

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 29th March 2017

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WARD(S): All

PART I **FOR DECISION**

BETTER CARE FUND PROGRAMME 2016-17 – QUARTER 3 REPORT

1. Purpose of Report

The purpose of this report is to inform the Slough Wellbeing Board (SWB) of the quarter three position for the Better Care Fund (BCF) programme for 2016/17.

This report also informs the Board on the process on BCF planning for 2017-19 and requests that the Board agree to delegate a final decision on the signing off of the Better Care Fund Plan 2017-19 to the Director of Adult Social Care

2. Recommendation(s)/Proposed Action

The Wellbeing Board is requested to:

- i) note the progress against this year's plan for quarter three and
- ii) agree to delegate the sign off of the final BCF plan for 2017-19 to the Director of Adult Social Care

3. The Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020 Priorities

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners aims to improve, both directly and indirectly, the wellbeing outcomes for the people of Slough in the areas of:

- i) increasing life expectancy by focussing on inequalities and
- ii) Improving mental health and wellbeing.

3b. The JSNA

The BCF programme is broad in scope and aims to address, or contribute significantly to a number of areas of need identified in the JSNA. This includes the improvement of health in Slough's adult population through risk stratification and proactive early interventions with people at risk of disease and ill health.

BCF also encompasses enabling people to age well by promoting good health and maximising independence but also providing short-term support and reablement when required, or help navigate to other sources of support.

There are also elements included that support children and young people in areas such as asthma and support to young carers.

3c. Five Year Plan Outcomes

The Slough BCF programme contributes to achieving the five year plan outcome of more people will take responsibility and manage their own health, care and support needs.

4. Other Implications

(a) Financial

The size of the Pooled Budget in 2016-17 is £9.035m. The expenditure plan is across 31 separate schemes between the partners of the pooled budget agreement. These are listed within the finance summary in appendix A.

(b) Risk Management

The Joint Commissioning Board continues to oversee and monitor a risk register for the BCF programme. The register identifies and scores risks of delivery of the programme together with actions to mitigate or manage the risks. These are summarised below:

High Risk	<ul style="list-style-type: none"> Improvements in delivery don't translate into required reductions in acute and social care activity impacting on funds available to invest in further capacity Financial outlook continues to be uncertain impacting on ability to invest on a sustained basis to alter patterns of care
Medium Risk	<ul style="list-style-type: none"> Complex and changing environment across health and social care systems means BCF has interdependency with other programmes across Slough, East Berks and new STP area which have potential to impact, possibly duplicate, conflict or delay progress. Change to population and patterns of demand exceed projections resulting in greater demand. Cultural change and change management take longer to achieve due to operational pressures on staff Information Governance – difficulties sharing patient/service user data across health and social care Workforce planning – insufficient capacity with requisite skills to both plan and deliver services
Low Risk <i>(previously assessed as</i>	<ul style="list-style-type: none"> Impact of the Care Act The statutory requirements of the Care Act are in place. Further changes are underway through Social Care Reform programme

'medium' but now reduced)	to ensure services able to meet further demand and meet saving requirements on local authority. Financial risks above will also impact on ability to meet Care Act requirements.
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These risks will be reviewed again as part of the new planning round for 2017-19.

(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

As previous reports have highlighted there will be significant workforce development implications as we move forward towards integration for Health and Social Care by 2020. This will lead to new ways of working in partnership with others which 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, the Sustainability and Transformation Plan (STP) and the Social Care reform programme within Adult Social Care services in SBC.

5. Summary

The Board is asked to note the progress of the BCF in quarter three. A progress report template is completed and returned to NHS England from each Wellbeing Board area each quarter and this was submitted by on 3rd March 2017. The summary of this is provided within this report.

A section 75 agreement is in place and funds held within a pooled budget arrangement, hosted by SBC. All funds are committed as outlined in the expenditure plan in appendix 1. Overall the forecast is for an underspend of £411k from the quarter three position. A summary of the finance is described below.

The Joint Commissioning Board agreed at the end of this quarter to invest underspend from two of the schemes into commissioning of adult social care in order to maintain delivery of social care services in this year (£322k), together with further funds to support additional activity arising from winter pressures (£150k).

The BCF programme is delivering on the national conditions it is required to deliver as

part of access to the funds. Where it is not there is work in progress to achieve these.

Slough's position on non-elective admissions to hospital continues to be above plan and whilst there is evidence of impact within individual schemes they have not been sufficient in scale to reduce this overall activity.

