support needs that were first set out in the BCF Readiness Survey in March 2015.

2. Budget Arrangements

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

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

3.2. The template sets 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 on any key issues and the actions that are being taken to meet the condition.

3.3. Four of the National Conditions, detailed in the BCF planning guidance, are on track to be met through the delivery of the plan. These conditions are:

- Plans to be jointly agreed
- Protection for social care services (not spending)
- 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

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

3.4. Two of the National Conditions are 'in progress', with a completion date of 31st March 2016 and the following comments:

- **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?**

A Practitioner Design Team (PDT) was formed at the beginning of August this year; in order design the new integrated care teams. The Targeted Operating Models (TOMs) are to be signed off by Partners by the 31st March 2016 to enable the implementation plan to be rolled out from quarter 1 of 2016/17. This is building on approaches that are already in place in the City which have a joint approach to assessments and care planning for integrated packages of care, and there is an accountable professional.

- **Is an agreement on the consequential impact of changes in the acute sector in place?**

Pooled budget for 2016/17 is to include 'phase 1' of the One Team services in scope. Risk sharing arrangements and governance are being considered and being developed as part of the One Team Contract.

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 3, 2015/16.
- 4.2. For the period 1 January 2015 to 31 December 2015, the Manchester non elective reduction target has not been achieved, with a 3.8% cumulative over-performance (or 2,353 admissions) above targeted levels.
- 4.3. However, it should be noted that overall levels of admissions have not increased substantially above 2014 outturn, with 0.3% total 'growth', or 173 additional admissions in 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 increased by 2% over the nine month period (57 admissions).
- 4.5. The Manchester Health and Wellbeing Board target to reduce non-elective admissions by 3.5% has not been achieved in 2015. The risk reserve of £3.2m has therefore been unavailable for investment in new integration schemes; resources instead being used to pay acute providers for emergency admissions.

- 4.6. The Council's risk reserve, held within the BCF pooled budget, has been released to support residential and nursing admissions and home care packages.
- 4.7. Refreshed targets for 2016/17 to 2020/21 will be need to be calculated and agreed based upon:
- Consideration of the strategic planning assumptions approved by the Health and Wellbeing Board in January 2015, i.e. a cumulative net 10% reduction in hospital admissions;
 - 2015/16 baseline admissions;
 - The 'Locality Plan' financial model (particularly relating to the profile for delivery of savings);
 - Consideration of BCF and other programmes' contributions (to date and future) towards reducing admission levels across the City; and
 - Alignment of providers' and commissioners' plans through the Sustainability and Transformation Plan.

5. Income and Expenditure

- 5.1. This section tracks income into and expenditure from the pooled budget 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 3
 - 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 3
- 5.2. The response can be seen in the table below:

Income	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total
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	£43,861,000
Actual	£10,965,250	£10,965,250	£10,965,250		
Variance	£0	£0	£0		
Expenditure	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total
Plan	£10,784,453	£10,896,104	£10,923,288	£11,257,245	£43,861,090
Forecast	£10,192,329	£10,773,675	£11,148,360	£11,746,726	£43,861,090
Actual	£10,192,329	£10,773,675	£11,108,360		
Variance	-£592,124	-£122,429	£185,073		

- 5.3. The overspend in Quarter 3 expenditure against planned spend is due to Disabled Facilities Grants for major adaptations (£191k) spend being accelerated, cumulative underspend of £529k. The year end forecast is breakeven.

6. National / Local Metrics

- 6.1. This section tracks performance against the two national metrics, the locally set metric and locally defined patient experience metric submitted in the approved BCF plan.
- 6.2. The first national metric described in the approved BCF plan is the percentage change in rate of permanent admissions to residential care per 100,000. The response to the information requirements for this metric were:
- On track for improved performance, but not to meet full target.
 - The original target was based on the Adult Social Care Outcomes Framework (ASCOF) reporting for 2014/15 which has since changed to Short- and Long-Term (SALT) return. Bearing this in mind, it had been raised that the measure being used may not be fully in line with the original baseline. On the basis of SALT reporting, quarter 3 cumulative admissions totalled 185 which exceeded the target of 162 to date.
- 6.3. The second national metric described in the approved BCF plan is the change in the annual percentage of people still at home after 91 days following discharge which relates to reablement. The response to the information requirements for this metric were:
- On track to meet target.
 - The current position shows that we exceeding the target on a monthly basis for 2015/16 except for August where there was a marginal underachievement. Average for the year is 78.18% against a target of 72.88%.
- 6.4. 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 response to the information requirements for this metric were:
- On track for improved performance, but not to meet full target.
 - Information has been taken from Health and Social Care Information Centre (HSCIC) - Quality and Outcomes Framework (QOF) August 2015. The August actual was 2,840 against a target of 3,020. This is an improvement against 2014 data.
- 6.5. The locally defined patient experience metric described in the approved BCF plan is the 'proportion of people reporting that they have a written care plan'. Surveys are completed twice annually in January and July.
- On track to meet target.
 - The latest information from the GP Patient experience survey publications show that this target of 4% is being met.

7. New Integration Metrics

7.1. This section includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. These metrics are still in draft form.

7.2. Appendix 1 provides a breakdown of questions and corresponding responses for the new integration metrics.

8. Understanding Support Needs

8.1. This section re-asks the questions on support needs that were first set out in the BCF Readiness Survey in March 2015. The Better Care Support Team is keen to collect this data every six months to chart changes in support needs. The information collected will be used to inform plans for ongoing national and regional support in 2016-17.

8.2. The section asks what the key barrier to integration is locally and what support might be required in putting in meeting the six key areas of integration set out previously. Questions and responses are set out below:

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

Theme	Interested in support?	Preferred support medium
1. Leading and Managing successful better care implementation	No	
2. Delivering excellent on the ground care centred around the individual	No	
3. Developing underpinning integrated datasets and information systems	Yes	Central guidance or tools
4. Aligning systems and sharing benefits and risks	Yes	Case studies or examples of good practice
5. Measuring success	Yes	Case studies or examples of good practice
6. Developing organisations to enable effective collaborative health and social care working relationships	No	

9. Summary

9.1. The BCF Quarter 3 performance template was submitted to NHS England within the deadline and was fully populated.

- 9.2. Two of the National Conditions are 'in progress' with a completion date of 31st March 2016 which 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.
- 9.3. For the period 1 January 2015 to 31 December 2015, the Manchester non elective reduction target has not been achieved, with a 3.8% cumulative over-performance (or 2,353 admissions) above targeted levels.
- 9.4. The Manchester Health and Wellbeing Board target to reduce non-elective admissions by 3.5% has not been achieved in 2015. The risk reserve has therefore been unavailable for investment in new integration schemes (resources instead being used to pay acute providers for emergency admissions).
- 9.5. The completed income and expenditure statement showed an overspend of £185k in Quarter 3 2015/16, cumulative underspend of £529k, due to spend to date against the Disabled Facilities Grant.

Appendix 1 – Proposed Metric Responses

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API
From Hospital	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API
From Social Care	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API
From Community	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API
From Mental Health	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API
From Specialised Palliative	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	Live	Live	Live	Live
Projected 'go-live' date (dd/mm/yy)						

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the beginning of the quarter	137
Rate per 100,000 population	26
Number of new PHBs put in place during the quarter	9
Number of existing PHBs stopped during the quarter	8
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	43%
Population (Mid 2015)	522,148

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - in most of the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - in most of the Health and Wellbeing Board area