

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

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PART I

FOR COMMENT & CONSIDERATION

BETTER CARE FUND

1. **Purpose of Report**

The purpose of this report is to inform the Scrutiny Panel of the Quarter four outturn of the Better Care Fund (BCF) Plan for 2015/16 and provide a summary annual report on activity and progress.

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

The Panel is requested to comment on the progress being made in the Better Care Fund.

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

3a. **Slough Joint Wellbeing Strategy Priorities**

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners and 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.

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

In summary the total value of the BCF Pooled Budget in 2015-16 was £8.762m. This has increased to £9.035m in 2016-17. The expenditure plan is across 31 separate schemes between the partners of the pooled budget agreement. These are listed within the report in appendix A.

(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 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 expenditure plan the total value of the NHS commissioned out of hospital services is £2,477m together with £542k 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	Improved joint working and better value for money.

	where required.	
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.

5. **Supporting Information**

The quarter four and summary annual report marks the end of the reporting and monitoring the Slough BCF programme for 2015/16.

The BCF Plan for 2016/17 was submitted to NHS England on 3 May 2016. It was presented to the Board on 11 May has now been formally approved by NHS England following a national assurance process.

6. **Comments of Other Committees**

The report has been presented to the Slough Health and Adult Social Care Partnership Delivery Group and Slough Wellbeing Board. There were no amendments proposed and has received positive support.

7. **Conclusion**

This report accompanies the reporting outlining the quarter four and annual report on the 2015/16 Better Care Fund programme.

The BCF Plan for 2016/17 will continue to be actively managed through the Joint Commissioning Board with regular progress updates to the Slough Wellbeing Board.

8. **Appendices Attached**

'A' - Slough Quarter Four and summary Annual Report 2015/16

9. **Background Papers**

None

Appendix A.

Slough Better Care Fund Quarter Four and Annual Report 2015/16

Summary

Overall the Slough BCF programme has been a catalyst and driver towards more integrated working in Slough and through it we have developed strong governance and encouraged open discussion around pressures and priorities together with shared decision making. It has also had good clinical engagement both at a strategic and operational level from GPs and provider partners.

The BCF programme performed well in 2015/16 both in terms of its achievements against the Performance metrics and national conditions. It achieved a 1.43% reduction in non-elective (unplanned) admissions in 2015 from the same period in 2014, which is a significant achievement when profiled against the pattern of activity in most other Wellbeing Board areas in the South of England. However, the pattern of NEL activity is increasing in this year and we want to increase the scale and scope of our programme to achieve greater impact.

For 2016/17 whilst progressing on existing work within our programme we are looking for further integration and joint working across our organisational and geographical boundaries that support the ambitions of both our BCF and the New Vision of Care Programme that will take us further towards a more integrated health and social care system in Slough and East Berkshire.

Slough BCF 2015/16 – Quarter 4 report

The financial outturn of our BCF Pooled Budget was a balanced position for the end of the year. There were some variances to the financial plan arising from closure, late starts and slippage. Regular financial monitoring together with programme planning and scheduling meant we were able to forecast and plan for this so as to make effective use of all the pooled funds and support other areas of activity and pilot schemes. All changes were discussed and agreed through the Joint Commissioning Board and formalised through a contract variation to the Pooled Budget agreement.

In performance terms there was an overall impact on NEL activity and some of this evidenced to specific BCF schemes. In other areas we achieved the target of maintaining our low rate of admissions to care homes and achieved improvements in extending our offer of reablement to a greater number of older people being discharged from hospital, although our success rate has dropped slightly (to 88%) as a result.

Slough's performance on delayed transfers of care (DToC) has been variable within the year and was seen to rise in Q3 and Q4 reporting 30% and 33% above our plan. However, overall numbers are still low in Slough in comparison to the national picture. Our BCF plan for 2016/17 requires us to have a DToC plan to bring about further improvement and so work is in hand to improve in this area across the system. This includes improving our understanding through better data and analysis, and informing our commissioning activity for out of hospital services to improve patient flow and reduce length of stay where possible.

The BCF programme has had regular oversight by the Slough Wellbeing Board with quarterly reports presented to the committee on progress and activity as well as to the Health Scrutiny Panel which ensures visibility and alignment of BCF with other change and transformation programmes. This includes the established links with the reforms that are taking place in social care coming from changes through the Care Act and a shift to asset based approach, and the New Vision of Care design and modelling work happening across the East of Berkshire that will shape and inform integration at a local level.

