

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 15<sup>th</sup> July 2015

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### **PART I** **FOR INFORMATION**

#### **BETTER CARE FUND PLAN 2015/16**

##### **1. Purpose of Report**

- 1.1. This report updates the Slough Wellbeing Board (SWB) on developments of the Better Care Fund (BCF). It also outlines the implications, benefits and risks of the updated BCF.
- 1.2. The BCF plan was approved by the SWB on the 24<sup>th</sup> September 2014 and then also approved on 19th December 2014 following the NHS England National Consistent Review Process.
- 1.3. The Better Care Fund is managed through a Pooled Budget agreement between Slough Borough Council and Slough CCG.

##### **2. Recommendation(s)/Proposed Action**

- 2.1 The SWB is asked to note this progress report of the Better Care Programme for Slough.

##### **3. The Slough Wellbeing Strategy, the JSNA and the Five Year Plan**

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

##### **3.1 Slough Wellbeing Strategy Priorities**

The actions the local authority and CCG will take to address the requirements of the BCF, will aim to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities of the strategy but especially the Health priority.

- 3.1.2 It will do this by promoting people's wellbeing, enabling people and families to prevent and postpone the need for care and support, and

putting people in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility.

- 3.1.3 The BCF plan addresses a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The plan seeks to address key cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

### 3.2. **Five Year Plan Outcomes**

- 3.2.1 The Better Care programme will contribute towards the outcome of more people taking responsibility and managing their own health, care and support needs.
- 3.2.2 Working together with the CCG and provider partners there is a strong focus on a Proactive Care approach which will see us working collaboratively with individuals and communities in advance and mitigating or reducing risk of deterioration or repetition of episodes of ill health.

Proactive Care requires forecasting to anticipate what may happen to someone in the future, preparing for that change and putting a plan into action. It also puts the individual at the centre of their care so that NHS and social care staff work together with the person in planning and supporting them to manage their own care as well as help identify other sources of help. This also extends to Children and Young People which supports them to be healthy, resilient and have positive life chances.

- 3.2.3 The Better Care programme also encompasses the bringing together of a range of health and social care services that focus on recovery and reablement to work better together to ensure that people are supported to regain and maximise their independence. Integrating these areas of joint working will bring efficiencies and benefits financially but also in avoiding duplication and delivering better outcomes for people in Slough.
- 3.2.4 The Better Care programme contributes funding to the Community and Voluntary sector recommissioning project aligning health and social care strategic priorities with the work of the third sector to help deliver better outcomes for individuals and communities. These include an independent information and advice service but also practical support and activities which promote self-management, peer support, prevention and use of personal budgets.

## 4. **Other Implications**

### (a) **Financial**

- 4.1 The development of the BCF has financial implications for both the Council and the CCG for the following reasons:
- the ongoing financial and demographic pressures facing Councils and the NHS

- the combining of CCG funds and SBC funds into a pooled budget and the changed status this brings for the governance and risks related to the identified funds
- the implications of implementing elements of the Care Act for new health and social care responsibilities
- The releasing of funding from the hospital sector over the 5 years to support the implementation of the BCF
- The risk the fund carries if agreed outcomes measures are not delivered
- Costs arising from the escalation of non-elective admissions into the acute sector hospitals

4.2 Change in policy and the late release of guidance for the BCF in 2014 meant little time to carry out detailed analysis of financial implications ahead of submission. Building the evidence case for financial benefits of our proposed schemes is an integral part of the review and approval of business cases for each project within the programme. Financial risks are reviewed and managed within the risk and issues log and overseen by the BCF Joint Commissioning Board with escalation to the Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

The BCF Plan has identified £1.158m contingency monies within the pooled budget to cover areas of risk. This included a sum of £802,723 which was set against a target of 3.5% reduction in admissions (the Payment for Performance element of BCF).

The Better Care national programme has now reset the baseline of Non-elective admission activity across all Health and Wellbeing Board areas since the submission of the plan and supporting metrics in September 2014. Whilst the percentage target reduction of 3.5% remains the same for Slough, when calculated from a higher baseline (where non-electives have continued to rise) this now equates to a higher Payment for Performance figure of £867,180. Therefore failure to achieve the target reduction will now carry a higher financial risk. This can still be accommodated within the contingency funds Slough has identified but achieving the target reduction within this year remains high risk (see risk table below).

