

Meeting:	Health and wellbeing board
Meeting date:	20 September 2016
Title of report:	Better care fund 2016-17 quarter one performance report
Report by:	Joint commissioning better care fund manager

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To approve the better care fund quarter one return.

Recommendation(s)

THAT:

- (a) the better care fund (BCF) 2016-17 quarter one return, attached at appendix 1, as approved by the council's director for adults and wellbeing, be reviewed; and**
- (b) in light of the information within the return, the board consider whether there are any actions it wishes to recommend to secure improvement in efficiency or outcome.**

Alternative options

- 1 It is open to the board to recommend actions to be considered by the partners, which would secure improvement in efficiency or outcome.

Reasons for recommendations

- 2 To meet national scheme requirements and ensure continuous improvement.

Key considerations

- 3 On 29 July 2016, the health and wellbeing board delegated authority to the director for adults and wellbeing, following consultation with the accountable officer of the Herefordshire Clinical Commissioning Group (CCG), to sign off BCF submissions on such occasions when the board meetings do not coincide with submission dates. The national submission date for this quarter one return was 9 September 2016 and therefore has, following appropriate sign off, been submitted.
- 4 The BCF national policy framework establishes that the national metrics for measuring progress of integration through the BCF will continue as they were set out for 2015-16, with only minor amendments to the definition of individual metrics. The quarter one report at appendix 1 provides an update and monitors Herefordshire's delivery of national metrics, plus other key areas within the BCF plan. In summary, the national BCF metrics for 2016-17 are:
 - a. non-elective admissions (general and acute);
 - b. admissions to residential and care homes;
 - c. effectiveness of reablement; and
 - d. delayed transfers of care.
- 5 The report identifies that partners are on track for an improved performance from last year in relation to non-elective admissions, however not to meet the full target. A number of schemes have been set up, via the BCF programme, to address the increased demand, including rapid assessment, fallers first response service, virtual wards, hospital at home and the rapid access to assessment and care (RAAC) programme.
- 6 Throughout quarter one, partners have been working in close collaboration to redesign the current RAAC scheme in order to achieve a more effective bed based intermediate care offer in Herefordshire. The aim of the scheme is to maximise the independence of patients and residents, reduce avoidable admissions to hospital, nursing homes, long term residential care or care packages and provide an alternative to hospital care, when recovery and reablement are required. Partners are currently liaising with providers and aiming on introducing the revised scheme from 1 October 2016.
- 7 Admissions to residential and care homes during quarter one have shown no improvement, however performance remains very consistent when compared with the same point last year.
- 8 The effectiveness of reablement and a local measure to reduce the number of fall related admissions are currently on track to meet their targets for 2016-17. Performance of the falls first responders scheme continues to help address the gaps in the falls pathways, caring for those fallers who have not received serious injury and continues to be positive in terms of the financial impact of the scheme. Current data in relation to the proportion of older people who were still at home 91 days after discharge from hospital into reablement indicates a small improvement compared

with 2015-16, and above our target of 80% for 2016-17.

- 9 A local area action plan for delayed transfer of care (DTC) has been developed and forms a key part of Herefordshire's BCF plan 2016-17. The aim of this action plan is to reduce DTC ensuring that people are discharged in a timely manner to the most appropriate setting to meet their assessed needs. The quarter one performance data indicates no improvement in performance in relation to DTC. A number of schemes are being worked through to help address the pressures, including earlier identification of potential discharges, additional RAAC capacity and brokerages and additional support to self-funders and care homes.
- 10 The largest pool within the BCF plan for Herefordshire is for the joint contracting and commissioning of residential and nursing placements. The unified contract, in relation to these placements, has been developed during the last year, involving a detailed engagement process with the market on the contract principles and changes. The content of the unified contract was agreed during quarter one and is currently available to providers via an accreditation process. The advantages of providing this unified contract are consistency in contractual arrangements across partners, a joint quality assurance framework, a movement to gross payments, and a reduction in administrative support requirements. Improvements are expected to be delivered during 2016-17.
- 11 This report demonstrates that the NHS number continues to be used as a primary identifier for health and social care. Furthermore, work continues to progress to pursue open API's (application programming interface - i.e. systems that speak to each other) and ensuring appropriate information governance controls are in place. Further detail can be found within section 6.4 of Herefordshire's BCF plan 2016-17, located at appendix 2.
- 12 The legal framework for the BCF fund derives from the amended NHS Act 2006, which requires that in each area the BCF fund is transferred into one or more pooled budget, established under section 75. During quarter one a small working group has reviewed the existing section 75 arrangements in Herefordshire and a single agreement has been developed. Subject to approval through the partner's governance processes, the single agreement will take effect from 1 October 2016. This arrangement will allow monitoring and reporting to become combined and will ensure that duplication is minimised. It will also enable partners to further improve the quality and efficiency of services and continue to make more effective use of resources for the benefit of residents.
- 13 Following a national assurance process, the Herefordshire BCF plan 2016-17 has been approved. A copy of the final version is located at appendix 2.

Community impact

- 14 The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and CCG are working together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services.

Equality duty

- 15 The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance

equality of opportunity and foster good relations.

- 16 All equality considerations are considered as part of the development and implementation of the plan.

Financial implications

- 17 The Herefordshire BCF plan 2016-17 details a planned full year spend of £42m. This figure includes a pooled budget for residential, nursing, continuing health care (CHC) and funded nursing care (FNC) costs. A late announcement in the increase in FNC fees by 40% was not included within the original budget figures; therefore the quarter 1 return details a forecasted budget of £43.1m to reflect the changes, which is an additional cost to the CCG of £1.1m.
- 18 During quarter 1 a new risk share arrangement, on a restricted client cohort replacing the previous much broader risk share arrangement, has been agreed. A copy of this agreement is located at appendix 3. This arrangement with Herefordshire CCG caps the council's risk share on pool 2 (care home market costs) at 13% of the current cost of a cohort of 27 individuals. Consequently this limits the financial risk to each partner at £180k per annum, on a non recurrent basis.

Legal implications

- 19 There are no legal implications with the report.

Risk management

- 20 The board is required to note the content and therefore the risk is minimal. The data return has already been submitted nationally due to a deadline of 9 September 2016. The report provides an update on the BCF plan and is based on statistical and financial information.
- 21 A risk share arrangement, restricted to a cohort of individuals, has been agreed between the partners, as located at appendix 3.

Consultees

- 22 Public engagement is not required for this return.
- 23 Consultation with the CCG's accountable officer has taken place, as required, in order to complete the sign off process prior to submission.

Appendices

Appendix 1 - better care fund quarter one 2016-17 return

Appendix 2 – BCF plan 2016-17 final version

Appendix 3 – risk share agreement 2016-17