

## NHS DORSET CLINICAL COMMISSIONING GROUP

## GOVERNING BODY MEETING

## BETTER TOGETHER PROGRAMME / BETTER CARE FUND UPDATE

<b>Date of the meeting</b>	16/03/2016
<b>Author</b>	H Morris - Joint Senior Finance and Performance Manager M Maddison, Interim Programme Director, Better Together
<b>Sponsoring Clinician</b>	Dr K Kirkham - Assistant Clinical Chair
<b>Purpose of Report</b>	The report provides an overview of the status of the Better Together programme together with an update on the Better Care Fund.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Stakeholder engagement is an integral part of each of the Better Together workstreams and the Better Care Fund.
<b>Previous GB / Committee/s, Dates</b>	Update provided at each GB meeting.

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		✓

Initials : HM

## 1. Introduction

1.1 The Governing Body receives regular updates on:

- The Better Together Programme which is part of its delivery approach for joint working and the integration of health and social care;
- The pan Dorset Better Care Fund (BCF) which was set up for 2015-16 in line with government requirements to ensure a transformation in integrated health and social care.

## 2. Background

2.1 The Better Together programme delivers a number of projects that help to deliver consistent whole system approaches for adult care and health, improved health and social care outcomes for residents, greater personalised support for individuals and their families and efficiency gains for partners.

The projects are:

- Early help and prevention;
- Support for Carers;
- Integrated locality teams;
- Developing joint commissioning;
- Information sharing;
- The Dorset Care Record;
- Workforce development;
- Local Authority Trading Company (Tricuro).

2.2 The Governing Body have received regular update reports on progress during the life of the programme. This is the final report as the programme comes to an end in its current form at the end of March 2016. A presentation summarising the headline achievements from the programme is attached to this report as Appendix 1.

## 3. Better Together Legacy arrangements

3.1 The Better Together Sponsor Board have been working on the exit/legacy arrangements, with a clear focus on the requirements for the new Sustainability & Transformation Plan.

3.2 It has been agreed to bring the existing Better Together Sponsor Board and the Chief Executives Reference Group for the Clinical Services Review in to one single System Leadership Team. That group will be responsible for the development and delivery of the Sustainability and Transformation Plan.

Existing work from both Better Together and the CSR is being brought together to ensure the changes needed to deliver the STP can be implemented.

- 3.3 The new System Leadership Team will include non-executive chairs and the relevant lead politicians from the three Local Authorities.
- 3.4 More detailed work on governance arrangements is underway and will be shared with the Governing Body at the next meeting.
- 3.5 In addition to the System Leadership team above, four main legacy items from Better Together have been identified and work is underway to support them as business as usual in the following ways:

### **Dorset Care Record and Information Sharing**

- 3.6 This work is being combined in to a single programme from 1<sup>st</sup> April 2016 and the lead role for the programme is being transferred from Better Together to the CCG. The Dorset Care Record procurement exercise is well underway and a preferred supplier will be identified in April with a view to contract award decision in June. The Dorset Information Sharing Charter has been launched and implementation is underway.

### **Integrated Locality Teams**

- 3.7 This work continues in the new financial year and will be supported in two ways at the end of the Better Together programme. The existing provider-led cluster arrangements will provide support to the locality leadership teams, helping to continue to develop the service offers and to resolve issues such as co-location etc. Further support will be provided via Public Health to enable shared learning across the clusters, work on evidence-based practice, measuring outcomes, research and evaluation.

### **Joint Commissioning**

- 3.8 Work is underway to align activity across the Joint Commissioning Boards for adults and children and the CCG's work on Integrating Community Services. There is still more to do on this and the new System Leadership Team have requested a report for their meeting on 23<sup>rd</sup> March about how the system can progress from shared projects to a more integrated approach. This work will feed in to the Sustainability and Transformation Plan which requires health and social care to include plans for improving commissioning.
- 3.9 The two new post holders to support the work of the Adult Joint Commissioning Board are now in post. The Joint Finance and Performance Manager commenced 1st October 2015. A substantive appointment to the Joint Commissioning Manager post has now been made and will begin work in May 2016. The interim arrangements to cover this role remain in place.

