

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

BETTER TOGETHER PROGRAMME / BETTER CARE FUND UPDATE

Date of the meeting	20/01/2016
Author	H Morris, Joint Senior Finance and Performance Manager
Sponsoring GB member	Dr K Kirkham, Assistant Clinical Chair
Purpose of Report	The report provides an overview of the status of the Better Together programme together with more detail on the Better Care Fund.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder engagement is an integral part of each of the Better Together workstreams and the Better Care Fund.
Previous GB / Committee/s, Dates	Update provided at each GB meeting.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
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	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		✓

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.
- 1.2 The report for this meeting provides an update on progress with projects within the Better Together programme and also provides more detail on the background and performance of the pan Dorset Better Care Fund.

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).

3. Progress on Better Together Projects

Early Help

- 3.1 A literature review is in progress to look at the evidence for effective prevention in order to identify specific interventions that can be implemented locally. Background research and evidence gathering is ongoing. The results of this will be used to inform the next update of the Health & Wellbeing Strategy.
- 3.2 Early Help sub-groups have been set up and members identified to support implementation plans across the Better Together Programme:
 - Literature Review Sub Group
 - Evaluation and Outcomes Framework Sub Group
 - Commissioning Sub Group.
- 3.3 A meeting to discuss the Health and Wellbeing Board strategy refresh has taken place.
- 3.4 Further work is planned on establishing Early Help communication links with GPs and pharmacies.

Carers

- 3.5 The Programme Board has considered the draft Pan Dorset Carers Strategy and delegated sign off to the Joint Commissioning Board.
- 3.6 As reported at the last Governing Body, the Programme Board has agreed that each integrated locality team should now identify a Carers Lead. This is being built into the reporting of the key features and functions of each of the 13 localities so that implementation is monitored and recorded.
- 3.7 Further development work on carers' finance, resources and commissioning strategy is proposed.

Integrated Locality Teams

- 3.8 Work to support the establishment of Integrated Locality Teams (ILT) continues to progress well and each ILT is working towards delivery of the key features and functions that need to be demonstrated by the end of March 2016.
- 3.9 The Weymouth Integrated Care Hub went live on 2 November 2015. This runs 8am to 8pm, 7 days a week.
- 3.10 Seven localities have now recruited Health and Social Care Co-ordinators with the remaining six expected to be in post by the end of January 2016. This will enhance opportunities to share good practice and improve consistency across the localities.
- 3.11 Locality leadership teams are continuing to visit GP Practices to raise awareness, share learning, identify progress and support delivery of key features and functions.
- 3.12 Further examples of achievements include:
- Second edition of localities staff newsletter distributed to localities and shared with partner communications leads;
 - Work to identify and map council ward boundaries and elected Councillors with locality boundaries and locality leadership teams is underway. This with a view to improving engagement between elected members and locality teams, keeping Councillors informed about developments and initiatives happening in their respective Wards. Mapping across Dorset is completed, Bournemouth and Poole is in progress.

Joint Commissioning

- 3.13 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. The interim part-time Joint Commissioning Manager is continuing into February or March 2016 pending recruitment of a permanent replacement early in the New Year.

3.14 The Joint Commissioning Officers Group has an ongoing workplan comprising the following:

- Community Based Care Services;
- Integrated locality teams;
- Reablement and intermediate care;
- Domiciliary care;
- Early help;
- Carers Services;
- Better Care Fund;
- Care Provider Quality and Monitoring;
- Market Shaping;
- Commissioning Workforce Development;
- Continuing Healthcare.

3.15 The review of reablement and intermediate care has commenced with two consultants from the Institute of Public Care supporting the work. A virtual project team is in place and the initial phase of mapping the service is underway.

3.16 Work on domiciliary care (support at home) has also commenced with a project lead identified and project management resource allocated from Dorset County Council.

3.17 The key goal is for Pan Dorset re-commissioning (and shared governance) to replace current framework arrangements which draw to a close in Poole on 31 January 2016 and in Dorset on 31 March 2016. Dorset, Poole and the CCG plan to re-commission with 'go live' of a new service specification on 1 July 2016.

