

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

Report to: Manchester Health and Wellbeing Board – 2 November 2016

Subject: Better Care Fund Performance Quarter 1 2016/17

Report of: 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 overview of the template submitted for Better Care Fund Quarter 1 2016/17 performance.

This report sets out:

The response to the six sections of the performance template:

- Budget arrangements;
- National conditions;
- Income and expenditure;
- Supporting metrics;
- Additional measures and;
- Narrative.

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. 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	

Lead board member: Hazel Summers

Contact Officers:

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

Joanne Newton
Chief Financial Officer (North, South and Central 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.

- One Team Pooled Budget and BCF 2016/17 and Better Care Fund Performance Quarter 4 2015/16 – Report to Health and Wellbeing Board, 8th June 2016.
- One Team Pooled Budget and BCF Planning Requirements 2016/17 and Better Care Fund Performance Quarter 3 2015/16 – Report to Health and Wellbeing Board, 9th March 2016.
- Better Care Fund Planning Requirements for 2016/17 (Technical Guidance Annex 4) - Department of Health and the Department for Communities and Local Government
- Better Care Fund: Policy Framework - Department of Health and the Department for Communities and Local Government
- Pooled Budget 2016/17 and 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 Delivery of the Manchester Locality Plan is underpinned by:

- implementation of an integrated commissioning function;
- delivery of a single hospital service; and
- delivery of integrated health and social care services via the One Team approach.

1.2 Commissioning partners have plans in place to implement the proposals for the scope of phase one of One Team from 1 April 2016. A key enabler to the delivery of the City's 'One Team' aspiration is the expansion of the pooled fund beyond the initially mandated sums relating to the Better Care Fund (BCF).

1.3 The Health and Wellbeing Board (HWB) received a report at the meeting on 8 June 2016 providing an overview the template submitted to NHS England for the expanded Pooled Fund 2016/17.

1.4 There is no national assurance process for plans in 2016/17. Instead regional teams, for Manchester the GM Devolution Team, work with the Better Care Fund Support Team to provide assurance to the national Integration Partnership Board that high quality plans are in place which meets national policy requirements and have robust risk sharing agreements where appropriate. **Manchester's Plan has been approved.**

1.5 The Health and Wellbeing Board has delegated approval to submit returns to the Strategic Director for Families, Health and Wellbeing, in consultation with the Joint Director, Health and Social Care Integration.

1.6 The data collection template for Quarter 1 2016/17 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;
- **Supporting Metrics** - this tracks performance against the two national metrics, a delayed transfers of care (DTOC) metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.
- **Additional Measures** - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care and;
- **Narrative** – this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

2. Budget Arrangements

- 2.1 This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement for which the answer is 'Yes' for Manchester.

3. National Conditions

- 3.1. This section requires confirmation on whether the eight national conditions detailed in the BCF Policy Framework 2016/17 and BCF Planning Guidance 2016/17 have been met through the delivery of the plan at the time of completion.
- 3.2. Six 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
 - Maintain provision of social care services
 - In respect of 7-day services:
 - i. Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.
 - ii. Availability of support services, both in the hospital and in primary, community and mental health settings seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review.
 - In respect of data sharing:
 - i. The NHS Number being used as the consistent identifier for health and social care services.
 - ii. Pursuing Open APIs (i.e. system that speak to each other)?
 - iii. Appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance.
 - iv. People have clarity about how data about them is used, who may have access and how they can exercise their legal rights.
 - 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 to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

3.3. Two of the National Conditions are outstanding with the following comments provided:

Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

Risk sharing arrangements and governance are in place as per the Section 75 agreement. A more sophisticated approach to strengthen risk share arrangements is being developed for implementation in 2017/18.

Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan

There are DTC plans across the city plus the local system is currently in the planning stages with providers to develop a citywide approach and share best practice. Completion date 31 December 2016

4. Income and Expenditure

4.1. 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 2016/17 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 2016/17 financial year
- Confirmation of actual expenditure into the pooled fund in Quarter 1

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

Income	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total
Plan	£21,577,370	£21,577,370	£21,577,370	£21,577,370	£86,309,482
Forecast	£21,577,370	£21,577,370	£21,577,370	£21,577,370	£86,309,482
Actual	£21,577,370				
Variance	£0				
Expenditure	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total
Plan	£21,607,717	£21,567,201	£21,567,201	£21,567,362	£86,309,482
Forecast	£20,659,303	£20,987,843	£21,890,936	£22,821,190	£86,359,273
Actual	£20,659,303				
Variance	£-948,414				

4.3. The pooled budget has increased from £85.793m, as reported to Health and Wellbeing Board on 8 June 2016, to £86.309m. This is due to an allocation of pay inflation by the City Council to adult social care.

- 4.4. The slippage in Quarter 1 expenditure against planned spend is due to Disabled Facilities Grants for major adaptations (£948k). The year end forecast is breakeven.

5. Supporting Metrics

- 5.1. This section tracks performance against the national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

- An update on indicative progress against the six metrics for Quarter 1 2016-17
- Commentary on progress against each metric

- 5.2. A national metric described in the approved BCF plan is the rate of permanent admissions to residential care per 100,000 population (65+). The response to the information requirements for this metric were:

- On track for improved performance, but not to meet full target
- 73 actual placements versus a target of 65.

