SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board	**DATE:**	23 March 2016
CONTACT OFFICER:	Alan Sinclair, Interim Director of Adult Social Services Mike Wooldridge, Better Care Fund Programme Manager		
(For all Enquiries)	(01753) 875752		
WARD(S):	All		

PART I
FOR COMMENT & CONSIDERATION

BETTER CARE FUND (BCF) QUARTERLY REPORT AND INTEGRATION STRATEGY

1. Purpose of Report

The purpose of this report is to update the Slough Wellbeing Board (SWB) on developments of the Better Care Fund (BCF). It summarises:

i) The position of the 2015/16 programme at the end of the third quarter
ii) The planning requirements and proposal for Slough's 2016/17 BCF plan
iii) Requirements and first steps towards developing an integration strategy by March 2017

2. Recommendation(s)/Proposed Action

The SWB is asked to:

a) Note this progress report of the Better Care Programme for 2015/16 and

b) Approve the proposed outline plan for the BCF for 2016/17 and to

c) Give delegated authority to the BCF Joint Commissioning Board for sign off of the final plan to be submitted by 25 April 2016.

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

3a. Slough Joint Wellbeing Strategy Priorities

The Better Care Fund programme being planned and managed between the local authority and CCG together with other delivery partners aims to improve, both 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 through an approach that promotes people's wellbeing, empowering people and families in ways that will prevent and postpone the need for care and support, and put people in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility.

3.1.3 The BCF programme encompasses 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.

3b. Five Year Plan Outcomes

The Better Care programme will contribute towards the outcome of more people taking responsibility and managing their own health, care and support needs.

4. Other Implications

(a) Financial

The Better Care programme has financial implications for the Council and the CCG for the following reasons:

- BCF and its role in starting the delivery of a wider integration agenda is key in its contribution to managing ongoing financial and demographic pressures facing Councils and the NHS
- It combines CCG and SBC funding into a pooled budget which subsequently brings changes in governance and sharing risks related to the identified funds
- It links to delivery of elements of the Care Act and new health and social care responsibilities
- It aims to release funding from the hospital sector over the next 5 years through building capacity in 'out of hospital' community based services
- Costs arising from an escalation of non-elective admissions into the acute sector hospitals if not successful in delivering the above

The minimum BCF pooled budget for Slough in 2016/17 will be £9,034m of health and social care funding. This is an increase of £272k on last year's pooled budget of £8,762m. £5,728m of this expenditure is social care related services. The draft expenditure plan for 2016/17 is included in appendix one.

Building the evidence case and monitoring scheme activity to ensure they deliver financial benefits across the programme is an integral part of the governance process and so the expenditure plan is subject to change within the year under the agreement of the voting members of the Joint Commissioning Board.

(b) Risk Management

Risks to the programme are reviewed and managed within the risk register which is overseen and reviewed by the BCF Joint Commissioning Board with escalation to Slough Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

The BCF Plan has provisionally identified funding within the pooled budget as contingency to cover areas of risk. There is no Payment for Performance element to BCF in this year against non-elective (unplanned) admissions to hospital but instead a requirement to agree investment in NHS commissioned out of hospital services and/or put a proportion of the fund into a local risk sharing agreement. In the proposed draft the total value of the NHS commissioned out of hospital services is £2,640m together with £800k funding held as risk share to ensure value to the NHS.

Risk	Mitigating action	Opportunities
Legal	A Section 75 (Pooled Budget) agreement in place for 2016/17 by 30 June 2016.	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	Full formal consultations will be carried out with staff over changes as and where required.	Improved joint working and better value for money.
Equalities Issues	EIA will be carried out in respect of individual projects and schemes and any proposed changes.	Improved wellbeing for all residents.
Community Support	Engage communities in the development of BCF related activities.	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 development of BCF related activities.	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.	Acute sector representatives are part of planning and delivery of BCF activities.	Improved joint working and better value for money.

(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 are undertaken as part of planning of any new scheme or project to ensure that there is a clear understanding of how various groups are affected.

(e) Workforce

There are significant workforce development 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 Policy context

A revised BCF Policy Framework has been published for 2016/17 which includes key changes for next year. These are:

- Payment for Performance Framework removed and replaced with 2 new National Conditions
    1. Requirement to use to monies previously allocated to 'Payment of Performance' for investment in NHS Out of Hospital Services (including Social Care)
    2. A jointly agreed system-wide action plan for reducing Delayed Transfers of Care
- A reduced amount of detail required for the assurance process

It is important also that BCF Plans are aligned with other programmes of work including new models of care which form part of the Sustainability and Transformation Plan, set out within the NHS Five Year Forward Plan and delivery of 7-day services.