Delayed Transfers of Care are also over the targets set out within the plan; partly due to capacity within the system to both move people back into the community and in the capacity to undertake clinical assessments within Wexham Park.

NEL and DTOC performance continue to be scrutinised monthly at BCF Delivery Group meetings and within the A&E Delivery Board to keep a grip on the impact BCF schemes are having on levels of activity and better outcomes for residents.

At a joint meeting of BCF managers from East Berks with Kevin Johnson from NHS England, there was encouraging reassurance that overall we are performing well as a system in comparison to other areas. There was agreement that intensifying our focus on Delayed Transfers of Care will require a collective approach across the East of Berkshire intermediate care and reablement teams. The benefits of collaborative working and synergies across BCFs being embedded in financial planning for 2018/19 and beyond.

6. Supporting Information

6.1 Finance summary

Most schemes are forecast to be fully spent by the year end.

However, underspends are expected against the following schemes:

- Enhanced 7-day working: £99k (going forward this will be used in support of Out of Hospital Transformation)
- Proactive Care (children): £124k
- Single point of access: £60k following approval of the 3-year business case
- Care Homes - enhanced GP support: £40k
- Integrated Cardiac prevention programme: £89k following evaluation of tenders.

The BCF Joint Commissioning Board agreed in December for underspends on Out of Hospital Transformation (integrated short term services) and Integration (local wellbeing hubs) to be used for additional investment to maintain social care services.

Falls prevention: following evaluation of the six-month pilot it has been agreed to continue funding for a further year at a full year cost of £90k, and a further £25k has been agreed to the end of the financial year.

It is anticipated that the Contingency (risk share) will be fully spent based on current performance on the reduction of non-elective admissions.

6.2 National Conditions

There are a number of national conditions to the BCF that areas are expected to address through their programme activities. The majority of these are being met with the following exceptions:

1. *Are support services both at hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patients care pathway, as determined by the daily consultant led review, can be taken (standard 9)?*

This is in progress and pathways are being systematically reviewed in the light of 7 day response and clinical oversight to identify any that do not have consultant led review. Local plans are being put in place where necessary to address this.

II. *Is the NHS number being used as the consistent identifier for health and social care services?*

SBC are using a matching service in order to check and match NHS numbers safely and securely with our social care records and are now at an improved position from last quarter; now 76.67% of all records.

III. *Ensure a joint approach to assessments and care planning and ensure that, where funding is used for joint packages of care, there will be an accountable professional.*

This is happening in parts of the system but not consistently across all services. There are some joint funded packages of care and there is a lead agency and worker for these.

The system wide 'New Vision of Care' programme aims to support the delivery of joint assessment and care planning. Timescales have slipped for the piloting of a shared assessment as part of our Out of Hospital Transformation programme which increased its scope from Slough alone to across East of Berkshire. A trusted assessor approach for access into intermediate care services is part of this work.

IV. *Agreement on the consequential impact of the changes on providers that they are predicted to be substantially affected by the plans.*

SRG (now A&E avoidance group) and STP planning programme group is working through impact of changes and mitigations needed.

6.3 Performance against BCF metrics

Non-elective admissions

Non-elective admissions have continued to rise in quarter three to 9.9% above plan. This is despite positive impact on reducing non-electives in the cohorts of people through schemes such as falls prevention and complex case management. A significant proportion of these continue to be admissions of children into the Paediatric Assessment Unit at Wexham Park hospital.

Table 1. Non- elective admissions to hospital (total, all ages) – performance against plan

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Full Year	147,821	16,517	18,200	3,078	+10.2%

Year	Forecast	Pop	Quarter Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Q3	147,821	4,373	4,807	3,252	+9.9%

Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	144,575	4,147	3,916	2,709	-5.6%
2014/15	Q2	144,575	4,297	4,066	2,812	-5.4%
2014/15	Q3	144,575	4,441	4,279	2,960	-3.6%
2014/15	Q4	146,304	3,798	3,780	2,584	-0.5%
2015/16	Q1	146,304	3,991	3,742	2,558	-6.2%
2015/16	Q2	146,304	4,161	3,844	2,627	-7.6%
2015/16	Q3	146,304	4,294	4,355	2,977	+1.4%
2015/16	Q4	147,821	3,665	4,384	2,966	+19.6%
2016/17	Q1	147,821	4,007	4,354	2,945	+8.7%
2016/17	Q2	147,821	4,142	4,489	3,037	+8.4%
2016/17	Q3	147,821	4,373	4,807	3,252	+9.9%
2016/17	Q4	149,285	3,995			

Delayed Transfers of Care

Delayed Transfers of Care continue to be significantly higher than our planned performance in this year. These have risen further in this third quarter to 112.7% above plan. Main reasons attributable to these delays is in capacity to complete clinical assessments and capacity in community to which to safely discharge. This includes care homes, particularly nursing EMI beds, as well as within reablement services. The additional investment from BCF to fund additional social care capacity over the winter period and this has been effective in keeping delays related to social care in Slough to a minimum (graph 2).

