

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

Report to: Manchester Health and Wellbeing Board – 5 July 2017

Subject: Better Care Fund Performance Quarter 4 2016/17

Report of: City Treasurer (Manchester City Council) and Chief
Financial Officer (Manchester 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 to NHS England and Better Care Fund Support Team for Better Care Fund Quarter 4 2016/17 performance.

This report sets out:

The response to the seven sections of the performance template:

- Budget arrangements;
- National conditions;
- Income and expenditure;
- Supporting metrics;
- Additional measures
- Year End Feedback 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	

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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, 2nd November 2016
- Better Care Fund Performance Quarter 3 2016/17 – Report to Health and Wellbeing Board, 15th March 2017
- 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

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
- delivery of integrated health and social care services via the One Team approach

1.2 The report is developed in line with the quarterly reporting requirements of NHS England and Better Care Fund Support Team.

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

1.4 The data collection template for Quarter 4 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
- **Year End Feedback** - This section provides an opportunity to give additional feedback on the progress in delivering the BCF in 2016/17 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
- **Additional Measures** - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care
- **Narrative** – this allows space for the description of overall progress on BCF plan delivery and performance against key indicators

1.5 Sections 2-8 below detail key points in each section.

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. All eight 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:
 - iii. The NHS Number being used as the consistent identifier for health and social care services
 - iv. Pursuing Open APIs (i.e. system that speak to each other)
 - v. Appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance
 - vi. 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 on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
 - Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

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

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:

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	£21,577,370	£21,577,370	£21,553,000	£86,285,110

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	£21,895,155	£22,767,181	£86,309,482
Actual*	£20,639,707	£20,918,048	£21,870,030	£21,674,000	£85,101,785

4.2 The underspend in Quarter 4 and overall is in relation to the Disabled Facilities Grant. The Disabled Facilities Grant increased by £2.779m in 2016/17 and this notification was not provided until late in 2015/16, as a result of this the new delivery model took time to implement and to then embed as business as usual. Spend in Q3 and Q4 of 2016/17 accounted for 62% of the grant awarded. The aim is to prevent hospital admissions and ensure that properties are safe and healthy for hospital discharges

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 4 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
- 62 actual placements versus a target of 54

Performance has improved from 2015/16. Average quarterly number of placements in 2015/16 was 92 against the same target of 54.

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
- 72% 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 1,545 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 7,081 against a target of 2,401. Poor performance 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. There is ongoing work across the City, mainly in the South, to reduce delayed transfers of 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 for improved performance but not to meet the target
- Actual performance of 62.33% 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 (this is the latest published information available)

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 2016/17 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 and the development of the care models for the Local Care Organisation (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 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. Year End Feedback

8.1. This section provides an opportunity to give additional feedback on the progress in delivering the BCF in 2016/17 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 second year of the BCF and to feed this back to the national team review the overall impact across the country.

- 8.2. 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.
- 8.3. The responses are detailed in the table below:

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	Joint working has stepped up as a consequence of GM Devolution of Health and Social Care and progress towards implementing Manchester's locality plan.
2. Our BCF schemes were implemented as planned in 2016/17	Strongly Agree	
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	Strongly Agree	
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Neither agree nor disagree	Struggled to identify cause and effect
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Neither agree nor disagree	Struggled to identify cause and effect
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Neither agree nor disagree	Struggled to identify cause and effect
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Disagree	Not been able to reduce the number of R&N placements at the rate expected due to increase in Dementia, work is ongoing looking at different models including increase in Extracare provision and new models of care for Reablement and Homecare

8. What have been your greatest successes in delivering your BCF plan for 2016-17?	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	4. Integrated workforce planning
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.	3. Collaborative working relationships
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	7. Digital interoperability and sharing data
9. What have been your greatest challenges in delivering your BCF plan for 2016-17?	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. As part of GM devolution H&SC we are looking for an independent partner to conduct evaluation of Manchester's integration programme.	9. Sharing risks and benefits
Challenge 2	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. CCG's have now merged to form 1 CCG in Manchester.	6. Delivering services across interfaces
Challenge 3	The Disabled Facilities Grant increased by £2.779m in 2016/17 and this notification was not provided until late in 2015/16, as a result of this the new delivery model took time to implement and to then embed as business as usual. Spend in Q3 and Q4 of 2016/17 accounted for 62% of the grant awarded. Ways of increasing spend in 2017/18 are being developed, including the abolition	10. Managing change

9. Summary

9.1. All eight National Conditions are met.

9.2. The Manchester Health and Wellbeing Board national and local metrics are not being fully met. Performance in quarter 4 has been challenging mainly due to activity levels (DTCO 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.

10. Planning Guidance for 2017/18

10.1 Due to the delays BCF guidance, a workshop was arranged to provide some information on changes for 2017/18. BCF Support and NHS England have indicated that the Guidance should be issued by end of June 2017.

- Jointly agreed plans will be over 2 financial years 2017/18 and 2018/19
- If a Non Elective target is included in Clinical Commissioning Group plans above guidance, the CCG will need to consider the risk should the target be met
- The key lines of enquiry for assurance have reduced from 150 to 35 and will be released with the guidance
- Social Care maintenance – the CCG contribution to the pool will increase by 1.7% in 2017/18 and 1.9% in 2018/19. Amounts for each area will be included in the guidance
- Managing transfers of care - targets for DTCO are set at 3.5% (of total available beds) for Autumn 2017, this was set at 4.1% in Autumn 2016

- 10.2 However if the GM expression of interest for Graduation Status is approved there will not be a requirement to submit narrative BCF plans. Local targets will be confirmed in the coming weeks. Pooled BCF alone is not expected to meet the DTOC target. Trusts should be included in identifying DTOC targets

Appendix 1 – Additional Measures

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	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
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 end of the quarter	76
Rate per 100,000 population	14
Number of new PHBs put in place during the quarter	6
Number of existing PHBs stopped during the quarter	18
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	74%
Population (Mid 2017)	540,776

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