The Better Care Pooled Budget expenditure plan also includes £483,000 for additional protection of social care services. This is one of the national conditions set in the BCF planning guidance.

(b) Risk Management

4.3 The BCF has a risk register to monitor any associated risks.

Risk	Mitigating action	Opportunities
Legal	A Section 75 (Pooled Budget) agreement in place for 2015/16.	Improved joint working and better value for money.
Property	None	None

Human Rights	Engage residents and service users in BCF development.	Improved wellbeing for residents and positive experience of services.
Health and Safety	None	None
Employment Issues	Consultations will be carried out with staff if necessary.	Improved joint working and better value for money.
Equalities Issues	EIA to be carried out on proposed changes.	Improved wellbeing for all residents.
Community Support	Engage community services in BCF development.	Improved joint working and better value for money.
Communications	Utilise communication functions to keep stakeholders up to date.	Better understanding of BCF and health and wellbeing in Slough.
Community Safety	Engage community safety services in BCF development.	Improved joint working and better value for money.
Financial	Robust risk and project management in place.	Improved joint working and better value for money.
Timetable for delivery	Timetable agreed with SWB, CCG and SBC. Programme managed to deliver on agreed milestones on time.	Improved joint working.
Project Capacity	BCF Programme Manager for Slough in post	Improved joint working and better value for money.
Acute Sector.	Ensure that Acute Health Sector is part of planning and delivery of BCF priorities.	Improved joint working and better value for money.

4.4 There are specific risks which were highlighted within the submitted plan which identified the high level risks in relation to overall delivery of the plan and the financial and policy context in which it operates. The programme is set within a dynamic and fast evolving environment with many interdependencies and a proactive approach to risk mitigation and management is required.

4.5 The key risks to the BCF programme are:

- Improvements through the delivery of the programme do not translate in to the required reductions in acute and social care activity impacting on the funding available to invest in further alternative capacity
- The financial outlook for the health and care economy continues to be uncertain and challenging with a knock on effect on the ability to invest on a sustained basis to alter patterns of care.
- The introduction of the Care Act and wider social care reform will result in unanticipated consequences including additional unforeseen costs.

These are identified in the risk register together with other risks to the programme. They are being actively reviewed within the fortnightly BCF Delivery Group meetings and at the quarterly BCF Joint Commissioning Board against potential impact and any mitigating actions that can be taken to reduce the risk.

(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

There are legal implications arising from how funds are used, managed and audited within a Pooled Budget arrangement under section 75 of the NHS Act 2006.

The Care Act 2014 provides the legislative basis for the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities.

(d) Equalities Impact

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and urgent health demand. Impact assessments will be undertaken within each project to ensure that there is a clear understanding of how various groups are affected.

## **5. Supporting Information**

### **5.1 National context**

In the 2013 Chancellor's Spending Round a £3.8 billion fund was announced for 2015-16 for integrating health and social care services. This fund is known as the 'Better Care Fund' (BCF).

The purpose of the BCF is to create a health and social care pooled budget which brings together services for adults in order to improve integrated and holistic working and improve outcomes for service users.

The funding of the Care Act 2014 will also form part of the responsibilities of the BCF. It was announced as part of the Spending Round that the BCF included funding for some of the costs to councils resulting from care and support reform.

### **5.2 Key outcome measures for the BCF are:**

- Reducing emergency admissions;
- Reducing delayed transfers of care;
- Increasing the effectiveness of re-ablement;
- Reducing admissions to residential and nursing care;
- Improving patient and service user experience;
- And one further locally agreed outcome measure from a pick list provided by NHS England. Slough's chosen measure is *improving the health-related quality of life for people with long-term conditions*.

### **5.3 Key conditions to be met as part of the BCF plan are:**

- A jointly agreed local plan approved by each areas Health and Wellbeing Board
- Protection for social care services (not spending);
- 7-day working in health and social care to support patient discharge and prevent unnecessary admissions at weekends;

- Improved data sharing between health and social care, using the NHS patient number;
- Joint assessments and care planning;
- One point of contact (an accountable professional) for integrated packages of care;
- Risk-sharing principles and contingency plans in place if targets are not met – including redeployment of the funding if local agreement is not reached; and
- Agreement on the consequential impact of changes in the acute sector.

