

<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>18 July 2017</b>
<b>Title of report:</b>	<b>Better care fund 2016/17 quarter four performance report</b>
<b>Report by:</b>	<b>Senior commissioning officer – better care and integration</b>

## **Classification**

Open

## **Key decision**

This is not an executive decision.

## **Wards affected**

Countywide

## **Purpose**

To review the better care fund 2016/17 quarter four national performance report as per the requirements of the programme.

## **Recommendation(s)**

**THAT:**

- (a) the better care fund (BCF) quarter four performance report at appendix 1 as submitted to NHS England be reviewed; and**
- (b) the board determine any actions it wishes to recommend to secure future improvement in efficiency or performance.**

## **Alternative options**

- 1 There are no alternative options. The content of the return has already been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted to NHS England prior to the deadline of 31 May 2017.

## **Reasons for recommendations**

- 2 At its meeting in July 2016 the board agreed that, on such occasions when board meetings do not coincide with submission dates, the director for adults and wellbeing

would be authorised, following consultation with the accountable officer of the Clinical Commissioning Group, to sign-off that submission and to bring it to the next available board meeting to enable the board to review performance and make recommendations for improvement.

## Key considerations

- 3 The national submission deadline for this quarterly return was 31 May 2017 and the board is asked to review the completed data, following its submission to NHS England.
- 4 The quarter four report, as located at appendix 1, provides an update on quarter four performance and also offers the opportunity to summarise the key achievements and challenges experienced throughout 2016/17.
- 5 As detailed in the report, delayed transfers of care (DTC) presented significant issues throughout the health and social care system in Herefordshire during 2016/17. A number of schemes are being delivered to help address the pressures, including earlier identification of potential discharges, rapid access to assessment and care (RAAC) capacity, brokerage, additional support to self-funders and care homes. The council and CCG are actively working together to monitor and reduce the levels of DTC and ensuring that new schemes are developed and implemented, where appropriate. A number of reporting mechanisms have been introduced during 2016/17, including a daily update and review of DTCs being carried out by Herefordshire Council's operational teams.
- 6 The report identifies that the performance in relation to the rate of permanent admissions to residential care (per 100,000 population, 65+) has worsened since 2015/16 year end. This performance data is currently awaiting final validation as part of the council's year end performance processes. There continues to be an increased level of scrutiny of all placements following the introduction of a more rigorous process over the past 18 months. The quality assurance panel challenge the appropriateness of all residential placements. Partners are working together to establish a managing the care home market strategy, which will include the delivery of enhancing quality of care, reducing admissions into hospital and continuing to monitor demographic challenges. Partners are currently exploring developments in assistive technology in care homes.
- 7 The reduction in non-elective admissions target was on track to be met at the end of 2016/17. The BCF funded a number of schemes during 2016/17 to address the increased demand and reduce the levels of non-elective admissions. These included rapid response, fallers first response, virtual wards, hospital at home and the community reablement service.
- 8 A number of key successes are identified within the quarter four report, including the Intermediate Rehabilitation Service (IRS). During 2016/17, the existing rapid access to assessment and care (RAAC) provision was reviewed and an IRS pilot was introduced. The aim of the scheme was to deliver rehabilitation to those who would otherwise face unnecessarily prolonged hospital stays, inappropriate admission to acute inpatient care or long term residential care. The focus of the scheme was active therapeutic interventions, with the aim to maximise the independence of individuals. The service provided the opportunity for admission avoidance and also to facilitate earlier hospital discharge. A full pilot evaluation is currently being finalised and will be used to inform future commissioning decisions.