## Workforce

3.10 Arrangements are in place for completing the key pieces of work within the workforce element of Better Together during the new financial year, using the remaining non-recurrent funding from Health Education Wessex. These include:

- Further support for the development of Integrated Locality Teams (Public Health to manage resource);
- Home Care (Joint Commissioning team to manage resource);
- Dementia awareness and care ( CCG /Clinical Delivery Group to manage resource);
- Further support for workforce delivery plan (CCG to manage resource in line with STP).

## 4. Better Care Fund

### Introduction

4.1 The Better Care Fund (BCF) has been established to drive forward the integration of health and social care. It is one of the most ambitious ever programmes across the NHS and Local Government. It is intended to create a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.

### Background

- 4.2 The Pan Dorset 2015-16 BCF covers the whole of the CCG area and covers the two Health and Wellbeing Boards (HWB) within the county of Dorset boundary – Dorset HWB and Bournemouth and Poole HWB.
- 4.3 The HWBs have oversight of the Better Care Fund and are accountable for its delivery. The Joint Commissioning Board for the pan Dorset area is responsible for the implementation of the BCF plan and for managing performance.
- 4.4 In terms of the detailed BCF plan, there is a joint Part 1 which covers the narrative descriptions of the fund and its schemes and there are separate Part 2s for each of the HWBs with finance and performance targets split to a HWB level. NHS England monitors at HWB level, so local reporting tends to be tailored accordingly.
- 4.5 The pooled budget has been created from funding for existing activity and is not new/additional funding within the health and social care system. Consequently the focus of the BCF is to change existing activity to improve effectiveness. The BCF plan for 2015-16 contains nine schemes:
- Integrated Community Equipment Service

- Reablement
- Early Help
- Carers
- Accessible Homes
- Integrated Locality Teams
- Protecting and enhancing adult social care
- Urgent care schemes
- Social Care Capital grant.

## **BCF 2015-16 Finance**

- 4.6 The BCF involves a total pooled budget between the Clinical Commissioning Group (CCG) and the 3 Local Authorities of £61.27m for 2015/16. Of this, the NHS Dorset CCG contribution is £53.549m which is £4.149m more than the mandated minimum amount for the year.
- 4.7 Financial risk to the CCG is minimal. None of the contribution was new funding for the CCG and it was all service backed at the time of being designated as BCF monies. All of the BCF schemes are the subject of legal agreements between partners under section 75 of the NHS Act 1996. These set out details of the service to be provided, responsibilities of the various parties, funding arrangements and what happens to any over or underspend where this might arise.
- 4.8 Within the £53.549m CCG contribution is £5m, 'protecting social care' monies which was subject to a risk sharing agreement between the CCG and the 3 local authorities with social care responsibilities. This was contingent on containment of growth in the Continuing Healthcare (CHC) budget. The CCG had guaranteed 67% of the risk share and the remaining sum was split proportionately between the 3 local authority partners.
- 4.9 The CCG notified local authority partners on 21<sup>st</sup> January 2016 that it was confident that the conditions of the risk share would be met by the year end and that it would release the risk share monies.
- 4.10 In terms of the financial control of the 2015-16 BCF in-year, the only scheme which, given the formulation of the fund, can over or underspend is ICES. The ICES budget is monitored monthly and reported to the Partnership Board and the Joint CCG / local authority finance officers' group. Current indication for 2015-16 is that the net variance from budget will be insignificant.
- 4.11 The BCF contains a payment for performance (P4P) element linked to the achievement of performance on emergency admissions. This would comprise an additional sum of £755 paid by the CCG into the BCF for every emergency admission below BCF target. The maximum amount payable by the CCG

under this scheme would be £440,920 (reduction of 584 emergency admissions) for Bournemouth and Poole HWB and £539,070 (reduction of 714 emergency admissions) for Dorset HWB, a total of £979,990.