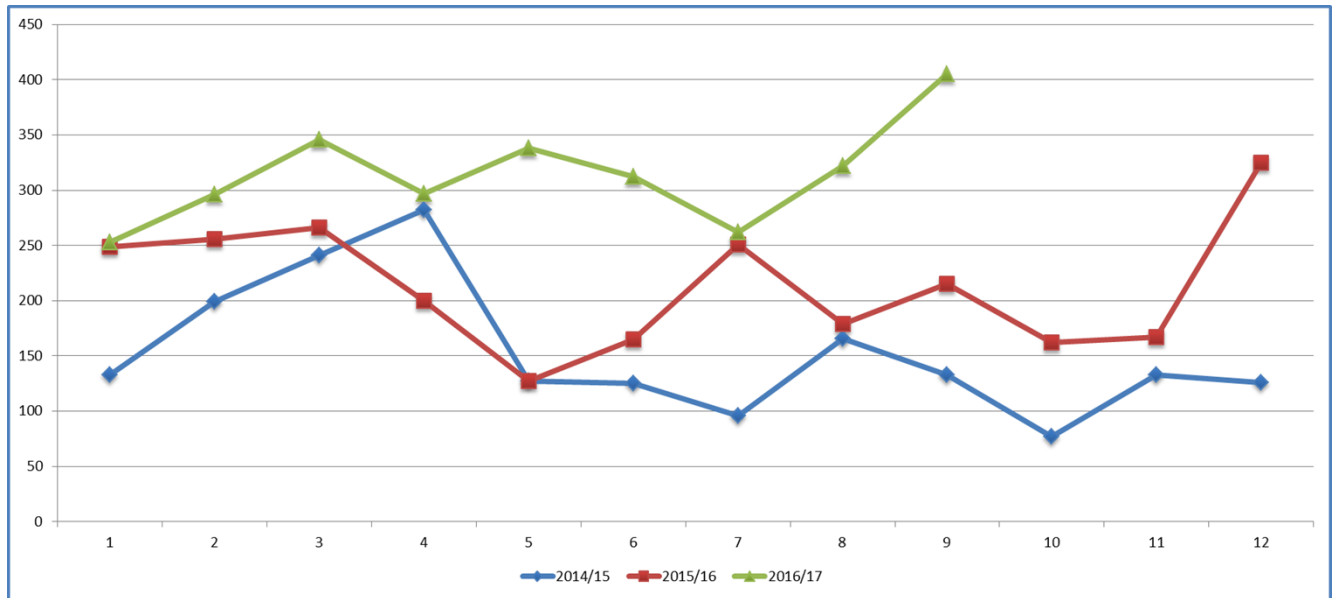
Table 2 – Delayed transfers of care (total no. of delayed bed days in all acute hospitals, all ages)

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Full Year	106,723	1,870	3,775	884	+101.9%

