

SLOUGH BOROUGH COUNCIL

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PART I **FOR INFORMATION**

BETTER CARE FUND 2015/16 – QUARTER TWO REPORT

1. **Purpose of Report**

This report updates the Slough Wellbeing Board (SWB) on developments of the Better Care Fund (BCF). It outlines the mid-year position at the end of quarter two in delivery of the 2015/16 plan including the financial position and performance against BCF metrics.

The BCF plan was approved by the SWB on the 24th September 2014 and then also approved on 19th December 2014 following the NHS England National Consistent Review Process.

The Better Care Fund is managed through a Pooled Budget agreement between Slough Borough Council and Slough CCG.

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

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

3. **The Slough Joint 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 Joint 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 within the Slough BCF plan working with individuals and communities to identify and reduce risk of deterioration or repetition of episodes of ill health.

Proactive Care involves 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. Slough's BCF plan also extends to community respiratory care of Children and Young People which supports them to be healthy, resilient and have positive life chances.

- 3.2.3 The Better Care programme also covers the bringing together of a range of health and social care services that focus on recovery and reablement to work better and more effectively together to support people 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:
- Its contribution to managing 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 subsequently brings for the governance and risks related to the identified funds

- Its contribution to delivering elements of the Care Act and new health and social care responsibilities
- The releasing of funding from the hospital sector over the next 5 years to build capacity in community based services
- The risk the fund carries if agreed outcomes measures are not delivered
- Costs arising from an escalation of non-elective admissions into the acute sector hospitals

4.2 The 2015/16 BCF expenditure plan brings together £8,762m health and social care funding. Whilst this was not new investment into the health and social care economy the design of the national programme was structured so that achievement against reducing non-elective admission activity to hospital releases performance funds that can be spent on capacity building in community based services.

Building and monitoring the evidence case for financial benefits of activities within the programme is an integral part of the governance process and so the expenditure plan is subject to change. 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 includes £867,180 which was set against a target of 3.5% reduction in admissions (the Payment for Performance element of BCF). This equates to a reduction 582 non-elective admissions in this year.

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.

The government have made a recent announcement outlining its commitment to continuing with the Better Care Fund programme into 2016/17 to allow areas to start planning but details around the minimum size of the fund will not be confirmed until after the Spending Review reports on 25 November.

(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 in respect of 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 risks which were highlighted within the 2015/16 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 three key risks 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.

Risks are reviewed regularly by the BCF Delivery Group and then at quarterly meetings of the BCF Joint Commissioning Board in order to assess potential impact and take any mitigating actions 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 Assessment

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.

(e) Workforce

There will be workforce implications within the programme as we move forward with integration which leads to new ways of working in partnership with others. Changes will be aligned together with other change programme activities such as that described in the New Vision of Care being led across the East of Berkshire and the Social Care reforms within SBC.

This will include moving towards a joint asset based approach to care planning and empowering individuals to actively participate and manage their care. Staff working in multidisciplinary teams will have greater understanding of their responsibilities and boundaries and that of other professionals they work alongside in order to use their expertise and other networks around the individual.

5. Supporting Information

5.1 **National context**

The funding for Better Care was announced within the 2013 Chancellor's Spending Round for purpose of integrating health and social care services. Its purpose 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 also forms 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.

The government has indicated its commitment to the BCF in to 2016/17 but the minimum contributions to pooled budgets in each Health and Wellbeing Board area will not be announced until after the Spending Review announcement in November 2015.

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 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 also 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 agreed on a pooled budget of £8.762 million for 2015/16. This is the minimum amount required for 2015/16 by NHS England. The full expenditure plan for the Pooled Fund was included in the July SWB report.

6.2 The Pooled Budget manager oversees the management and monitoring 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.

6.3 At the mid-year position there has been agreed variation within the expenditure plan.

Two areas of expenditure (identified as 'schemes') have been closed and the money released to invest into other areas in this year. These are:

- £177k of Proactive Care funding where proposed business cases did not demonstrate they could deliver required impact on NELs
- £179k from the closure of the post-acute reablement (PACE) service by BHFT in May 2015.