3.18 Aspirations include:

- strengthening our hand in the market and providing consistent messages to providers and a common view of performance;
- moving away from 'time and task' to the achievement of individual outcomes identified at the point of assessment and or review;
- implementing a single fee rate structure and incentives for rural delivery;

3.19 A fuller report on the Better Care Fund follows below.

Information Sharing

3.20 The Dorset Information Sharing Charter (DISC) has been formally signed by all 8 partners on behalf of their organisations. Work is progressing to engage with other key services and organisations around Dorset to allow them the opportunity to sign up to the DISC to support wider information sharing. In particular, discussions with Dorset Police, Dorset Fire and the South West Ambulance Service NHS Foundation Trust have been positive.

- 3.21 Guidance documents, literature and materials such as posters and leaflets to support staff to implement information sharing in practice have been agreed and are being prepared for distribution. Feedback from integrated locality team members has identified that information sharing is a significant concern for them and these documents will strengthen understanding and confidence.
- 3.22 The launch conference, 'Dare to Share' is set for 15th January 2016 with the Information Commissioner (ICO) and Director of Centre for Excellence for Information Sharing presenting and supporting workshops. This will be aimed at CEO/Director, Members and senior managers across the partnership, followed by a rollout to staff.

Dorset Care Record

- 3.23 The Dorset Care Record (DCR) is our programme to create a single view of summary health and social care information to improve co-ordination of care and communication between partners and so that members of the public only have to tell their story once.
- 3.24 Revised key milestones, as reported in the last report to Governing Body, necessitated a formal 'change control' note to be agreed by NHS England. The 'change control' note has been formally accepted and NHS England has confirmed that it has already transferred all of the grant funding agreed to Dorset County Council.
- 3.25 The Pre-Qualifying Questionnaire (PQQ) was closed at 2pm on 23 November 2015. There was a significant response from interested companies and the top five suppliers were invited to tender on the 14 December.
- 3.26 A Connectathon event is planned for 26 February 2016 where tenderers will be asked to demonstrate that they can send and receive data in a variety of formats. This is a key event with significant and complex planning required within a tight timescale in order to allow potential suppliers sufficient preparation time.
- 3.27 Prior to the agreement of the revised milestones the plan for this project was designated as a red risk. This has now been downgraded to amber, but not further to green given the risk around delivery of the planning required for the Connectathon.

Workforce

- 3.28 Steady progress is being made against milestones in this project although there is some slippage in the implementation of some of the projects plans, mainly due to a lack of capacity amongst partners to deliver some developments in addition to the other demands on their time.
- 3.29 On the 6th November 2015, Professor Keith Brown hosted a meeting for health and social care representatives to facilitate discussions regarding the establishment of a Health and Social Care Academy. It was agreed that a smaller team should be established to develop a proposal paper and action

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plan – these will shortly be circulated to partners. A follow up meeting is being arranged for January 2016. The key objectives include:

- Developing understanding of the specific workforce needs in the Pan Dorset area;
- Developing understanding of the mechanisms which may improve both recruitment and retention of staff at all levels including CPD and research sabbaticals;
- An exploration of new roles and qualifications across specialist areas and the potential of rotations across different areas of practice;
- Establish measurable outcomes.

3.30 The domiciliary care (support at home) review commissioned by the Joint Commissioning Board has requested support from the Workforce workstream regarding:

- Cultural change programme for staff (internal and external);
- Training on enablement, equipment and assistive technology;
- Measuring outcomes;
- Long term capacity and skills development.

3.31 Delivery of these workforce specific tasks will be discussed with the Joint Commissioning Board.

3.32 A series of locality based workshops, 'Promoting Integrated Care pan-Dorset', are in progress to consider how working methods, culture and processes combine to contribute to a future of ideal person-centre integrated care across Dorset. The roll-out of this initial phase of workshops is almost complete with only one remaining for Weymouth and Portland and to be delivered in January.