Performance has improved from 2015/16. Average quarterly number of placements in 2015/16 was 92 against the same target of 65.

- 5.3. A national metric described in the approved BCF plan is the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. The response to the information requirements for this metric were:

- No improvement in performance
- 70% actual against a target of 78%. June saw a significant decrease in performance which has affected the overall quarter 1 performance.

The target for 2016/17 has increased from 2015/16 due to over performance throughout 2015/16. The target has been set at 2015/16 levels.

- 5.4. A national metric described in the approved BCF plan is the reduction in non-elective admissions. The response to the information requirements for this metric were:

- On track for improved performance, but not to meet full target
- Based on the monthly activity return (MAR), activity is over plan by 482 admissions

The under performance of this metric is in line with the activity variances seen in 2015/16.

- 5.5. A national metric described in the approved BCF plan is the delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+). The response to the information requirements for this metric were:
- No improvement in performance
 - Actual performance of 1,521 against a target of 652. There is ongoing work across the City, mainly in the South of the City, due to a high proportion of delayed transfers of care as a result of a saturated homecare market and pressure on residential and nursing care.
- 5.6. The local performance metric described in the approved BCF plan is the estimated diagnosis rate for people with dementia. The response to the information requirements for this metric were:
- On track for improved performance, but not to meet full target
 - Actual performance of 63.26% against a target of 67.04%
- 5.7. The proportion of people reporting that they have a written care plan was our patient experience metric in the approved BCF plan. The response to the information requirements for this metric were:
- On track to meet target
 - Actual of 3.74% against a target of 3.99%. Based on July 2016 survey results

6. Additional Measures

- 6.1. This section includes 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 1 provides a breakdown of questions and corresponding responses for the measures.

7. Narrative

- 7.1 Supplementary narrative was provided around performance on delayed transfers of care (DTC), Locality Plan (3 pillars) and the GM Transformation Bid:

Performance in quarter 1 has been challenging mainly due to activity levels (DTC and Non Elective) across the City and the ability to react to the increase in demand. Ongoing work is being completed through the Locality Plan work.

The Locality Plan contains 3 key pillars which together will drive the radical transformation of health and care services to the residents of Manchester. These are mutually dependent and are:

- *A single commissioning system ('One Commissioning Voice') ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services. This approach will integrate spending across health and social care on high cost/high risk cohort, reducing duplication of service delivery and fragmentation of care;*
- *Local Care Organisation (LCO) 'One Team' delivering integrated and accessible out of hospital services through community based health, primary and social care services within neighbourhoods. Through the combining of resources residents will get integrated services, resulting in improved outcomes (holistic needs addressed) at reduced cost;*
- *A 'Single Manchester Hospital Service' delivering cost efficiencies and strengthened clinical services, with consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the City.*

The process for developing the models of care for the LCO will align with the development of Manchester's bid to the GM Transformation Fund for Health and Social Care. Releasing the investment needed for up-front costs and double-running will release significant savings from reductions in demand, and enable activity to shift from acute services to prevention and early intervention. The savings achieved will be in part used in future years to provide a sustainable source of investment funding beyond the initial funding from the GM Fund.

As the pace of change moves ever faster in Manchester, as does the need to develop joint plans. The aim is to develop a single integrated financial cycle by completing the following steps:

Step 1 – Shared Understanding - Trust and mutual understanding of financial issues will only be possible if the organisations move towards sharing information transparently (including risks, funding, commitments and potential future savings plans).

Step 2 – Due Diligence - proposal that partners agree to carry out due diligence procedures and risk assessments on respective 2016/17 financial plans, since these form the platform of the entire Locality Plan and it is critical that risks are understood and owned across the system.

Step 3 – Integrated Financial Cycle - Strong foundations resulting from the due diligence processes above will form the basis of future strategic and operational financial plans.

8. Summary

- 8.1. Manchester's BCF plan has been approved.
- 8.2. The pooled budget has increased from £85.793m, as reported to Health and Wellbeing Board on 8 June 2016, to £86.309m.

- 8.3. Compliance against two of the National Conditions are outstanding:
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
 - Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan
- 8.4. The completed income and expenditure statement showed slippage of £948k in Quarter 1 2016/17 due to spend to date against the Disabled Facilities Grant.
- 8.5. The Manchester Health and Wellbeing Board national and local metrics are not being met. Performance in quarter 1 has been challenging mainly due to activity levels (DTC and Non Elective) across the City and the ability to react to the increase in demand. Ongoing work is being completed through the Locality Plan work.

Appendix 1 – Additional Measures

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

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	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

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	Live	Live	Live	Live

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: Personal Health Budgets

Total number of PHBs in place at the end of the quarter	104
Rate per 100,000 population	19
Number of new PHBs put in place during the quarter	8
Number of existing PHBs stopped during the quarter	33
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	73%
Population (Mid 2016)	534,938

5. Proposed Measure: 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