

HEALTH AND WELLBEING BOARD

15 MARCH 2016

BETTER CARE FUND 2016/17

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Summary

This report is provided to update on the progress of the Better Care Fund, outline the plan for 2016/17 and provide details of the changes introduced by NHS England. The Board is asked to note the report.

1. Budget and Policy Framework

- 1.1 The Better Care Fund (BCF) is a joint plan between NHS Medway Clinical Commissioning Group (the CCG), Medway Council with Medway NHS Foundation Trust (MFT) as a key stakeholder.
- 1.2 The implementation of the BCF started in April 2015 with a key focus on reducing non-elective admission to MFT through improving the interface between the various partners across the health and social care system.
- 1.3 A pooled budget is administered in accordance with a Section 75 agreement between the CCG and the Council.
- 1.4 A revised BCF planning framework and planning template were received on 23 February and 24 February respectively, with an initial return date for the first version of the planning template to NHS England on 2 March. This requires confirmation that an updated progress report is offered to the Health and Well-being Board as part of its assurance process.

2. Background

- 2.1 Medway's BCF programme is ambitious given that one of the major partners in this process, Medway Foundation NHS Trust (MFT), remains in "special measures" and this has a direct impact on the plan's ability to deliver the agreed outcomes.
- 2.2 Nevertheless, significant progress is being made to improve the experience of those Medway residents in receipt of support from the health and social care system. Much effort has been made to ensure that respective parts of the health and social care system do not work in silos.

- There is much better connectivity with Primary Care and the Local Care Teams through regular liaison with the BCF programme and Partnership Commissioning
- A link has been made between Primary Care and ongoing developments in the arenas of frailty and dementia
- The Care Navigator service is now fully embedded and has been expanded to include discharges from IDT, engagement with the Home to Assess trial and has the potential to impact positively on aspects of the Patient / Family Choice process which are causing delays
- Support for community-based programmes such as MEGAN and DERiC has been enhanced ensuring these now sit “within the circle” instead of operating in isolation

2.3 During the year MFT accepted support from the Emergency Care Improvement Programme (ECIP) and this work is aligned to produce a joined up approach.

3. Options

3.1 It is clear that the ongoing issues with MFT are impacting on the ability of the health and social care system to implement change and improvement as resources are tied up in the acute setting.

3.2 Nevertheless, initiatives driven forward under the auspices of BCF will be making significant improvements across the health and social care system in the next 12 months:

- The introduction of a single provider for the newly commissioned Medway Integrated Community Equipment Service from April 2016 for example will bring economies of scale and an improved service for users.
- The introduction of the Home to Assess and Intermediate Care pathways will facilitate better discharge from the acute trust and provide the foundation for the local plan to drive down delayed transfer of care (DToC). This work will also continue to support the acute trust in their efforts to improve discharge in a safe and timely manner.

3.3 The review of local services and organisations providing Information, Advice and Guidance in the Medway area will deliver a better joined-up process that will also bring economies of scale and an improved service for users.

4. Advice and analysis

4.1 For 2016 there are revisions to the National Conditions which, alongside confirmation that the plan is agreed and social care services (not spending) are protected, are:

- Agreement for the delivery of seven day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate
- Better data sharing across health and social care based on the NHS number

- Ensuring a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
 - Agreement on the consequential impact of the changes on providers that are predicted to be substantially affected by the plans
 - Agreement to invest in NHS commissioned out of hospital services
 - Agreement on a local target for Delayed Transfer of Care (DToC) and develop a joint local action plan
- 4.2 While most of these conditions are carried over from the 2015/16 plan, some, such as the reference to seven-day services and to better data sharing using the NHS number, are subtly altered from the 2015/16 plan. Others included in the original plan, such as the use of “open APIs – systems that talk to each other” are removed, while the final condition, the development of a local DToC target and plan, is completely new.
- 4.3 The introduction of the requirement to develop a local plan to drive down DToC is not unexpected. Since May 2015 the Head of Better Care Fund has been leading a multi-disciplinary group to explore DToC on a weekly basis to ensure that at the monthly reporting there are “no nasty surprises”.
- 4.4 This effort has led to a much more informed understanding of the issues causing DToC. Work by a senior multi-disciplinary team to address those themes and bring about a much more stable landscape within which progress on DToC can be based.
- 4.5 Progress on the other national conditions has been steady. Ensuring that the NHS number is used across the social care system has been a challenge in that Framework-i does not require the collection of this data as a default. This will change from 1 April 2016 when the collection of the NHS number will become a mandatory requirement bringing social care in line with the health system.
- 4.6 Although the requirement to develop systems that “talk” to each other appears to have been removed as a national condition, much work has been undertaken across the health and social care system led by the CCG through the development of the Digital Road Map to ensure this conversation has a framework within which to develop. As a result, there is a clear focus to ensure the interoperability of new systems as well as the potential to develop Technology Enhanced Care Services (TECS) in the Medway area.
- 4.7 Support and development for community based services continues to be a focus with voluntary sector organisations such as MEGAN, which supports people with personality disorders, and DERiC, which is supporting the creation of two locally based self-help organisations in Hoo and Walderslade, to move forward at pace.