- 4.12 The BCF report to the Governing Body in January 2016 said that current performance on emergency admissions means that there is unlikely to be any P4P payments due for 2015/16. The position is unchanged for this March 2016 report. There has been no commitment made against the BCF schemes for this amount so there is no direct operational or financial risk.

### **BCF 2015-16 Performance**

- 4.13 Specified common key performance metrics were set for all Better Care Funds. As part of the local set up of the BCF, each HWB estimated the impact against these metrics of the BCF schemes. Performance against these is monitored monthly and reported quarterly to NHS England.

- 4.14 The specified performance metrics are:

- Reduction in non-elective admissions (general and acute)
- Delayed transfers of care from hospital per 100,000 population
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- A locally chosen metric for patient/service user experience. Dorset and Bournemouth / Poole chose 'Client satisfaction with care and support: % of people 'extremely' or 'very' satisfied in annual social care survey. This is a standard Adult Social Care outcomes framework indicator. It is published after the end of the year to which it relates so performance cannot be monitored in year.
- A further local metric chosen from a list provided – Dorset and Bournemouth / Poole chose 'Estimated diagnosis rate for people with dementia'.

- 4.15 Appendix 1 to this report sets out performance to date against these metrics using data available at mid-December 2015.

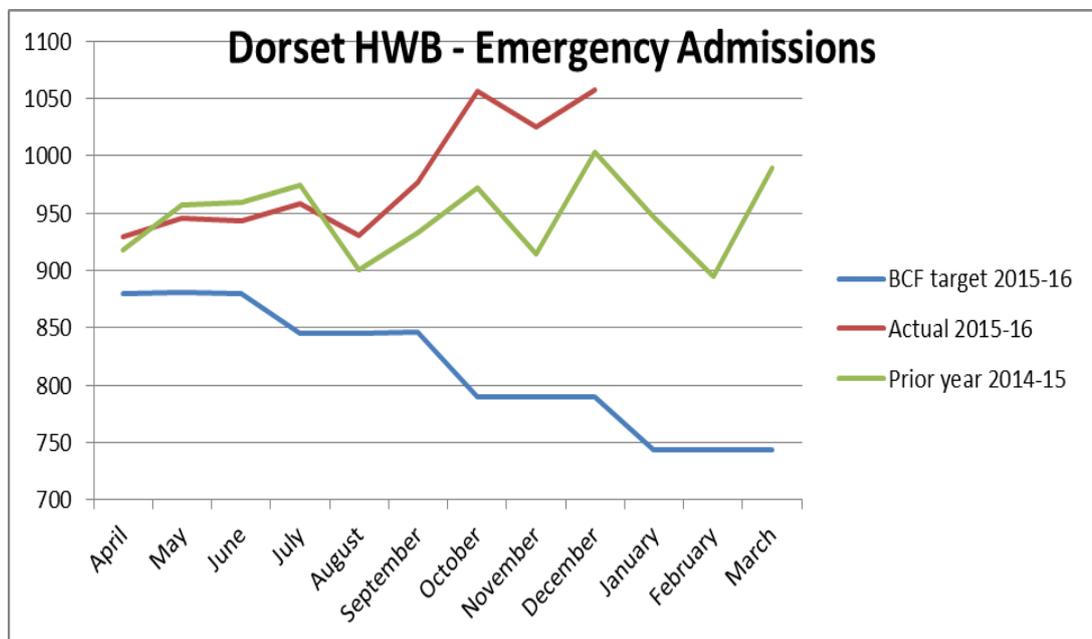
- 4.16 Dorset HWB is not meeting the targets set in the BCF plan for any of the five metrics which can be measured at this point. Only one metric - reablement and rehabilitation rate - is within 5% of the target set.