## 6. **Local Context**

- 6.1 In the final BCF plan Slough has agreed on a pooled budget of £8.762 million for 2015/16. This is the minimum amount required for 2015/16 by NHS England.

<b>Organisation</b>	<b>Contribution 2015/16 (£000's)</b>
Slough Borough Council	£694
Slough CCG	£8,068
<b>TOTAL</b>	<b>£8,762</b>

The full expenditure plan for the Pooled Fund in 2015/16 is included in appendix 1.

There is a Pooled Budget manager appointed to oversee the management and reporting of the financial progress against the agreed expenditure plan. The Joint Commissioning Board receives quarterly financial reports against the plan and the voting members of the Board agree any variation to the plan, use of any potential underspends or virement of funding between schemes. The board will receive the financial report for the first quarter at the next meeting on 22 July.

- 6.2 The BCF expenditure plan has been agreed to deliver the Slough BCF vision of:

*“My health, My care: Slough health and social care services will join together to provide consistent, high quality personalised support for me and the people who support me when I’m ill, keeping me well and acting early to enable me to stay happy and healthy at home.”*

- 6.3 Slough’s BCF delivery centres on the following priority areas:

### **Proactive Care**

Identifying those people in our community who are the most vulnerable and supporting them through care planning and providing access to an accountable professional. This includes the targeting of effective

intervention and support to those most at risk of ill health and would most benefit from the interventions.

#### Outline and progress update

GP practices across Slough are all carrying out risk profiling activity on their patient data to support proactive case finding of the top two percent of patients who are likely to have an admission to hospital in the next 12 months. There are now over two thousand patients on the case management register.

Recruitment is underway to appoint two specialist nurses to identify and support children and young people with respiratory problems who have had an admission to hospital. They will provide advice and support to better manage respiratory conditions as well as education and guidance to GP practices.

#### **A Single Point of Access into Integrated Care Services**

Establishing and running a single contact point (with a single phone number) for accessing community health and social care services that will support those in crisis and direct them into the right services in a co-ordinated and timely way. Through this there will be greater co-ordination of the range of services locally that support people in crisis or short term need. This will lead into the integration of local care teams and services where appropriate and will bring greater benefit.

The ambition is to establish our single point of access in response to the needs of the local community, it will operate 7 days a week, initially as a screening and referral service streamlining access to community based health and social care.

#### Outline and progress update

A working group has been meeting regularly to scope and design the model of a Single Point of Access into a detailed business case. This will be presented to the Joint Commissioning Board on 22 July and a wider group of stakeholders, including patients and public, consulted on the proposal.

In the first phase, the SPA will be open to professional referrals and subject to a period of stability phase two will encompass referrals from the public. The scope is to have:

- a co-located SPA and a service that is available 7/7 days,
- Shared and agreed initial assessments to enable professionals to screen and refer on to appropriate services. Response and service standards will be developed to reflect need and risks, this will be reflected through different response times for urgent and non-urgent care,
- Patients will enter the system with one phone call, and is exclusive to Slough residents 18years plus and/or registered with a GP,
- Strong interface between SPA and a host of services including intermediate care (RRR), community health services, integrated cluster teams, bed based services, domiciliary care, telehealth/telecare, palliative care and or nursing home provision to improve access

- Monitoring of outcomes, usage and capacity of each component of the service to assess impact on metrics/targets articulated in the BCF
- To gather intelligence on usage to design a full service for Integrated Care in Slough

The establishment of the SPA will be the first phase towards integrating services in Slough but we are now beginning discussions on the next phase already and how we can accelerate our plans for integration in parallel with the implementation of SPA. A workshop bringing together the Operational Leadership Team of the CCG and the BCF Joint Commissioning Board will take place on 14 July 2015. This will start to build consensus of our next steps and shape our plans towards integration between health and social care services.

### **Strengthening Community Capacity**

Greater utilisation and development of the voluntary and community sector through a more co-ordinated and integrated commissioning approach under a potential prospectus based approach to help deliver better outcomes for vulnerable people by supporting them within the community. This will encourage contribution from the community and voluntary sector to integrated care services locally and improving and maintaining the health of Slough residents.

#### Outline and progress update

Our BCF workstream for building capacity in the Community and Voluntary sector is being taken forward through the Joint Voluntary Sector strategy and the recommissioning programme underway being led by SBC. The strategy and programme of work has been reported to the Slough Wellbeing Board in a separate report.