3.33 Planning for the next phase of 'Promoting Integrated Care pan-Dorset' is in progress. Likely content includes:

- Support for the locality teams to maintain the momentum from first phase workshops, developing implementation of their ideas and suggested actions
- Clarification of what support the new 'Integrated Community Services Vanguard' would require in order to enhance service provision
- The delivery of further interventions to build on the first phase of workshops to include working with the three acute hospital trusts to develop joint and collaborative working practices with the aim of improving the whole pathway of care from prevention / A&E / discharge / care packages

- Bringing together the newly appointed Health and Social Care Coordinators in order to share learning about the newly evolving roles and to support the Health and Social Care Coordinators in their valuable role as enablers of integrated health and social care.

Local Authority Trading Company – Tricuro

- 3.34 Work to help establish Tricuro has also been supported by the programme. This has now finished in terms of the contribution from Better Together as the Local Authority Trading Company was launched on 1st July 2015 and has now been in operation for almost 6 months. Any outstanding issues are now being dealt with under business as usual arrangements. This will no longer feature in updates to the Governing Body.

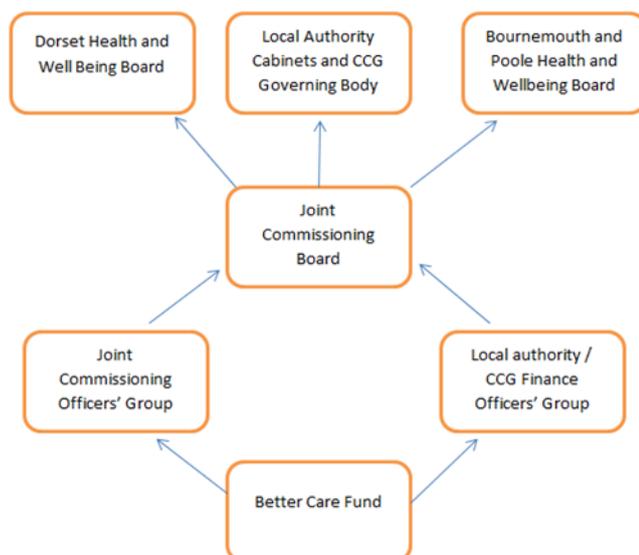
Review of Better Together Programme

- 3.35 The Better Together programme is coming to an end on 31st March 2016.
- 3.36 Discussions are in progress regarding:
- future governance arrangements, particularly around the Systems Resilience Group which reports to the Better Together Sponsor Board
 - transition of ongoing workstreams into 'business as usual'.
- 3.37 The Health and Wellbeing Boards will formalise future plans at their March 2016 meetings.