- 4.17 Bournemouth and Poole HWB is meeting the targets set in the BCF plan for two of the five metrics which can be measured at this point:

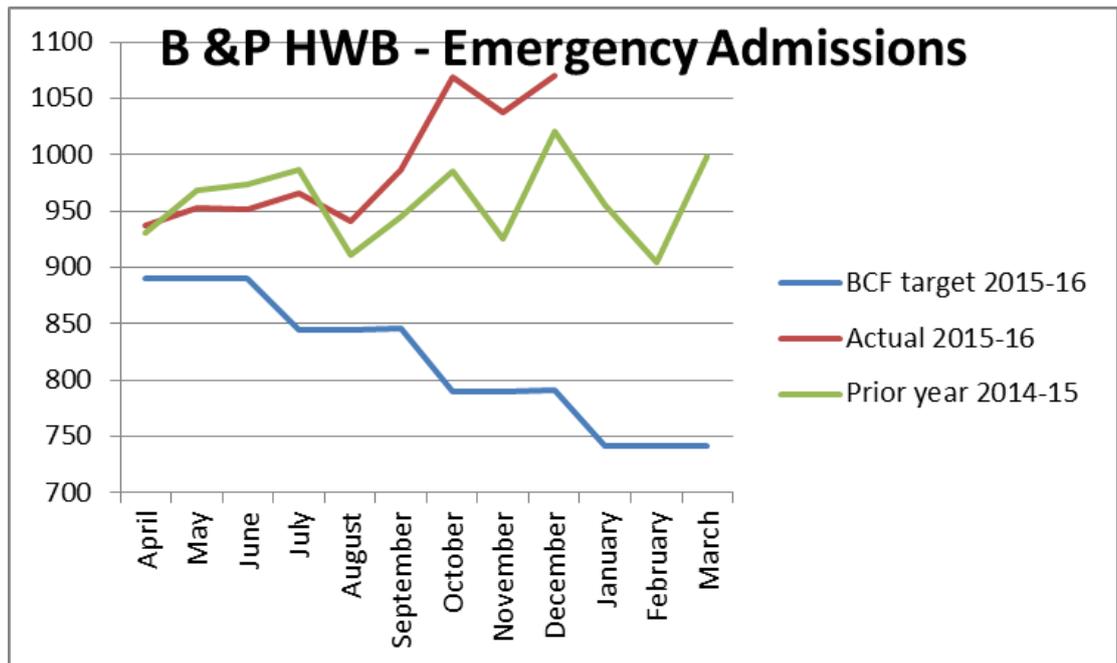
- Admissions to residential and care homes

# 10.2

- Estimated diagnosis rate for people with dementia.
- 4.18 Targets are not being met for Bournemouth and Poole HWB for:
- Emergency admissions
  - Effectiveness of reablement
  - Delayed transfers of care.
- 4.19 At this point, it is unlikely that performance will rally sufficiently in the final part of the year to meet any of the full year targets for the metrics which are currently not being met.
- 4.20 Two key areas of focus for the BCF are emergency admissions and delayed transfers of care. Both are significantly off the targets set in the BCF plan.
- 4.21 The line graphs below shows for each Health and Wellbeing Board area - prior year performance, target performance and actual performance to date in 2015/16 for **Total non-elective admissions to hospital (general and acute) all age, rate per 100,000 population**. Both show that emergency admissions have been running at a similar level to the prior year in the first part of the current year, then increasing through autumn into winter.