- 9 Another key success identified is the unified contract, an approach introduced by the council and the CCG during 2016/17. The bringing together of terms and conditions from two organisations into one unified contract, in relation to all residential and nursing placements for adults, has resulted in a number of benefits. The move from net payments to gross has been introduced to achieve improvements in cash flow and reduce back office administration. Contract termination and payment on death clauses have now been aligned.
- 10 Herefordshire's Better Care Partnership Group (BCPG), which includes representatives from both the council and the CCG, have met on a monthly basis throughout 2016/17 and worked together to monitor the delivery of the schemes within the 2016/17 BCF plan. These regular meetings, as well as working more closely on the delivery of several projects throughout the year, have assisted in improving joint working. A number of schemes have been jointly commissioned, including the introduction of the IRS pilot, and joint integration plans are also being progressed.
- 11 A risk share arrangement restricted to a cohort of individuals was implemented throughout 2016/17. At the end of quarter four, of the 27 clients in the risk share cohort, 17 had been reviewed, 5 had passed away and 5 were awaiting review. The pool2 risk share agreement has not been triggered as a result of the reviews undertaken during the financial year.
- 12 The national guidelines for the completion of the 2017/18 and 2018/19 better care fund plans were formally published on 4 July 2017. Partners are currently working together to proceed with planning delivery, agreeing budgets and formalising Herefordshire's submission. The national deadline for submitting final BCF plans is 11 September 2017. A regional assurance process will follow. The HWB will be required to agree the content of Herefordshire's plan.
- 13 Previous advice was that the national policy framework and planning guidance would be published during November 2016, however significant delays have been experienced and a definite publication date is yet to be confirmed. Partners continue to work together to proceed with planning delivery and agreeing budgets, where possible.
- 14 In addition to the core BCF, the spring budget 2017 recognised that adult social care services are under significant pressure nationally, one expression of this being the increased number of patients whose discharge from hospital has been delayed whilst they wait for a social care placement. As a consequence, the chancellor announced an additional £2 billion for councils to spend on adult social care over the next three years (2017/18 to 2019/20). Of this, the allocation for Herefordshire is £7.3 million.
- 15 Clear grant conditions have been set jointly by the Department of Health (DH) and the Department for Communities and Local Government (DCLG) in relation to this additional funding. A set of clear funding principles have been agreed locally and the council, CCG and providers are currently working together to allocate and align spend to enable focus on key areas to allow for the greatest impact to meet the needs of Herefordshire residents.

## **Community impact**

- 16 The BCF plan is set within the context of the national programme of transformation 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

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Further information on the subject of this report is available from  
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delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.

## Equality duty

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

## Financial implications

- 18 The attached quarter four performance report reflects the continuing budget pressures being experienced. The quarter four forecast reflects the increase of £1.312m in the cost of funded nursing care (FNC) placements which are included in the additional BCF pool. This has, in part, been offset by a reduction in direct expenditure on fast track cases; this has been offset by the CCG investment in the Hospice at Home service, the cost of which is outside the BCF.
- 19 Also reflected in this report are the council budget pressures seen in both residential and nursing care, particularly within 'in-county' nursing placements, which are included in the additional BCF pool.
- 20 The 2016/17 protection of adult social care (PASC) final year-end position is a net overspend of £16k. The key components relate to:
- a. a net increase in rapid response of £53k after utilising some of the inflationary uplift to support hospital discharges by short term expansion of the team;
  - b. the increase in demand for deprivation of liberty safeguards (DoLS) continues and has cost an additional £180k this year, whilst demand for older people nursing placements has also increased above the planned levels (£100k);
  - c. these pressures have been offset by the previously reported reduction in financial support to carers (£224k); and
  - d. a reduction in the rapid access to assessment and care (RAAC) scheme following the redesign and launch of the IRS pilot in January (£101k)
- 20 Both the council and CCG have seen increases in residential based care placements (care home market management) since quarter two. In quarter three, an over spend of £1,858k was reported (£1,342k in council funded support and £516k in CCG placement costs). The outturn for 2016/17 is a total over spend of £1,606k, which is an improvement on quarter three. The breakdown of the £1,606k is council £1,266k and CCG £340k. Each partner carries the risk of their own budget. See the following table:

<b>Financial Position: 2016/17</b>	<b>BCF</b>		
<b>Partner</b>	<b>Scheme Full Year Budget £'000</b>	<b>Scheme Full Year Forecast £'000</b>	<b>Over / (Under) spend £'000</b>
Council	19,468	20,734	1,266
CCG	9,272	9,612	340
Other	0	0	0
<b>Total</b>	<b>28,740</b>	<b>30,346</b>	<b>1,606</b>

## Legal implications

- 21 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

## Risk management

- 22 The board is required to note the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.
- 23 There are no direct implications on funding in relation to targets not being achieved; however those not achieved will affect the experience of individuals of Herefordshire, for example, delays in transfers of care. In order to mitigate these impacts, partners are working together to ensure sufficient schemes are in place.
- 24 A quarter four update in relation to the risk share arrangement is provided at point 11 of this report.

## Consultees

- 25 None.

## Appendices

Appendix 1 – Better care fund quarter four template

## Background papers

- None identified.