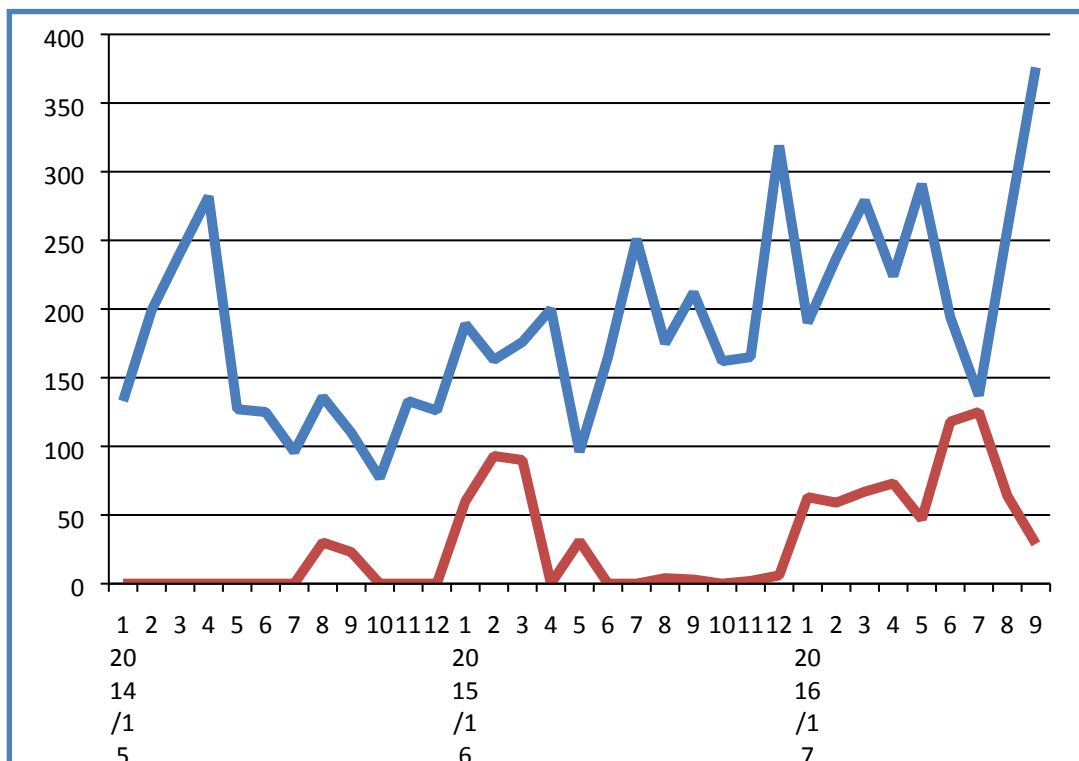
Year	Forecast	Pop	Quarter Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Q3	106,723	465	989	927	+112.7%

Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	104,708	490	573	547	+16.9%
2014/15	Q2	104,708	490	534	510	+9.0%
2014/15	Q3	104,708	490	395	377	-19.4%
2014/15	Q4	105,864	480	336	317	-30.0%
2015/16	Q1	105,864	496	771	728	+55.4%
2015/16	Q2	105,864	493	492	465	-0.2%
2015/16	Q3	105,864	496	645	609	+30.0%
2015/16	Q4	106,723	490	654	613	+33.5%
2016/17	Q1	106,723	470	895	839	+90.4%
2016/17	Q2	106,723	465	947	887	+103.7%
2016/17	Q3	106,723	465	989	927	+112.7%
2016/17	Q4	107,546	470			

Graph 1 – Total number of delayed bed days (all patients by month)



Graph 2 – NHS and Social Care responsible delays



Data on activity on Admissions to Care Homes and Reablement is not currently available in this quarter but will be included in the quarter four annual report.

6.4 BCF Planning 2017-19

As at 16th March 2017 the planning guidance for the Better Care Fund from the Department of Health/NHS England has not been published. It is likely that the guidance will be published within the next two weeks but has been subject to delay since the start of this year. It is understood that the final submission will be required

within six or seven weeks of the guidance being published. A national condition of the process is that the Health and Wellbeing Board for each area approve their local plan.

This tight timeline means that the planning will still be in development at the time that the Wellbeing Board reports are despatched for the May meeting. It is therefore requested that delegated authority from the Chair of the Wellbeing Board is sought to enable the Director of Adult Social Care to submit the plan on behalf of the Wellbeing Board.

The BCF programme is governed by a BCF Delivery Group, the Joint Commissioning Board, and the Slough Wellbeing Board. Highlight reports together with performance, finance and risk updates are reported quarterly to the JCB and a summary progress report each quarter to the SWB.

Webinar guidance received from NHS England for the BCF 2017-19 has indicated that when published, the guidance is likely to reduce the National Conditions from 8 to 3; these being for 2017/18

- Plans to be jointly agreed
- Maintain provision of social care services
- Agreement to invest in NHS commissioned out-of-hospital services

The announcement of additional social care funding as part of the Spring Budget will be introduced as Improved Better Care Fund (IBCF) allocations to LAs. For Slough this is an additional £4.362m over the next three years.

The grant conditions for the IBCF will require councils to include this money in the local BCF Plan, and is intended to enable areas to take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally by implementing best practice set out in the [High Impact Change Model for managing transfers of care](#).