Within this workstream we also have support for Carers which we will be reviewing through the development of a new Carers Strategy for Slough in light of the changes within the Care Act.

## **7. Performance against key outcome measures**

- 7.1 Performance against the non-elective admissions indicator has continued to climb in the last quarter of this year (January to March) and the outturn position was of an increase of 5% of Slough admissions above the same period in 2014.

Each Health and Wellbeing Board area has now had their baseline reset on actual outturn figures (see 4.2) but the target reduction for BCF is still 3.5% for 2015/16,

- 7.2 Performance against Delayed Transfers of Care (measured in bed days per 100,000 people 18+) continues to be good with outturn in the last quarter of 2014/15 (Jan- March) at 30% below that anticipated within the BCF plan.
- 7.3 The reablement service is still seeing 100% of people successfully reabled and at home 91 days after discharge. The 2014/15 outturn figures were of



61 people discharged into reablement all of whom were still at home 3 months later.

- 7.4 Performance activity in terms of admissions to residential care also performed well through 2014/15 with the outturn figure of 74 admissions through the year against the BCF plan of 76.
- 7.5 Slough has included a further performance metric within the BCF Plan on the health related quality of life for those people reporting having one or more long term condition. This is collected through the national GP survey every six months and local data is not yet available to report progress on this.

## 8. **National conditions and national assurance process**

- 8.1 The Better Care programme nationally continues to be monitored through a central support team. After several revisions on the information collection and reporting requirements the first quarterly reporting template was completed and returned to the Better Care Support Team on 29 May with sign off from the Chair of the Slough Wellbeing Board.

Progress was reported against each of the national conditions and whether they were on track as per the BCF Plan. All national conditions were being met through the BCF programme with the exception of the following two areas which are yet achieved but in progress. These are:

- The NHS number being used as the primary identifier for health and social care services
- Joint assessments and care planning taking place and, where funding is being used for integrated packages of care, there is an accountable professional.

### 8.2 Protecting social care services

Within the pooled budget for 2015/16 there has been a proportion of funding specifically assigned for the implementation of the Care Act (£317,000) but locally there has also been a further £483,000 identified for additional social care protection to ensure the ability to continue meeting statutory requirements and the maintenance of essential services.

### 8.3 Seven day services to support discharge and avoid admissions

Slough CCG has a programme using the Prime Ministers Challenge Fund (PMCF) which has been used in part, to deliver additional GP appointments in the evenings (Monday to Friday) and at weekends. This is working well and was positively received by patients and GPs. An evaluation of the first year is now underway and this is being shared with patients. As the programme enters its second year there will be more focused approach on using additional time for patients with more complex needs and long term conditions. This should improve the intended outcomes of demonstrating health improvements and reducing the need for non-elective admissions to hospital.

The RRR and Intermediate Care services already work extended hours and seven day services but there has been additional funds (£159,000)

identified within the BCF Pooled Budget for 2015/16 for additional staffing capacity to support seven day services where required.

#### 8.4 Data sharing

There is a programme of work underway across the East of Berkshire ('Share Your Care') which is looking to procure a system which is able to provide part of patient records to view by professionals working together across health and social care services. A pilot has been running across parts of the system to see how this can work and assess the benefits as well as identify technical issues. There is a need for strong information governance around the use of a system which connects separate databases which contain personal and confidential data. In this respect there has been concerns raised by some clinicians around the sharing of patient records. This is requiring further work and assurance around the programme and the system requirements. Feedback in consultation with people receiving care from a variety of different providers has been the desire to only tell their story once.

#### 9. **Comments of Other Committees**

A BCF progress report is due to be discussed at the 28<sup>th</sup> July 2015 Slough Health Scrutiny Panel.

#### 10. **Conclusion**

This report provides an update on progress of the Slough Better Care programme at the end of its first quarter of 2015/16. Performance against the BCF metrics is good in most areas with the exception of non-elective admissions where this continues to rise. There is contingency funding in place to manage this financially within the expenditure plan in this year and risk against further increase is identified within the risk register. The expenditure plan has been agreed and set for the 2015/16 financial arrangements and is being actively monitored alongside the risk register.

It is planned that the programme will have a positive impact on non-elective activity for Slough through this year and this will continue to be regularly managed, monitored and reported going forward.