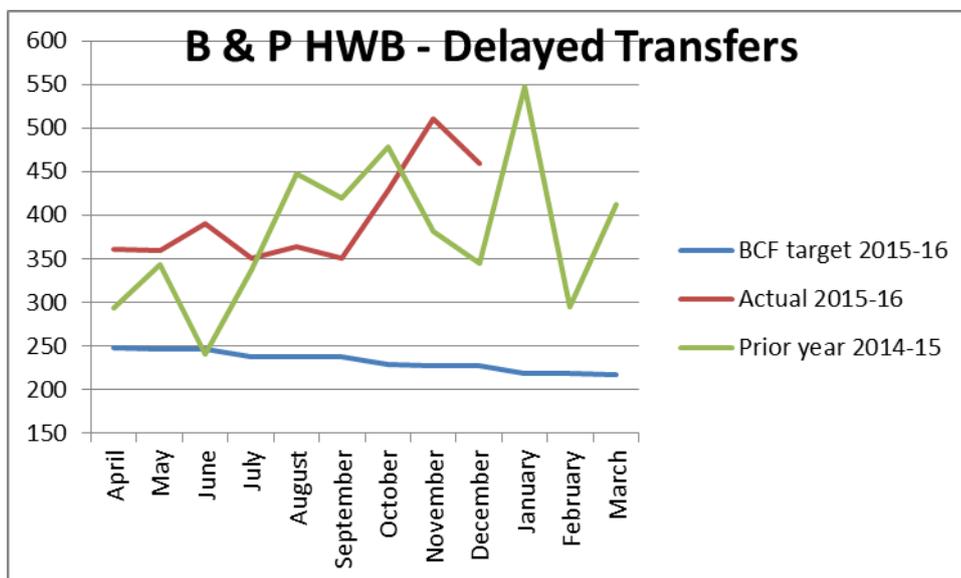
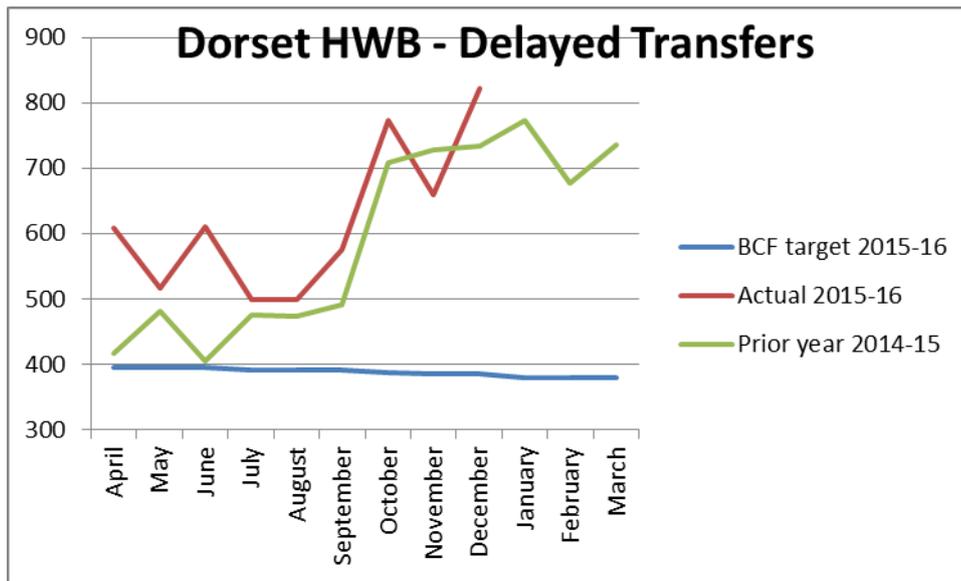


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- 4.22 As reported in the national media recently, emergency admissions all around the country are increasing. Total emergency admissions nationally were 450k in April 2015, rising to 488k in December 2015, an increase of 8.4%. Emergency admissions pan Dorset as reported in the graphs above increased by 14.1% in the same period. This is a crude indicator but it suggests that the pan Dorset increase is higher than the national average.
- 4.23 The Systems Resilience Group is refreshing its action plan to tackle issues within its remit. Current and planned actions to tackle the increase in emergency admissions will form part of this refresh.
- 4.24 The line graphs below show for each Health and Wellbeing Board area - prior year performance, target performance and actual performance to date in 2015/16 for **Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+), all causes**. For the Dorset HWB, this shows a level consistently above the prior year, except for November 2015 when there was a comparative improvement for that one month. For the Bournemouth and Poole HWB, performance was improved against the prior year for August, September and October but for the rest of year to date has been comparatively worse.