There has been positive feedback from our partners on the Joint Commissioning Board, including acute, voluntary sector and Healthwatch, on having the opportunity to hold transparent and open debate on proposed use of BCF funding and being able to actively contribute and influence the direction of travel. The governance of Slough's BCF has been held as an exemplar by NHSE.

Performance within individual schemes

There has been significant positive impact evidence from several projects that we will continue to evaluate and build on for 2016/17. These are:

Children's Community Respiratory Service	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 non-elective activity by 14% from our April 2014 baseline
Care Homes	The 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.
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.
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.
Complex Care Management	Carrying out complex case finding and targeting interventions at those most at risk of an admission has started to show significant impact on reduction in admissions amongst this cohort. In the second month of the scheme it has shown 17% reduction in non-elective admissions and 24% reduction in A&E attendances for those identified.

BCF 2016/17 Policy and Planning

The [BCF Policy Framework](#) for 2016/17 has some key changes which included:

- Payment for Performance Framework removed and replaced with 2 new national Conditions
 1. Requirement to use to monies previously allocated to P4P for investment in NHS Out of Hospital Services (including Social Care)
 2. Jointly agreed action plan for reducing DToC
- A reduced amount of detail required for the assurance process

BCF Plans are also required to demonstrate that they are aligned with other programmes of work including new models of care (e.g. New Vision of Care) and form part of the

Sustainability and Transformation Plan, set out within the NHS Five Year Forward Plan and delivery of 7-day services.

The Slough BCF Plan was submitted NHS England on 3 May 2016 and now been approved following a national assurance process against the criteria and conditions laid out within the policy framework.

Slough BCF Plan 2016/17

The BCF Delivery Group used the BCF self-assessment tool to reflect on 2015/16 and help plan towards 2016/17. From this we:

- i) identified areas of activity that are performing well in order to build and develop these
- ii) identified projects that have been slow to get off the ground and provide additional resource and/or linking and scheduling with other planned project activity and
- iii) identified areas which aren't performing so well and take steps to review, evaluate or redesign

As outlined above we were able to identify areas of projected underspend early and ensure that this was reinvested in other areas of activity. These investments had business plans developed and supported through the shared decision making of the Joint Commissioning Board.

These additional investments in 2015/16 include:

- **Complex Case Management** – using AGC tool to carry out risk stratification and support GPs in identifying and supporting those at risk (see above)
- **Responder service** – this provided a quick response to people who are in need and use Care line services as an alternative to ambulance callouts.

We now also have several over new areas of investment into BCF schemes for 2016/17 which form part of our programme and commissioning activity to achieve person-centred integrated care. These are:

- **Integrated Cardio Prevention Programme (£151k)** - A business case has been developed and approved to commission an integrated cardiovascular prevention service for Slough aiming at reducing early deaths from cardiovascular disease
- **Out of Hospital Transformation (£200k)** - Investment identified to support the transformation of a range of services that provide short term support to people at home and in the community to support people to leave hospital in a timely way and/or avoid an unnecessary admission to hospital.
- **Care Homes – enhanced GP support (£110k)** - This investment will be used to commission an enhanced GP service to registered Care Homes in Slough to deliver improved quality of care including care planning, support and training.
- **Dementia Care Advisor (£30k)** – this is an existing scheme which is now funded through BCF and provides advice and support to those newly diagnosed with dementia as well as their carers and families.

- **Integration in local community hubs (£272k)** – this programme is at an early stage but will support the work to provide local services at local community and neighbourhood level linking closely link with the Social Care Reform and Out of Hospital programmes.

For 2016/17 there has also been an increase in investment for equipment of £260k for both health and social care (£130k for each partner) as well as some additional funding through the Disabled Facilities Grant (£368k). We will also be establishing in this year our integrated point of referral for professionals into short term services through the existing Health Hub (£150k).

