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

**Report to:** Manchester Health and Wellbeing Board – 8 June 2016

**Subject:** Better Care Fund Performance Quarter 4 2015/16

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

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## 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 20<sup>th</sup> 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 8<sup>th</sup> 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 4 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;
- Year End Feedback.

## Recommendations

The Board is asked to note the report.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
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"><li>• Frail elderly and dementia</li></ul>
Bringing people into employment and leading productive lives	<ul style="list-style-type: none"><li>• Adults with long term conditions</li><li>• Children with long term conditions</li></ul>
Enabling older people to keep well and live independently in their community	<ul style="list-style-type: none"><li>• Complex needs</li><li>• End of life</li></ul>

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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 Performance Quarter 3 2015/16 – Report to Health and Wellbeing Board, 9<sup>th</sup> March 2016.
- Better Care Fund Performance Quarter 2 2015/16 – Report to Health and Wellbeing Board, 13<sup>th</sup> January 2016.

- Better Care Fund Performance Quarter 1 2015/16 – Report to Health and Wellbeing Board, 11<sup>th</sup> November 2015.
- Better Care Fund Monitoring 2015/16 – Report to Health and Wellbeing Board, 8<sup>th</sup> 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, 5<sup>th</sup> November 2014
- Better Care Fund – Report to Health and Wellbeing Board, 10<sup>th</sup> 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 4 2015/16 performance.

1.7 The data collection template for Quarter 4 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;
- **Income and Expenditure** - this tracks income into, and expenditure from, pooled budgets over the course of the year;
- **National and 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;
- **Year End Feedback** – This section provides an opportunity to give additional feedback on the progress in delivering the BCF in 2015/16 through a number of survey questions. The purpose of the survey is to provide an opportunity for local areas to consider the impact of the first year of the BCF and to feed this back to the national team to review the overall impact across the country. There are a total of 12 questions.

**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. Four of the National Conditions, detailed in the BCF planning guidance, have been 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
- 3.3. Two of the National Conditions are outstanding with the following comments provided:

- **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?**

The Targeted Operating Model (TOMs) have been signed off by Partners to enable the implementation plan to be rolled out from quarter 2 of 2016/17. The Manchester Provider Group are putting the processes in place to implement the models in 12 neighbourhood hubs. The first hub is expected to go live on 1st July with others to follow throughout the year. There is dependency on IMT and Estates which has impeded on implementation. 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 which will run in shadow form in 2016/17.

#### 4. Income and Expenditure

4.1. This section tracks income into and expenditure from the pooled budget over the course of the year. The Better Care Fund is breakeven as at the 31<sup>st</sup> March 2016.

4.2. The financial position can be seen in the table below:

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	£11,786,726	£43,861,090
Variance	-£592,124	-£122,429	£185,073	£529,481	£0

#### 5. National / Local Metrics

5.1. 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. A breakdown of the submission can be found in appendix 1.

5.2. The non elective and payment for performance section did not require completing for this submission as the activity monitored against the target and the associated payment for performance was completed in quarter 3. Overall Manchester hasn't achieved the non elective target and has released the risk reserve £3.159m.

- 5.3. The submission did require the activity performance for quarter 4 which was 15,564. Quarter 4 performance has improved compared to previous quarters and for the first time Manchester is under plan by 246 admissions in the quarter.

## **6. New Integration Metrics**

- 6.1. 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.
- 6.2. Appendix 2 provides a breakdown of questions and corresponding responses for the new integration metrics.

## **7. Year End Feedback**

- 7.1. This section provides an opportunity to give additional feedback on the progress in delivering the BCF in 2015/16 through a number of survey questions. The purpose of the survey is to provide an opportunity for local areas to consider the impact of the first year of the BCF and to feed this back to the national team review the overall impact across the country.
- 7.2. The survey was split into 2 parts, part 1 focussed on the delivery of the Better Care Fund, part 2 on the successes and challenges.
- 7.3. The responses were as follows:

Statement:	Response:	Comments:
1. Our BCF schemes were implemented as planned in 2015-16	Strongly Agree	Good collaboration in design and delivery, developed in the context of Manchester's Locality Plan - a Healthier Manchester
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Ongoing development work associated with health and care devolution and building up the strengthened ambition. BCF framework is assisting in strengthening our approach.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Neither agree nor disagree	Struggled to identify cause and effect
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Neither agree nor disagree	Struggled to identify cause and effect
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Strongly Agree	Overachieved target
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Disagree	Not been able to reduce the number of R&N placements, work is ongoing looking at different models
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	See comments above. BCF assisted in early stage shaping of our ambitious integration programme incorporated in our Locality Plan which details our approach to securing an integrated health and care system.
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Neither agree nor disagree	Further work to strengthen the risk sharing arrangements needs to be completed
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Neither agree nor disagree	Further work to strengthen the risk sharing arrangements needs to be completed
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Strongly Agree	