The timetable for submission of plans has been tight between the issuing of the detailed technical guidance and templates and the deadlines for submission.

NHS Planning Guidance for 2016-17 issued	22 Dec 2015
Technical Annexes to the planning guidance issued	19 Jan 2016
BCF Planning Requirements; Planning Return template, BCF Allocations published	Feb 2016
First submission 9following CCG Operating Plan submission on 8 Feb) agreed by CCGs and local authorities	2 March 2016
Second submission following assurance and feedback to consist of: Revised BCF planning return High level narrative plan	21 March 2016
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25 April 2016
All Section 75 agreements to be signed and in place	30 June 2016

As for last year the BCF plans for 2016/17 need to:

- Be jointly agreed and signed off by the Health and Wellbeing Board by Monday 25 April 2016.
- Maintain provision of social care services (setting a level of protection for social care to ensure that changes do not destabilise the local social and health care system as a whole)
- Provide 7 day services that prevent unnecessary admissions and support timely discharge of patients
- Improve data sharing between health and social care based on the NHS number
- Ensure a joint approach to assessment and care planning
- Include agreement on consequential impact on providers predicted to be substantially affected by the plans
- Include agreement to invest in NHS commissioned out of hospital services (including a wide range of services, including social care)

Other key outcome measures remain the same as for 2015/16 although targets for each will be revised and there is opportunity for wellbeing board areas to review or revise their local performance metric and their locally defined patient experience metric.

Within the NHS Planning Guidance 'Delivering the forward view' 2016/17 – 2020/21 it sets out that overall 2020 goal is that areas will achieve better integration of health and social care in every area of the county and eventually 'graduate' from the BCF programme once they can demonstrate they have moved beyond its requirements. One of the required deliverables in 2016/17 is that each area will have an agreed action plan by March 2017 for better integrating health and social care.

5.2 Local position

5.2.1 Performance in Quarter 3 2015/16

Slough has performed well overall in its performance against both the national conditions and metrics for BCF.

At the end of Q3 (Oct-Dec 2015) non-elective admissions activity was only 340 above our 2015 target or 16,244 and this is 1.4% below the baseline set in 2014 (16,825).

Whilst achieving a reduction in NELs should have released contingency funding to invest in other jointly agreed activity this has not happened in this year due to a several factors which are being explored further in order to reconcile and understand. Part of this is that payments to acute hospital services are set by tariff and agreed in contracts well in advance of the beginning of the year and therefore reduction in activity does not necessarily reduce cost.

The programme has also continued to perform well against other metrics, including:

- Admissions to residential care which are on target to be at or below 77 (a rate of 552 per 100,000) against an increase in population.
- Discharge from hospital into reablement services continue to have a very high success rate on or near 100% still at home 91 days after discharge and also on track to meet target

Delayed transfers of care activity (DToCs) has been volatile with peaks and troughs through the year and in Q3 was 30% above planned activity, this being a total of 645 delayed days above the target figure of 496. This is still relatively small numbers of numbers of people and low in comparison with the national picture. Each wellbeing board is required to have an agreed plan for improvement for 2016/17 as part of the BCF submission and this is in development.

The BCF is on target in terms of its financial forecast and will come in on budget for this year. There has been some underspend identified within areas of the planned activity due to either delay in implementation (arising from capacity and complexity taking forward larger projects), or to business cases not being approved to take forward. This has led to some reinvestment of funds to support other pilot or project work in this year but also agreement to approximately £700k of underspend (not including the contingency) being split between CCG and SBC in contribution to offsetting overspends in both organisations in this year.

5.2.2 BCF Plan for 2016/17

The BCF delivery group used the BCF self-assessment tool to review and evaluate how schemes have progressed and delivered against the metrics in 2015/16 and so help plan towards 2016/17. Through this process we have:

- identified areas of activity that are performing well and how we want to build and develop these
- identified projects that have been slower to get off the ground and what might help in terms of resource and/or linking and scheduling with other planned project activity and
- identified areas which have not performed so well and are taking steps to further review, evaluate or redesign

Several of our projects have been evaluated in detailed impact on the individual cohorts of people and have demonstrated significant impact and return on investment. These include:

Paediatric Non-Elective admissions	Slough has focused in this area in recognition that significant NEL activity is from u18s, particularly around asthma and respiratory problems. Changes in the way that this are managed at practice level and supported by Community Respiratory Nurses have reduced by 14% from our April 2014 baseline. (YTD £268k saving)
Care Homes	There has been a pilot project of a bespoke programme for local Care Homes together with additional GP support which has delivered significant reductions in NEL from Care Homes (up to 50%) as well as providing improved quality of care and positive patient and family experience.(YTD saving 324k)

Telehealth	A small pilot project which has been targeted at patients with COPD and HF and has seen marked reduction in NEL and outpatient follow up. This is giving significant return on investment, as well as having positive feedback from patients and giving additional capacity community nursing staff as a result (delivered a return on investment and £8k saving)
Falls Prevention	This pilot project has been commissioned with Solutions for Health and whilst only operating a few months has started to demonstrate impact against admissions due to falls, currently 9% below our April 2014 baseline.