# 10.2



- 4.25 The Systems Resilience Group has a sub-group – Transfer of Care Group – which has representation from all BCF partners. Its main purpose is to ensure that there is a multi-agency agreed procedure to managing the safe transfer of care of individuals from hospitals and other placements.
- 4.26 One of the Group’s main duties is to develop and agree a whole systems action plan to reduce the numbers of delayed transfers of care. A new national condition for the BCF 2016-17 has also been introduced requiring a local action to be agreed to reduce delayed transfers.
- 4.27 The joint action plan is under development as a matter of priority. The pan Dorset health and social care economy is using the skills of Alan Rosenbach of the Local Government Association in this work. It will bring together all of the various pan Dorset actions currently in train to provide a whole area plan.

- 4.28 In addition to the work in progress on the pan Dorset transfer of care action plan, NHS England have also commenced a rapid paced review of delayed transfers of care in Bournemouth.

## **Planning for the BCF 2016/17 – General**

- 4.29 Each local health and care system has to come together to produce a five year Sustainability and Transformation Plan (STP) which will be place based (pan Dorset) and demonstrate how the NHS five year forward view will be driven forward.
- 4.30 The NHS five year forward view requires CCGs and councils to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) in 2016/17. Every area is also expected to have an agreed plan by March 2017 for better integrating health and social care and this should be implemented by 2020.
- 4.31 The 2016/17 Better Care Fund Policy Framework was published in January 2016. It sets out the framework for implementation of the fund for 2016/17 and promises streamlining and simplification of the planning and assurance of the BCF for the new financial year.
- 4.32 BCF plans will need to demonstrate how the area will meet both existing and national conditions.
- 4.33 The existing national conditions are:
- Plans to be jointly agreed
  - Maintain provision of social care services
  - Agreement for the delivery of 7 day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate
  - Better data sharing between health and social care, based on the NHS number
  - Ensure 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 the providers that are predicted to be substantially affected by the plans.
- 4.34 The quarter 3 BCF monitoring return reported that we have met these conditions except for delivery of 7 day services; joint approach to assessments and care planning and use of the NHS number (Bournemouth and Poole HWB only, Dorset HWB have met this one). We reported good progress towards all of these conditions. The national position reflects the local situation with these being the three conditions with lowest compliance in

## 10.2

England – for quarter 1, 56% of Health and Wellbeing Boards nationally reported that they have 7 days services fully in place; 54% reported that they have a joint approach to assessments and care planning and 60% reported that they use the NHS number as the primary identifier.

- 4.35 There are two new national conditions for 2016-17. These are:
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care
  - Agreement on local action plan to reduce delayed transfers of care
- 4.36 The Dorset BCF already includes schemes which may fit the bill for the out-of-hospital services condition – within the headline scheme, ‘protecting and enhancing adult social care’ are two schemes:
- early supported hospital discharge schemes
  - integrated crisis and rapid response services.
- 4.37 We await more detailed guidance regarding this new condition to clarify its requirements and assess what action, if any, is required.
- 4.38 The action plan to reduce delayed transfers of care is in development as above.
- 4.39 The first stage of the overall assurance of plans will be local sign-off by the Health and Wellbeing Board, local authority and CCG. Plans will then be subject to regional moderation and assurance. The timetable for this will be clarified in detailed BCF guidance which has not been received at the time of writing.
- 4.40 Section 75 agreements under the NHS Act 2006 will form the legal basis for the formation of the pooled budgets underpinning the BCF. The aim is for partners to agree and sign up to these in advance of the start of the financial year but this is dependent upon agreement between partners as to the size and scope of pooled budgets. Much of the content of the agreements will roll forward from the prior year but refinement of specifications within the Section 75 agreements are sought in order to provide better information about what is being commissioned with BCF monies.
- 4.41 Development work is in progress to bring a new scheme – Moving on from Hospital Living – into the BCF for 2016-17. This scheme will align the budgets for people with learning disabilities who have moved into the community following campus closure. Some of the costs relating to their care fall to the NHS and some to local government and there are benefits in bringing these together in a partnership agreement.
- 4.42 The pooled budget for the Dorset Care Record may also be brought within the BCF. This arrangement would provide ready-made governance arrangements for joint working on the Dorset Care Record between the partners involved and bring providers into the BCF.