There will be a continued requirement to submit quarterly reports on performance, against certain key national indicators; these being:

- Non elective admissions
- Admissions to residential home
- Effectiveness of reablement
- Delayed Transfers of Care

The guidance is also expected to require that the BCF submission clearly demonstrates and links to the overarching vision for Health and Social care integration and addresses how the local vision will move services towards being more community based and preventative in approach. The plan will therefore need to show a coherent linkage to the Frimley Health and Care System Sustainability and Transformation Plan, as well as the “New Vision of Care” model.

7. **Comments of Other Committees**

None

8. **Conclusion**

This report outlines the quarter three position on the Slough BCF programme and the progress reported to NHS England as part of its regular monitoring.

A decision delegating the sign off of the Better Care Plan to the Director of Adult Social Care will enable us to meet our required deadline for submitting the 2017-19 plan to NHSE if this falls ahead of the next SWB meeting in May.

9. **Appendices attached**

'A' - Slough BCF financial report to end of December 2016

10. **Background Papers**

'1' - [Slough Better Care Fund plan 2016-17](#)

Appendix 1

SLOUGH BETTER CARE FUND FINANCIAL REPORT

£'000

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Workstream	No.	Scheme	Area of spend	Commissioner	Risk	Category	December 2016			Financial Year 2016-17		
							YTD Plan	YTD Actual	Variance	Plan	Forecast	Variance
Proactive Care	1	Enhanced 7 day working	Other	CCG	CCG	1	-	-	-	99	-	99
	2	Complex Case Management	Primary Care	CCG	CCG	1	45	45	-	60	60	-
	3	Falls Prevention	Other	Local Authority	SBC	3	75	75	-	75	75	-
	4	Stroke	Other	Local Authority	SPLIT	1	43	43	-	57	57	-
	5	Dementia Care Advisor	Other	Local Authority	SBC	1	23	23	-	30	30	-
	6	Children's Respiratory Care	Community Health	CCG	CCG	1	71	71	-	95	95	-
	7	Proactive Care (children)	Other	CCG	CCG	1	11	-	11	127	3	124
Access	8	Single Point of Access	Health	CCG	ALL	2	113	68	45	150	90	60
Integrated Care	9	Telehealth	Social Care	Local Authority	SBC	1	38	38	-	50	50	-
	10	Telecare	Social Care	Local Authority	SBC	3	47	47	-	62	62	-
	11	Disabled Facilities Grant	Social Care	Local Authority	SBC	4	581	581	-	775	775	-
	12	RRR Service (reablement and intermediate care)	Social Care	Local Authority	SBC	3	1,638	1,638	-	2,184	2,184	-
	13	Joint Equipment Service	Social Care	CCG	SPLIT	1	595	595	-	793	793	-
	14	Nursing Care Placements	Social Care	Local Authority	SBC	3	300	300	-	400	400	-
	15	Care Homes - enhanced GP support	Primary Care	CCG	CCG	1	83	53	30	110	70	40
	16	Domiciliary Care	Social Care	Local Authority	SBC	3	23	23	-	30	30	-
	17	Integrated Care Services / ICT	Community Health	CCG	ALL	2	561	561	-	748	748	-
	18	Intensive Community Rehabilitation	Social Care	Local Authority	SBC	3	62	62	-	82	82	-
	19	Intensive Community Rehabilitation	Community Health	CCG	CCG	3	128	128	-	170	170	-
	20	Responder Service	Social Care	Local Authority	SBC	1	60	60	-	60	60	-
	21	Out of Hospital Transformation (integrated short term services)	Social Care	Joint	ALL	2	-	-	-	150	150	-
	22	Integration (local Wellbeing Hubs)	Social Care	Joint	ALL	2	-	-	-	-	-	-
	23	Digital roadmap - Connected Care	Other	Joint	CCG	3	129	129	-	172	172	-
	24	Integrated Cardiac prevention programme	Community Health	Local Authority	SBC	1	-	-	-	151	62	89
Capacity	25	Carers	Social Care	Local Authority	SBC	3	147	147	-	196	196	-
	26	EoL Night Sitting Service	Community Health	CCG	CCG	1	11	11	-	14	14	-
	27	Community Capacity	Social Care	Local Authority	SBC	3	150	150	-	200	200	-
Enablers	28	Programme Management Office & Governance	Other	Joint	ALL	2	195	150	45	260	260	-
Other	29	Contingency (risk share)	Other	CCG	ALL	2	-	-	-	542	542	-
	30	Care Act funding	Social Care	Local Authority	SBC	3	222	222	-	296	296	-
	31	Additional Social Care protection	Social Care	Local Authority	SBC	3	692	692	-	922	922	-
							6,038	5,907	130	9,060	8,648	411