Where there has been some underspend from slippage in other areas of BCF some of this has been reinvested, through shared decision making of the Joint Commissioning Board, in order to pilot other areas of work in this year and into 2016/17. These include:

Complex Case Management	Using AGC tool to carry out risk stratification and support GPs in identifying and supporting those at risk. This is already showing to have an impact in the first two months of activity.
Responder service	Providing a quick response to people in need who use Care line services as an alternative to ambulance callouts

Within the programme there are also been areas of activity that have not performed so well and these we have either closed for reinvestment or redesigning. These include:

PACE (post acute reablement)	This service was closed in May 2015 and the money reinvested back in the pooled fund
PCICT(Primary Care Integrated Cluster Teams)	This service is being reviewed to remodel the referral pathways and criteria, linking in with our Complex Case Management and Telehealth schemes.

Looking ahead to 2016/17 the Slough BCF programme will continue broadly with its current programme of activity within the present governance structure and identified workstreams. We recognise that although there are some areas of integrated working within our projects and schemes we want to push onwards with some larger change projects within the ambition of our plan.

Our priority schemes within BCF for 2016/17 will see significant progress towards health and social care integration and will be designed and developed to the 'New Vision of Care' model within a co-ordinated and integrated system.

For this year this means BCF bringing focus on the following key areas:

- Establishing our integrated point of referral for professionals into short term services through the existing Health Hub
- Out of Hospital transformation through the integration of our Intermediate Care and short-term services.

These are being taken forward as separate, but linked projects, which together will ensure rapid access to a range of care and support out of hospital which are

accessed through a single route. This will include having a shared assessment and care planning process, a remodelling of PCICT, a shared plan for reducing DToC and exploring models of Discharge to Assess.

5.2.3 Towards integration

Slough hosted a workshop on 23 February inviting partner organisations and patient representatives from across the East Berkshire health and social care system to have shared discussions that will help start to inform our plans for integration by 2020.

The workshop set out the context in which we need to consider and build our integration plans which include not only BCF but the New Vision of Care Model developed across the East of Berkshire and our emerging Sustainability and Transformation Plans (STPs). In order to successfully integrate we will need to look to do this across a much wider footprint than that of the Wellbeing Board and in partnership with our community and health providers.

The workshop then had table discussions with groups of representatives to explore further questions of:

- What we mean by integration?
- Where we are now, and what are the barriers?
- What would a joint approach look like?

There was very good engagement and enthusiasm from all those present and this was recognised in the positive feedback. There was overall a joint recognition from all about what needs to be done in terms of shared objectives and outcomes, and a real willingness to do this together across the system. We are now looking at next steps to build on these first steps and the commitment to taking it forward together.

6. Comments of Other Committees

None

7. Conclusion

This report provides an update on the position of the Slough BCF programme for this year and outlines the approach and priorities being taking forward in the planning of the BCF programme in 2016/17.

Overall Slough has achieved improvements in reducing NEL activity in several schemes and overall against its planned targets for 2016/17. By 25 April we will have produced and updated a refreshed plan for 2016/17 which will build on what has been working well as well as taking forward the larger scale integration projects outlined within the initial plan in September 2014.

The plan will continue to be actively managed through the Joint Commissioning Board with regular progress updates to the Wellbeing Board.

We will continue to engage and plan together with our neighbouring areas in order to have an agreed plan for integration by March 2017.

