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

**Report to:** Manchester Health and Wellbeing Board – 15 March 2017

**Subject:** Better Care Fund Performance Quarter 3 2016/17

**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 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 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

1. 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. The priority cohorts are: <ul style="list-style-type: none"> <li>• Frail elderly and dementia</li> <li>• Adults with long term conditions</li> <li>• Children with long term conditions</li> <li>• Complex needs</li> <li>• End of life</li> </ul>
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 Performance Quarter 1 2016/17 – Report to Health and Wellbeing Board, 2<sup>nd</sup> November 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

## 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 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 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.

1.4 The data collection template for Quarter 3 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 (DTC) 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 with plans during 2017/18 for further work on Whole Population Budgets and to strengthening of gain/risk sharing arrangements.

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

There are DTOC 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.

#### 4. Income and Expenditure

4.1. This section tracks income into and expenditure from the pooled budget over the course of the year. The financial position can be seen in the table below:

	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	£21,895,155	£22,767,181	£86,309,482
Actual	£20,639,707	£20,918,048	£21,870,030		
Variance	£-968,010	£-649,153	£302,829		

4.2. The increase in Quarter 3 expenditure against planned spend is due to Disabled Facilities Grants for major adaptations (£303k) which was underspent in Quarter 2, spend has increased later in the year as the Local Authorities were not informed of the increase in Grant until February 2016. 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 3 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
- 78 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:

- On track to meet performance
- 74.2% actual against a target of 77.8%.

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:

- No improvement in performance
- Based on the monthly activity return (MAR), activity is over plan by 2274 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 1,414 against a target of 496. 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 to meet performance
- Actual performance of 61.6% 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 (DTOC), Locality Plan (3 pillars) and the GM Transformation Bid:

*Performance in quarter 3 has been challenging mainly due to activity levels (DTOC 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 and the development of the care models for the LCO.*

*A proposal has been submitted to the Greater Manchester Health and Social Care Partnership Team for investment from the Greater Manchester Transformation Fund to support the transformation of services in Manchester until 2020/2021. This will lead to an Investment Agreements between Manchester partners and the Chief Officer of Greater Manchester Health and Social Care on behalf of NHS England.*

*The LCO Prospectus details our ambition for the delivery of community based out of hospital care through a Local Care Organisation (LCO). Commissioners see many benefits for the people of the city in bringing together and integrating health and care, and its contribution to, the financial and clinical sustainability of our health and care system.*

## 8. Summary

- 8.1. 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 (DTOC) and develop a joint local action plan

- 8.2. The Manchester Health and Wellbeing Board national and local metrics are not being met. Performance in quarter 3 has been challenging mainly due to activity levels (DTOC 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

<b>Improving Data Sharing: (Measures 1-3)</b>						
<b>1. Proposed Measure: Use of NHS number as primary identifier across care settings</b>						
	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
<b>2. Proposed Measure: Availability of Open APIs across care settings</b>						
<i>Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)</i>						
	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
<i>In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations</i>						
	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	Live	Live	Live	Live
Projected 'go-live' date (dd/mm/yy)						



<b>3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?</b>		
Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway	
<b>Other Measures: Measures (4-5)</b>		
<b>4. Proposed Measure: Number of Personal Health Budgets per 100,000 population</b>		
Total number of PHBs in place at the end of the quarter	89	
Rate per 100,000 population	16.6	
Number of new PHBs put in place during the quarter	8	
Number of existing PHBs stopped during the quarter	35	
Of <b>all</b> residents using PHBs at the <b>end</b> of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	59%	
Population (Mid 2016)	534,938	
<b>5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams</b>		
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	