There has also been slippage in planned expenditure of project and commissioning activity within the programme. The Joint Commissioning Board has agreed to support the following pilot or one-off expenditure:

- A Complex Case Management pilot project which includes funds for a post to identify patients at risk of non-elective admission through analysis of GP records and target proactive intervention.
- A Care Homes pilot project which will commission an enhanced GP offer of support provided into Care Homes within the Slough borough.
- A Responder Service pilot project of support to people who need a quick response for care and support alerted through telecare equipment

- Funding towards supporting the integrated care development work in this year and strengthening capacity into Intermediate Care to avoid admissions and minimise delays over the winter period.
- A contribution of additional funding towards equipment services that support people to live independently at home in this year.

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 continues to centre 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.

Progress update

Complex case management pilot project (above) is being supported with BCF funding for case finding activity which will support GP practices across Slough to improve risk profiling activity on their patient data and offer proactive interventions and extended appointments.

The two specialist nurses are now in post as part of the community respiratory project. They are identifying and supporting children and young people with respiratory problems who have had an admission to hospital as well as provide education and guidance to GP practices on how to better manage respiratory conditions.

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

Since July the model for a Single Point of Access for Slough has been scoped and an options appraisal carried out. The proposal agreed through the Commissioning Board is to build and develop on the existing Health Hub which is operated by Berkshire Healthcare Foundation Trust (BHFT).

Wokingham Borough Council are currently working with BHFT to develop a single point of access for health and social care services, with Slough following this lead in phase two. Slough will be part of Wokingham's implementation board for the project to share learning and experience with a view to implementing a similar route to access services in Slough. This has advantages of working closely with another authority and will help minimise problems and pitfalls but it does defer the implementation until after April 2016.

In parallel to this shadowing of the process in Wokingham, Slough will now focus on the bringing together its response arm to the Single Point of Access, in particular the delivery of short term care and support. These include Intermediate Care provided by the Reablement, Recovery and Rehabilitation (RRR) services by SBC and rehabilitation services in the community provided by BHFT. Both the RRR service and BHFT already work collaboratively to ensure that the disciplines within each organisation benefit local residents regardless of whether they are a RRR or BHFT client, this has improved patient experience and outcomes, particularly for clients who transfer over to longer term services. The aim of this project is to integrate the local intermediate care offer through the creation of a multidisciplinary team underpinned by a single assessment and a shared IT infrastructure. It is expected this will lead to better outcomes for local residents, reduce the confusion currently with partners about local services and increase the number of local residents supported by intermediate care through increased efficiency.

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

The commissioning of our voluntary sector services under the new strategy is currently underway. The invitation to tender has been issued and responses received. These are currently in the process of being evaluated.

A new Carers Strategy for Slough has been developed in light of changes in legislation (Care Act and Children and Families Act) and consultation with carers in the borough. The draft strategy is now out for wider consultation with other stakeholders and will come to the SWB in January 2016.

7. Performance against key outcome measures

	Quarter 4 Jan – Mar 15		Quarter 1 (Apr – Jun 15)		Quarter 2 (Jul – Sep 15)		Quarter 4 (Jan – Mar 16)	
	Plan	Actual	Plan	Actual	Plan	Forecast	Plan	Forecast
Non Elective admissions (all ages)	3,798	3,969	3,991	3,974	4,161	4,080	3,665	4,285
Delayed Transfers of Care (18+ delayed bed days)	480	336	496	759	493	462	485	485

Care Home admissions (65+, per 100,000)	Baseline 2013/14	Outturn 2014/15	Quarter 1 - actual	Quarter 2 - actual
		572.5	546	533

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Baseline 2013/14	Outturn 2014/15	Quarter 1 - actual	Quarter 2 - actual
		100% (55)	100%	98%

The performance activity against the non-elective admissions indicator has been close to that within the plan for quarter one and two of this year (April to September). The quarter four outturn position however is still presently forecast at an estimated 17% above plan. This forecast figure is projected from the current run rate of baseline pattern of activity in 2014/15 and the first six months of 2015/16. The difference between plan and forecast is due in part to our having weighted our improvements toward the end of the year after the anticipated pressures over the winter period and our BCF projects gaining greater traction in terms of impact. In addition there is also the requirement to use an increased population denominator in the calculations from January 2016 (as the admission rate is calculated per 100,000). To manage and mitigate risk of achieving our planned improvement target the payment for performance element of the BCF plan is not currently being released for expenditure in community based activity and is held as contingency.