Mike Wooldridge
BCF Programme Manager
24/6/2016

Slough BCF Expenditure Plan 2016/17

Workstream	No.	Scheme	Scheme type	Area of spend	Commissioner	Provider	2016/17 Expenditure	New or existing scheme	Total 2015/16 (if existing)	Part or Full Budget	RISK	Category	CCG Fund	CCG Pay	SBC Fund	SBC pay
Proactive Care	1	Enhanced 7 day working	7 day working	Other	CCG	CCG	99,000	Existing	99,000	Part	CCG	1	99,000	99,000		
	2	Complex Case Management	Personalised support/ care at home	Primary Care	CCG	CCG	60,000	Existing	60,000	Part	CCG	1	60,000	60,000		
	3	Falls Prevention	Personalised support/ care at home	Other	Local Authority	Private Sector	50,000	Existing	50,000	Full	SBC	1	50,000			50,000
	4	Stroke	Personalised support/ care at home	Other	Local Authority	Charity/Voluntary Sector	57,000	Existing	50,000	Full	SBC	1	57,000			57,000
	5	Dementia Care Advisor	Personalised support/ care at home	Other	Local Authority	Charity/Voluntary Sector	30,000	New		Full	SBC	1	30,000			30,000
	6	Children's Respiratory Care	Personalised support/ care at home	Community Health	CCG	NHS Acute Provider	95,000	Existing	88,000	Full	CCG	1	95,000	95,000		
	7	Proactive Care (children)	Personalised support/ care at home	Other	CCG	CCG	127,000	Existing	177,000	Full	CCG	1	127,000	127,000		
Single Point of Access	8	Single Point of Access (Integrated Hub)	Integrated care teams	Community Health	CCG	NHS Community Provider	150,000	Existing	50,000	Full	CCG	1	150,000	150,000		
Integrated Care	9	Telehealth	Assistive Technologies	Social Care	Local Authority	Private Sector	50,000	Existing	25,000	Full	SBC	1	50,000			50,000
	10	Telecare	Assistive Technologies	Social Care	Local Authority	Private Sector	62,000	Existing	62,000	Part	SBC	3	62,000			62,000
	11	Disabled Facilities Grant	Personalised support/ care at home	Social Care	Local Authority	Private Sector	775,074	Existing	407,000	Full	SBC	4			775,074	775,074
	12	RRR Service (reablement and intermediate care)	Reablement services	Social Care	Local Authority	Local Authority	2,184,000	Existing	2,184,000	Part	SBC	3	2,184,000			2,184,000
	13	Joint Equipment Service	Personalised support/ care at home	Social Care	CCG	Private Sector	793,000	Existing	533,000	Part			793,000	663,000		130,000
	14	Nursing Care Placements	Improving healthcare services to care homes	Social Care	Local Authority	Private Sector	400,000	Existing	400,000	Part	SBC	3	400,000			400,000
	15	Care Homes - enhanced GP support	Improving healthcare services to care homes	Primary Care	CCG	CCG	110,000	New		Full	CCG	1	110,000	110,000		
	16	Domiciliary Care	Personalised support/ care at home	Social Care	Local Authority	Private Sector	30,000	Existing	30,000	Part	SBC	3	30,000			30,000
	17	Integrated Care Services / ICT	Integrated care teams	Community Health	CCG	NHS Community Provider	748,000	Existing	748,000	Full	ALL	2	748,000	748,000		
	18	Intensive Community Rehabilitation	Reablement services	Social Care	Local Authority	Local Authority	82,000	Existing	82,000	Part	ALL	3	82,000			82,000
	19	Intensive Community Rehabilitation	Reablement services	Community Health	CCG	NHS Community Provider	170,000	Existing	170,000	Part	ALL	3	170,000			170,000
	20	Responder Service	Personalised support/ care at home	Social Care	Local Authority	Private Sector	60,000	New		Full	SBC	1	60,000			60,000
	21	Out of Hospital Transformation (integrated short term services)	Integrated care teams	Other	Joint	Local Authority	200,000	New		Full	ALL	2	200,000			200,000
	22	Integration (local Wellbeing Hubs)	Integrated care teams		Joint	Local Authority	272,000	New		Full	ALL	2	272,000			272,000
	23	Digital roadmap - Connected Care	Integrated care teams	Other	Joint	Private Sector	172,000	Existing	208,000	Part	CCG	1	172,000	172,000		
	24	Integrated Cardiac prevention programme	Integrated care teams	Community Health	Local Authority	NHS Community Provider	150,500	New		Full	SBC	1	150,500			150,500
Community Capacity	25	Carers	Support for carers	Social Care	Local Authority	Charity/Voluntary Sector	196,000	Existing	196,000	Part	SBC	3	196,000			196,000
	26	EoL Night Sitting Service	Personalised support/ care at home	Community Health	CCG	Charity/Voluntary Sector	14,000	Existing	14,000	Part	CCG	3	14,000	14,000		
	27	Community Capacity	Personalised support/ care at home	Social Care	Local Authority	Charity/Voluntary Sector	200,000	Existing	200,000	Part	ALL	3	200,000			200,000
Enablers	28	Programme Management Office & Governance	Other	Other	Joint	Local Authority	260,000	Existing	260,000	Full	ALL	2	260,000			260,000
Other	29	Contingency (risk share)	Other	Other	CCG	NHS Acute Provider	542,000	Existing	867,000	Full	ALL	2	542,000	542,000		
	30	Care Act funding	Personalised support/ care at home	Social Care	Local Authority	Local Authority	296,000	Existing	317,000	Part	SBC	3	296,000			296,000
	31	Additional Social Care protection	Personalised support/ care at home	Social Care	Local Authority	Local Authority	600,000	Existing	483,000	Part	SBC	3	600,000			600,000
							9,034,574						8,259,500	2,780,000	775,074	6,254,574