5. Engagement activity

- 5.1 Engagement across all aspect of change has been taking place: the Carer’s Board has been reformed and is actively considering the revision to the Carer’s Strategy as part of the Care Act programme and this will be in place for April 2017. Local voluntary organisations have participated in the review of the Information, Advice and Guidance and will be involved in a market-

shaping exercise to ensure that what is eventually commissioned is fit for purpose. Providers have also been engaged with Commissioners to undertake a “Fair Cost of Care” consultation.

6. Risk management

- 6.1. Risk management is an integral part of the BCF plan and there is an embedded risk management plan within the Section 75 agreement which has also been endorsed by this Board.
- 6.2. The agreement relating to the pooled funding apportions the risk relative to the contribution, addresses the issue of over commitment of budget lines and deals with associated risk.
- 6.3. An updated risk analysis is set out in the table below.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Overheads	MFT is unable to reduce overheads linked to a reduction in activity from BCF impact, compromising their financial position	CCG and MFT are working closely together to ensure detail of plans aligned and impact understood. Annual review of target involving commissioners and provider(s).	Medium
Resource shifting	Shifting of resources to fund new joint interventions and schemes will destabilise current service providers, particularly in the acute sector	A Transition Plan will be developed and implemented with Medway NHS Foundation Trust to ensure areas of concern are identified early and appropriate actions implemented in a timely fashion. Contingency plans put in place	High
Operational pressures	Operational pressures on the workforce will restrict the ability to deliver the required investment and associated projects to make the vision of care outlined in our Better Care Fund submission a reality, including workforce recruitment, skills analysis and change management.	Our 2016/17 schemes include specific non-recurrent investments in the infrastructure and capacity support of the overall organisational development including workforce.	High

	Day-to-day operational involvement from providers prevents them from making the required changes to develop a long-term integrated vision.	Commissioners will work closely with providers throughout the process and ensure that they have the necessary support and resources to deliver the required changes in the timeframe required.	Medium
	Inability within the timeframe required to address the cultural and competency requirements across the whole workforce to enable integrated working to be successful.	Through engagement with service providers we will ensure diverse staff groups are brought together to build a new integrated professional identity reinforced by physical co-location, joint management structures and shared training.	Medium
	Preventative services will fail to translate into the necessary reductions in acute, nursing home /residential care home activity by 2015/16, impacting the overall funding available to support core services and future schemes.	Partnership Commissioning will ensure that activity is monitored and report any deviation from planned trajectory to the Joint Commissioning Board who will put in place remedial action in a timely fashion. Contingency plans inline with risk sharing agreement in s75.	Medium
	Sustainability of financial planning assumptions	Close monitoring against the Better Care Fund metric to secure shift in patient flows out of hospital. To continue to review financial planning assumptions against progress and adjust plans accordingly.	High
Care Act	The introduction of the Care Act 2014 will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and plans.	We have undertaken an initial impact assessment of the effects of the Care Act and will continue to refine our assumptions as we continue to modify our Better Care Fund response.	Medium

	The council, and its NHS partners, has well-established support arrangements for carers (including young carers) but it is likely that the Care Act 2014 will lead to a significant rise in carers' assessments and further financial pressure as more carers seek local authority support. The current projections estimate a sevenfold increase.	We will continue to revisit the impact assessment of the effects of the Care Act and will continue to refine our assumptions as we develop our final Better Care Fund response.	Low
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7. Financial implications

- 7.1 The financial implications of the BCF are detailed in the separate Section 75 agreement (S75), the structure of which has already been reported.
- 7.2 The S75 agreement for 2015/16 was signed off in May 2015.
- 7.3 For 2016/17 the Council and the CCG will review all budget lines quarterly to ensure that spend is delivering the required impact.

8. Legal implications

- 8.1 There are no legal implications for the Board as the recommendation is for the Board to note the current position. The decision to host the section 75 Pooled Fund Agreement for the Better Care Fund was taken by Cabinet on 13 January 2015. Cabinet delegated authority to the Director of Children and Adults Services with the Chief Legal Officer and in consultation with the Portfolio Holder for Adult Services, following endorsement by the Health and Wellbeing Board on 21 January 2015, to produce and finalise the agreement with the Chief Operating Officer of the Medway Clinical Commissioning Group (CCG). Work is in progress to extend the agreement beyond 31 March 2016.

9. Recommendations

- 9.1 The Board is requested to note this report and is advised that further reporting of progress under the BCF will follow.

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Appendices

There are no appendices to this report

Background papers

There are no background papers.