4. Better Care Fund

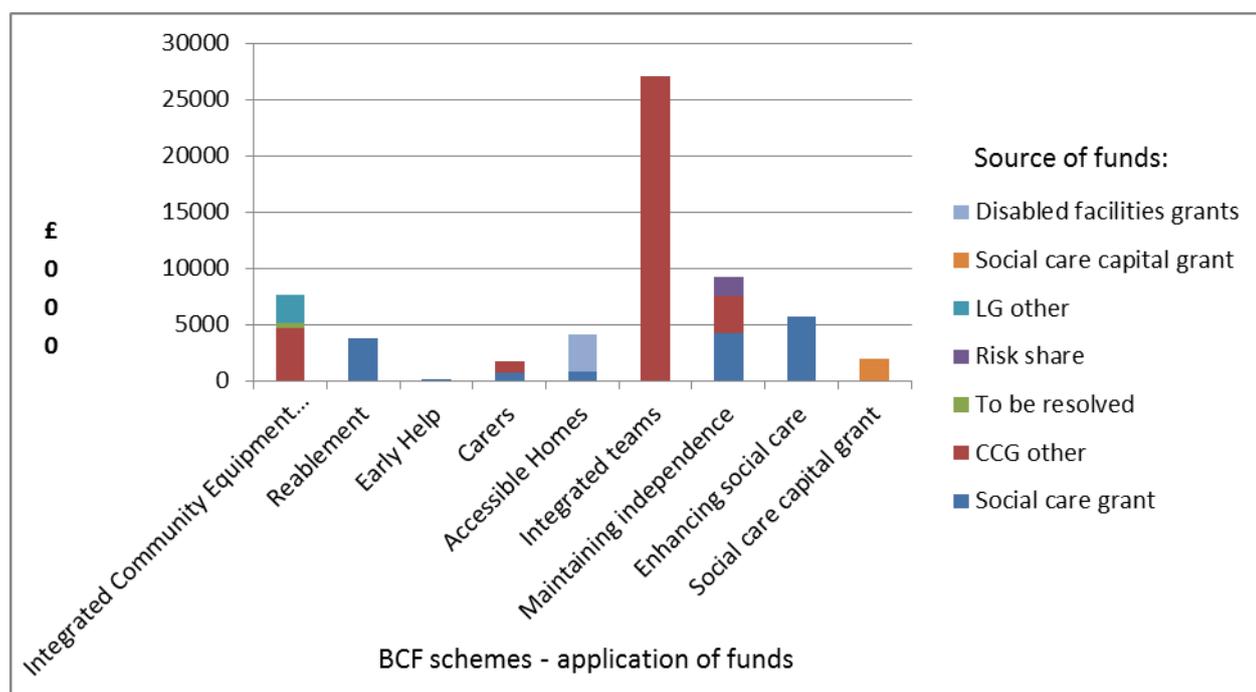
Introduction

- 4.1 The Better Care Fund (BCF) has been established to drive forward the integration of health and social care and is intended to make local services more proactive, responsive and efficient. The BCF is intended to increase the scale and pace of making this transformation happen.
- 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. 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 finances and performance targets split to a HWB level. NHS England monitors at HWB level.
- 4.3 The governance arrangements for the BCF flow through the Joint Commissioning Board to the partners and the HWBs.



Background

- 4.4 The total quantum of the Pan Dorset 2015-16 BCF is £61.270m, comprising 9 headline schemes. The chart below shows the source and application of funds for the 2015-16 BCF.



- 4.5 One of the schemes, enhancing social care, is broken down into a further 4 schemes. Breakdown to this level is not shown in the chart.
- 4.6 £53.549m of the pan Dorset BCF monies are funded through the CCG as follows:

Sources of Funding:	£000
Social Care Grant (formerly section 256 monies)	15,843
Contract with Dorset Healthcare University NHSFT for Community Nursing	27,039
Integrated Community Equipment Services (ICES)	4,667
Carers Funding	1,000
Protecting Social Care including Continuing Health Care (CHC) risk share	5,000
	£53,549

- 4.7 The amount mandated by NHS England for the CCG to pass over to social care was £49.4m and it has exceeded that by £4.149m.
- 4.8 The 9 main schemes represent a range of degrees of pooling of budgets:
- The £27.039m scheme for integrated locality teams (community nursing) comprises only the NHS element of the teams and, although technically within the BCF, is a continuation of previous arrangements in terms of the CCG contracting with Dorset Healthcare. The risks and rewards of the scheme remain entirely with the CCG.
 - The £7.669m scheme for ICES is the only pooled budget which is managed by one partner – Bournemouth Borough Council – on behalf of the others. Joint control is maintained through a Partnership Board whilst Bournemouth Borough Council contract with the provider, NRS, and manage the contract on a day to day basis. The risks and rewards of the scheme and any over or underspends are shared amongst the partners in accordance with the Section 75 agreement.
 - For the remainder of the schemes, the councils are treating the BCF monies as a contribution towards wider work rather than ring-fenced for a particular purpose. No over or underspend on these schemes will arise as the BCF monies are in effect a source of funds for social care rather than being ring-fenced and controlled in their own right. There is therefore no financial risk to the CCG arising. These are not pooled budgets in the fullest sense, more of a flow of funds from health to social care in pursuit of improved services across the whole system.

Financial risk and control

- 4.9 Financial risk to the CCG is minimal. None of the above was new funding for the CCG and it was all service backed at the time of being designated as BCF

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monies. All of the BCF schemes are the subject of legal agreements 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.

- 4.10 Within the £9.171m Maintaining Independence scheme, there is a risk share arrangement included within the £5m 'protecting social care monies'. Of this, the CCG has guaranteed to pay two thirds into the BCF with one third (£1.67m) subject to retention if total CHC spend in 2015/16 is not pegged at 2014/15 levels. The intention is to provide further incentive for all partners to work together to contain this pressure.
- 4.11 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. Current indication for 2015-16 is that variance from budget will be insignificant.
- 4.12 There are 6 national BCF conditions on which BCF plans are required to deliver. The conditions and HWB positions as reported as at the end of September 2015 are shown below.