- 1 Entire scheme funded within BCF - risk with one partner
- 2 Entire scheme funded within BCF - risk with both partners
- 3 Fixed contribution towards a larger budget held by one partner
- 4 Capital spend – ring fenced

BCF Performance Summary

1. Non-elective admissions

Within the Payment for Performance period (Jan-Dec 2015, Q4-Q3) Slough performed well against its plan for NEL achieving an overall reduction of 241 against the baseline (Jan-Dec 2014) which was 1.43%. This activity has increased into the next and final quarter of the financial year. Performance for Q4 is an improvement on Q3 by 67 NEA but is significantly above our ambition target of 3665 set within our plan.

Baseline				Plan					Actual				
Q4 2013/14	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
3,941	4,147	4,297	4,441	3,798	3,991	4,161	4,294	3,665	3,969	3,974	4,080	4,572	4,505

HWB Non-Elective Admission Plan 2016/17				
Q1	Q2	Q3	Q4	Total
4,134	4,273	4,511	4,122	17,040

2. Residential Admissions

There were 76 permanent admissions of older people to care homes in 2015/16. Performance in 2014/15 was also 76 admissions. Application of DH a mid-2014 population estimate of 13,620 to this to create an adjusted per capita rate of 558.1 per 100,000.

		Actual 2014/15	Planned 2015/16	Actual 2015/16	Planned 2016/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	558.1	554.8	534.7	534.7
	Numerator	76	77	76	76
	Denominator	13,620	13,880	13,880	14,215

3. Reablement

Slough has been high performing in terms of its reablement activity for older people in recent years. It was our ambition was to extend our offer reablement to a greater number of older people discharged from hospital in this and acknowledged that our success rate would drop against a larger cohort of patients. We have seen more people coming through the service than anticipated and the denominator increased significantly. Our 91 day indicator has therefore reduced further as a result to 88%. For 2016/17 we plan to maintain our higher level of activity but with this regain a higher success rate of 90%.

		Actual 2014/15	Planned 2015/16	Actual 2015/16	Planned 2016/17
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	100.0%	94.3%	87.6%	90.4%
	Numerator	60	66	99	104
	Denominator	60	70	113	115

4. Delayed Transfers of Care

Our DTOC targets set are ambitious and aspire to a reduction in our quarterly rate by 5 over the year. We aim to reduce the variation seen in 2015/16 activity and bring our average rate per quarter over the year from 555 to 429. This requires achieving actual target activity of 470 reduced bed days per quarter or better.

		2015-16 plans				2015-16 actuals				2016-17 plans			
		Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	468.5	465.7	468.5	454.4	728.3	464.7	609.3	612.8	440.4	435.7	435.7	437.0
	Numerator	496	493	496	485	771	492	645	654	470	465	465	470
	Denominator	105,864	105,864	105,864	106,723	105,864	105,864	105,864	106,723	106,723	106,723	106,723	107,546

5. Local Performance Metric

This has been selected as a new indicator for Slough for 2016/17. This indicator is taken from the GP survey. Slough achieved 86% in 2013/14 and then improved to 89% in 2014/15. Our CCG comparator group average is 90% (with worst at 89%) and England average is 93%. This indicator fits with our ambition to support more people towards self help but also in knowing where to go for information and advice, having access to support when needed and proactive case management for those with complex long term conditions. Our baseline rate is from the results of the GP survey in January 2016 and is 90%

		Actual 2015/16	Planned 16/17
Confidence in managing own health - confident (total) GPS33	Metric Value	90.0	91.0
	Numerator	1,815.0	1,841.0
	Denominator	2,023.0	2,023.0

6. Experience Metric

Actual outturn of client satisfaction in 2014/15 was 55 which was lower than target of 58. We committed to again reaching a target of 58 in this indicator again for 2015/16 and achieved 59. We aim to maintain this performance into 2016/17. Numbers relate to those who are receiving social care and where number of respondents is low can make significant differences to the satisfaction rate.

		Actual 2015/16	Planned 2016/17
Client satisfaction with care and support (3a of the ASCOF framework).	Metric Value	59.0	59.0
	Numerator	654.0	654.0
	Denominator	1,108.0	1,108.0