8. **Appendices Attached**

‘A’ Template showing draft expenditure plan for BCF 2016/17

9. **Background Papers**

‘1’ Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21

‘2’ 2016/17 Better Care Fund Policy Framework (Jan 2016)

‘3’ Better Care Fund Planning Requirements for 2016/17 (Feb 2016)

Template for BCF submission 1: due on 02 March 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Slough

	Expenditure									
Scheme Name	Scheme Type (see table below for descriptions)	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	2016/17 Expenditure (£)	New or Existing Scheme	Total 15-16 Expenditure (£) (if existing scheme)
Enhanced 7 day working	7 day working		Other	To be determined	CCG		CCG Minimum Contribution	£99,000	Existing	£99,000
Complex Case Management	Personalised support/ care at home		Primary Care		CCG	CCG	CCG Minimum Contribution	£60,000	Existing	£60,000
Falls Prevention	Personalised support/ care at home		Other	Independent provider	Local Authority	Private Sector	CCG Minimum Contribution	£50,000	Existing	£50,000
Footcare	Personalised support/ care at home		Other	Charity/voluntary sector	CCG	Charity/Voluntary Sector	CCG Minimum Contribution	£14,000	Existing	£14,000
Stroke	Personalised support/ care at home		Other	Charity/voluntary sector	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	£50,000	Existing	£50,000
Dementia Care Advisor	Personalised support/ care at home		Other	Charity/voluntary sector	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	£30,000	New	
Children's Respiratory Care	Personalised support/ care at home		Acute		CCG	NHS Acute Provider	CCG Minimum Contribution	£95,000	Existing	£88,000
Proactive Care (children)	Personalised support/ care at home		Other	To be determined	CCG		CCG Minimum Contribution	£177,000	Existing	£177,000
Single Point of Access	Integrated care teams		Community Health		CCG	NHS Mental Health Provider	CCG Minimum Contribution	£200,000	Existing	£50,000
Telehealth	Assistive Technologies		Social Care		Local Authority	Private Sector	CCG Minimum Contribution	£50,000	Existing	£25,000
Telecare	Assistive		Social Care		Local Authority	Private Sector	CCG Minimum	£62,000	Existing	£62,000

	Technologies						Contribution			
Disabled Facilities Grant	Personalised support/ care at home		Social Care		Local Authority	Private Sector	Local Authority Social Services	£775,000	Existing	£407,000
RRR Service (reablement and intermediate care)	Reablement services		Social Care		Local Authority	Local Authority	CCG Minimum Contribution	£2,184,000	Existing	£2,184,000
Joint Equipment Service	Personalised support/ care at home		Social Care		CCG	Private Sector	CCG Minimum Contribution	£793,000	Existing	£533,000
Nursing Care Placements	Improving healthcare services to care homes		Social Care		Local Authority	Private Sector	CCG Minimum Contribution	£400,000	Existing	£400,000
Care Homes - enhanced GP support	Improving healthcare services to care homes		Primary Care		CCG	CCG	CCG Minimum Contribution	£110,000	New	
Domiciliary Care	Personalised support/ care at home		Social Care		Local Authority	Private Sector	CCG Minimum Contribution	£30,000	Existing	£30,000
Integrated Care Services / ICT	Integrated care teams		Community Health		CCG	NHS Community Provider	CCG Minimum Contribution	£748,000	Existing	£748,000
Intensive Community Rehabilitation	Reablement services		Social Care		Local Authority	Local Authority	CCG Minimum Contribution	£82,000	Existing	£82,000
Intensive Community Rehabilitation	Reablement services		Community Health		CCG	NHS Community Provider	CCG Minimum Contribution	£170,000	Existing	£170,000
Responder Service	Personalised support/ care at home		Social Care		Local Authority	Private Sector	CCG Minimum Contribution	£60,000	New	
Out of Hospital Tranformation (integrated short term services)	Integrated care teams		Other	To be determined	Joint		CCG Minimum Contribution	£250,000	New	
Carers	Support for carers		Social Care		Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	£196,000	Existing	£196,000
EoL Night Sitting Service	Personalised support/ care at home		Community Health		CCG	Charity/Voluntary Sector	CCG Minimum Contribution	£14,000	Existing	£14,000
Community Capacity	Personalised support/ care at home		Social Care		Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	£200,000	Existing	£200,000
Programme Management Office &	Other	Program me Manage	Other	Various	Joint		CCG Minimum Contribution	£260,000	Existing	£260,000

Governance		ment costs								
Contingency (risk share)	Other	Contingency (risk share)	Other	To be determined	<Please Select>		CCG Minimum Contribution	£800,000	Existing	£867,000
Care Act funding	Personalised support/ care at home		Social Care		Local Authority	Local Authority	CCG Minimum Contribution	£296,000	Existing	£317,000
Additional Social Care protection	Personalised support/ care at home		Social Care		Local Authority	Local Authority	CCG Minimum Contribution	£600,000	Existing	£483,000
Digital roadmap - Connected Care	Integrated care teams		Other	Independent provider	Joint	Private Sector	CCG Minimum Contribution	£180,000	Existing	£208,000