Delayed Transfers of Care have varied significantly in this year. Although in quarter four or 2014/15 delays were 30% below target they increased in quarter one to 53% above plan. They have since then reduced in line with planned levels through quarter two. The increase in the second quarter were health related delays and attributable to a variety of factors including completion of assessments, accessing care and nursing home provision and patient/family choice. Generally whilst our non-elective admission activity is low the level of need of those who are admitted is rising and therefore this also impacts on safe and timely discharge.

Reablement activity has increased in volume and there continues to be a very high proportion of people successfully reabled and remaining at home 91 days after discharge. 104 people have accessed local reablement services between April 2015 and September 2015.

Care Home admissions to residential care were below plan in 2014/15 with the outturn figure of 74 admissions through the year against the BCF plan of 76. In quarters one and two there have been 34 care home admissions.

Both the user and patient experience metrics for the Better Care Fund are reported annually and so there is no regular reporting currently for monitoring or forecasting performance in these indicators. The ASCOF Social Care related quality of life indicator is used as a proxy, this is measured through a survey and respondents are asked to score how well their needs are met on a range of factors relating to quality of life. The 2014/15 outcome is 18.2, this is a slight reduction on last year figure of 18.4, and is reflective of the low number of responses to the survey.

8. National conditions and national assurance process

- 8.1 The Better Care programme nationally continues to be monitored through a central support team. The second quarter monitoring return is due at the end of November with a return to the NHS South Central team by 9.00am Monday 23 November ahead of reporting to the national BCF support team by Friday 27 November.

Progress is reported against each of the national conditions and whether they are on track as per the BCF Plan. Slough has achieved most of the conditions with the exception of the following two areas which are in progress. These are:

- The NHS number being used as the primary identifier for health and social care services

This work is part of a joint project between 3 CCG's and 3 LA's - Share your care project. NHS numbers are now collected for all new entrants to services but we are in the process of updating historical records through our review processes. We are also looking to implement a tool to enable us to routinely check and match NHS numbers pending completion of the IG toolkit to enable us to move towards getting an N3 connection (health), which is required in order to implement.

- Joint assessments and care planning taking place and, where funding is being used for integrated packages of care, there is an accountable professional.

A single assessment operating within a multidisciplinary team is part of the plans for our integrated intermediate care and reablement services in the next few months. We aim to be piloting this by January 2016 and fully implement by April 2016.

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. After the evaluation of the first year the programme is now taking a more focused approach on using additional time for patients with more complex needs and long term conditions. Together with the complex case finding activity this should improve the outcomes and demonstrate health improvements for people with complex conditions and contribute to reducing non-elective admissions to hospital. The RRR and Intermediate Care services already work extended hours and seven day services but as outlined above some additional resource will come from within the BCF Pooled Budget for 2015/16 for avoiding admissions and supporting discharge over the winter period.

8.4 Data sharing

There is a programme of work underway across the East of Berkshire ('Share Your Care') to procure a system which is able to share 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.

6. **Comments of Other Committees**

An update report on the BCF programme was presented to the Health Scrutiny Panel on 28 July 2015. The committee asked for further information on the falls projects and a summary of the performance information on the BCF projects and outcomes metrics to be circulated to the Panel.

7. **Conclusion**

This report provides an update on progress of the Slough Better Care programme at the end of its second quarter of 2015/16. Performance of BCF against metrics is good in most areas. NEL admissions appear good at the end of the period but there is still significant risk of not achieving the 3.5% target at the year end and so the Payment for Performance element is still currently held as contingency.

There has been variance to the 2015/16 expenditure plan agreed through the Joint Commissioning Board to reinvest funding into new projects and areas of activity that will contribute to performance against the BCF metrics in this year. The quarter two return for BCF will be completed and signed off by the Chair of SWB for submission on 23 November to the NHS South Central team and 27 November to the BCF support team.

8. **Appendices Attached**

None