	Response - Please detail your greatest successes	Response category:
Success 1	Enabled the North Early Implementer for the integration of intermediate care and reablement which is now being rolled out across the city	2.Delivering excellent on the ground care centred around the individual
Success 2	Enabled the piloting of integrated neighbourhood at a small scale which is now being rolled out to included the majority of community services and social work.	2.Delivering excellent on the ground care centred around the individual
Success 3	Developed datasets to allow for the creation of neighbourhood profiles to inform neighbourhood capacity plans, resource deployment and will be used to determine additional resource requirements going forward to meet the shift from in hospital to out of hospital	3.Developing underpinning integrated datasets and information systems

	Response - Please detail your greatest challenges	Response category:
Challenge 1	Evaluation has been difficult as struggled to determine cause and effect within the system therefore difficult to implement a robust risk sharing arrangements and valid evaluation.	4.Aligning systems and sharing benefits and risks
Challenge 2	Achieving the non elective target to enable the risk reserve to be released for further development.	7.Other - please use the comment box to provide details
Challenge 3	Working in a complex system with 4 providers, 3 CCGs and 1 LA and releasing resources / capacity to enable design and implementation at scale and pace.	1.Leading and Managing successful better care implementation

- 7.4 Supplementary narrative was provided around performance on Delayed Transfers of Care (DTOC) and the BCF evaluation exercise as follows:
- DTOC targets are not being met in 2015/16. The BCF for 2016/17 will have an action plan to focus on reducing DTOCs. Revised governance has been established in relation to Urgent Care of which DTOC then is a sub-set and will get a strengthened city wide focus.
  - Evaluation of the BCF 2015/16 has taken place by partially adopting the methodology issued by the Better Care Support Team. The evaluation was difficult to complete due to only one Partner consistently using the investment review template as per the S75. None compliance is due to several reasons such as the template is cumbersome to complete, internal evaluation regimes are preferred or a lack of process between commissioner and provider. To strengthen the evaluation process, a Joint Finance Group has been established which consists of a small team for which one of their objectives will be to discuss and review the S75 investment review templates and develop a consistent process for liaising with Providers to complete documentation in the future. The Joint Finance Group will make recommendations to strengthen the evaluation process from an analytical perspective. This should be aided by the development of the outcomes framework for the One Team.

## **8. Summary**

- 8.1. The BCF Quarter 4 performance template was submitted to NHS England within the deadline and was fully populated.
- 8.2. Two of the National Conditions are outstanding:
- 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. 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).

## Appendix 1 – National / Local Metric Response

<b>Admissions to residential Care</b>	<b>% Change in rate of permanent admissions to residential care per 100,000</b>
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Cumulative admissions total 369 which exceed the cumulative target of 278 to date.
<b>Reablement</b>	<b>Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16</b>
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Saw a drop off in performance in January and February but for the year the performance rate is 77.04% against the planned 72.88%.
<b>Local performance metric as described in your approved BCF plan</b>	<b>Estimated Diagnosis Rate for People with Dementia</b>
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Information taken from the 'Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - March 2016 data collection. March actual is 2912 which is higher than the last dataset but is not meeting the target of 3020.
<b>Local defined patient experience metric as described in your approved BCF plan</b>	<b>The proportion of people reporting that they have a written care plan was our patient experience metric in the approved BCF plan.</b>
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The latest information from the GP Patient experience survey publications show that the target of 4% is being met.

## Appendix 2 – Proposed Metric Response

### 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					
From Hospital	Shared via Open API					
From Social Care	Shared via Open API					
From Community	Shared via Open API					
From Mental Health	Shared via Open API					
From Specialised Palliative	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	143
Rate per 100,000 population	27

  

Number of new PHBs put in place during the quarter	9
Number of existing PHBs stopped during the quarter	3
Of <b>all</b> residents using PHBs at the <b>end</b> of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	57%

  

Population (Mid 2015)	526,407
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### 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 <b>non-acute</b> 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 <b>acute</b> setting?	Yes - in most of the Health and Wellbeing Board area