## 5. Planning for the BCF 2016/17 - Finance

- 5.1 BCF allocations by Health and Wellbeing Board for 2016/17 were released on 9th February 2016. The table below shows pan Dorset allocations with prior year figures alongside.

	<b>Revenue funding from NHS Dorset CCG into the BCF (minimum amount to be paid into the BCF by the CCG)</b>	
	<b>2016-17 £000</b>	2015-16 £000
<b>Dorset CC</b>	<b>27,890</b>	27,368
<b>Bournemouth BC</b>	<b>12,754</b>	12,223
<b>Borough of Poole</b>	<b>9,744</b>	9,831
<b>TOTAL</b>	<b>50,388</b>	49,422

- 5.2 In common with 2015-16, the CCG is almost certain to pay more into the BCF than the minimum element cited, especially with the planned inclusion in the BCF of the potential new schemes reported at 4.14 and 4.15 above.
- 5.3 Within the overall revenue funding, there is also an element of £14.318m cited in relation to revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share. This links to the national condition reported at paras 4.40 and 4.41 above. In the absence of the detailed BCF planning guidance, it is unclear specifically what impact this potential ring-fence will have. Our approach will develop once we have sight of the detailed planning guidance on this topic.
- 5.4 In terms of the local authority contributions to the BCF, the disabled facility grant (DFG) allocations at £5.355m have increased significantly from the prior year but we understand that this increase is mostly in place of the social care capital grant which was £1.925m total in 2015-16. Taking the two elements together, there is an overall increase of £0.214m in total grant. It is, however, unclear at the time of writing as to whether there will be any freedom to use any of the DFG increase to fund the social care capital projects previously funded by the £1.925m social care capital grant. This may impact indirectly on NHS services via the impact on social care.
- 5.5 In 2015-16, the actual total figure planned to be paid into the pan Dorset BCF by the CCG for 2015-16 was £53.549m which was £4.149m in excess of the CCG's mandated minimum contribution. This represented a discretionary

amount paid into the BCF by the CCG in support of integrated working and was part of the pan Dorset £5m protecting social care monies from the CCG.

- 5.6 For 2016-17, continuation of the pan Dorset £5m protecting social care monies is subject to the CCG's own increasing and competing financial pressures. Partners are working together to understand the potential impact for social care and health of reduction in this contribution. There is potential to link elements of this funding to performance in delayed transfers of care and continuing health care and these aspects are under further discussion.

## **6. Planning for the BCF 2016/17 – Performance**

- 6.1 The BCF Policy Framework confirms continuation of the metrics set out in paragraph 3.1 above for 2016/17, except emergency admissions. It is not yet clear whether BCF targets and monitoring will be required for emergency admissions, although clearly focus on this area will remain through the Systems Resilience Group as above.
- 6.2 In terms of the local indicator, the Joint Commissioning Board is proposing continuation of 'estimated diagnosis rate for people with dementia'. This in line with the NHS planning guidance which cites nine 'must-dos' for 2016/17 for every local system and one element is, 'continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia'.
- 6.3 BCF planning will also include the setting of targets for the required metrics.

## **7. Conclusion**

- 7.1 7.1 The report provides an update of the Better Together programme and more detail on the Better Care Fund.

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<b>APPENDIX</b>	
<b>Appendix 1</b>	<b>Better Together Achievements slides</b>
<b>Appendix 2</b>	<b>Better Care Fund performance snapshot – with latest data at mid December 2015</b>