#### 11. **Appendices Attached**

Appendix 1 – Better Care Expenditure Plan 2015/16

#### 12. **Background Papers**

[Better Care Fund Planning Guidance, Templates and Allocations](#)

[Slough Better Care Fund Plan](#)

## Appendix 1 – Better Care Fund Expenditure Plan 2015/16

Workstream	No.	SCHEME	Area of Spend	Commissioner	Provider	Source of Funds	2015/16	Full Budget	RISK	Category	CCG Fund	CCG Pay	SBC Fund	SBC pay
Proactive Care (adults)	1	Enhanced 7 day working	To be determined	CCG	System	CCG	159	Part	CCG	1	159	159		
	2	Falls Prevention (project)	Community (pilot)	Joint	GP/NHS Community	CCG	50	Part	CCG	3	50			50
	3	Footcare	Community Health	CCG	Voluntary sector	CCG	14	Full	CCG	1	14	14		
	4	Accountable professional	Primary Care	CCG	GP/NHS Community Health	CCG	-	Part						
	5	Stroke service	Voluntary sector	SBC	Stroke Association	CCG	40	Full	SBC	1	40			40
	6	Stroke service	Voluntary sector	CCG	Stroke Association	CCG	10	Part	CCG	1	10	10		
Proactive Care (children)	7	Children's respiratory pathway (project)	Community Health	CCG	NHS Community	CCG	88	Full	CCG	1	88	88		
	8	To be allocated	To be determined	CCG	NHS Community	CCG	177	Full	CCG	1	177	177		
Single Point of Access	9	Single Point of Access (project)	Other	Joint	Integrated service	CCG	200	Part	ALL	2	200	200		
Integrated Care	10	Telehealth (project)	Community (pilot)	SBC	Private sector	CCG	25	Full	SBC	1	25			25
	11	Telecare	Social Care	SBC	SBC/Private sector	CCG	62	Part	SBC	3	62			62
	12	Disabled Facilities Grant	Social Care	SBC	SBC	SBC	407	Full	SBC	4			407	407
	13	RRR Service (Reablement and Intermediate Care)	Social Care	SBC	SBC	CCG	2,184	Part	SBC	3	2184			2184
	14	Post acute reablement	Community Health	CCG	NHS Community	CCG	215	Full	CCG	1	215	215		
	15	Joint Equipment Service	Health equipment	CCG	Private sector	CCG	533	Full	CCG	1	533	533		
	16	Nursing care placements	Nursing Care	SBC	Private sector	CCG	400	Part	SBC	3	400			400
	17	Care Homes - improving quality (project)	Joint	Joint	Education and primary care	CCG	50	Full	ALL	2	50			50
	18	Domiciliary Care	Social Care	SBC	Private sector	CCG	30	Part	SBC	3	30			30
	19	Integrated Care Services / ICT Team	Joint	Joint	SBC/ NHS Community	CCG	748	Full	ALL	2	748	748		
	20	IT systems and shared assessment	Shared (enabler)	CCG	Private sector	CCG	208	Part	CCG	3	208	208		
	21	Intensive Community Rehabilitation service	Social Care	Joint	SBC	CCG	82	Part	ALL	3	82			82
		Intensive Community Rehabilitation service	Community Health	Joint	Community Health	CCG	170	Part	ALL	3	170	170		
Community Capacity	22	Carers	Various	SBC	Miscellaneous	CCG	196	Part	ALL	3	196			196
		End of life night sitting service	Community Health	CCG	Voluntary sector	CCG	14	Part	CCG	1	14	14		
	23	Community Capacity	To be determined	SBC	Joint	CCG	200	Part	ALL	3	200			200
Enablers	24	Project Management Office (Joint posts) & Governance	Joint	Joint	SBC/CCG	CCG	260	Part	ALL	2	260			260
	25	Social Care Capital Grant	Social Care	SBC	Local Authority	SBC	287	Full	SBC	4			287	287
Other	26	Contingency - Payment for Performance (NEL)	tbc	CCG	tbc	CCG	867	Full	ALL	2	867	867		
		Contingency - other	tbc	CCG	tbc	CCG	286	Full	ALL	2	286	286		
	27	Care Act implementation	Social Care	SBC	SBC	CCG	317	Part	SBC	3	317			317
	28	Additional social care protection	Social Care	SBC	SBC	CCG	483	Part	SBC	3	483			483
						Total	8,762				8,068	3,689	694	5,073