National Condition	Bournemouth and Poole HWB	Dorset HWB	Other HWBs in South -% which have met condition from Quarter 1 BCF stocktake
1) Are the plans jointly agreed?	✓	✓	100%
2) Are Social Care Services (not spending) being protected?	✓	✓	100%
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	x Estimated to be met by 1.10.16	x Estimated to be met by 1.10.16	53%
4) In respect of data sharing - confirm that: i) Is the NHS Number being used as the primary identifier for health and care services?	x Estimated to be met by 1.4.16	✓	56%

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National Condition	Bournemouth and Poole HWB	Dorset HWB	Other HWBs in South -% which have met condition from Quarter 1 BCF stocktake
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	✓	✓	94%
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	✓	✓	91%
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	x Estimated to be met by 1.4.16	x Estimated to be met by 1.4.16	59%
6) Is an agreement on the consequential impact of changes in the acute sector in place?	✓	✓	88%

4.13 There is a technical risk in that NHS England can withhold BCF funding where national conditions are not met. There is no indication or evidence to suggest that this is a real risk.

4.14 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. Current performance indicates that there is unlikely to be any P4P payments due for 2015/16. There has been no commitment made against the BCF schemes for this amount so there is no direct operational or financial risk.

BCF Performance

4.15 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.

4.16 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 national adult social care indicator.
- A further local metric chosen from a list provided – Dorset and Bournemouth / Poole chose 'Estimated diagnosis rate for people with dementia'.

4.17 Appendix 1 shows the latest BCF performance snapshot with latest data as available at the end of November 2015.

4.18 Emergency admissions and delayed transfers of care for both HWBs are significantly off target. The Systems Resilience Group (SRG) has a role in overseeing performance and assurance in these areas and discussions are currently underway as to how the Joint Commissioning Board and SRG work together to deliver improvements in these two areas.

4.19 The patient / service user experience metric is an annual national metric which can only be measured for 2015-16 once the metric has been published after the year end. A more timely measure will be identified for the 2016-17 BCF.

4.20 The pan Dorset target for dementia diagnosis for the year is 67% with a current performance of 61.9% and efforts are continuing to improve whole performance.

Future of the Better Care Fund

4.21 The recent government spending review on Wednesday 25th November confirmed the continuation of the BCF, maintaining the NHS's mandated contribution in real terms over the Parliament. It also reported:

- from 2017, the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the Better Care Fund

- a commitment of over £500 million by 2019-20 for the Disabled Facilities Grant
- the creation of a new social care precept to give local authorities who are responsible for social care the ability to raise new funding to spend exclusively on adult social care. This will allow local authorities the flexibility to raise council tax in their area by up to 2% above the existing threshold, to spend on adult social care
- the intention that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. The government will not impose how local areas deliver this plan for integration, but the Spending Review sets out a number of different approaches that could be taken.

- 4.22 In local terms, the Joint Commissioning Board has signalled its ambition to grow joint schemes within the BCF. For 2016/17, the intention is to align pan Dorset budgets for the learning disability campus cohort (Moving on from Hospital Living scheme) and include this with the BCF. This will require development of a separate section 75 agreement to be in place by the end of March 2016.
- 4.23 In addition for 2016/17, the aspiration is to refine the service specifications within the current Section 75 agreements, making them more specific and improving the potential for measuring performance.
- 4.24 The latest meeting of the Joint Commissioning Officers' Group has discussed how it can work together in the medium term to improve the relevance and impact of the Better Care Fund in terms of including schemes which have a direct impact on the high level metrics being measured.
- 4.25 Work is also in progress to collate a joint narrative regarding current actions which are in progress across partners to improve performance of the key BCF metrics.

5. Conclusion

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

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Date : 21/12/15

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APPENDIX	
Appendix 1	Better Care Fund performance snapshot – with latest data at end November 2015