

REPORT TO THE HEALTH AND WELLBEING BOARD

5 April 2015

Better Care Fund Update – Quarter 3 2015/16 Reporting and Planning for 2016/17

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1. Purpose of Report

- 1.1 To provide the Board with an update on progress against the Key Performance Indicators (KPIs) contained within the Better Care Fund, as reported to NHS England on 26 February 2016
- 1.2 To provide an overview of the financial position in relation to the Better Care Fund (BCF)
- 1.3 To provide an update on the planning requirements and the proposed approach to developing the BCF Plan for 2016/17

2. Recommendations

- 2.1 Health and Wellbeing Board members are asked to:-
 - Note the contents of the report including the proposed approach and timescales for developing the BCF plan for 2016/17 and agree that the final plan be signed off by the Chair and Vice Chair of the Board to ensure national submission deadlines can be met. .

3. Introduction/ Background

- 3.1 The Better Care Fund 2015/16
- 3.2 The Better Care Fund (BCF) was established from 1 April 2015, in line with NHS England and Local Government Association directions.
- 3.2 The aim of the BCF is to support transformation and integration of Health and Social Care in line with the Health and Wellbeing Strategy for Barnsley.
- 3.3 The total value of the fund in 2015/16 is £20,374k. £2,016k of this is provided from grants made directly to the Local Authority for Disabilities Facilities and

Social Care Adaptations. The remaining £18,358k is provided from the CCG baseline allocation.

- 3.4 In 2015/16, the Barnsley Health and Wellbeing Board (H&WB) developed and submitted a plan for usage of BCF resources, which set out KPIs and planned schemes and initiatives aimed at delivering against these.
- 3.5 The only KPI which has a financial impact is that related to reducing emergency admissions. The plan submitted by Barnsley H&WB included a trajectory to reduce emergency activity by 2.9% over the periods Quarter 4 2014/15 (reporting period 1) to Quarter 3 2015/16 (reporting period 4). Failure to achieve this reduction results in a Payment for Performance element to be withheld from the fund and retained by the CCG in order to off-set increasing emergency admissions costs. The total value of the payment for performance fund is £1,976k.
- 3.6 In line with the agreed Section 75 agreement with the Local Authority, the financial impact of failure to achieve the payment for performance element is to be shared equally between the CCG and the Local Authority. The financial implications for both parties are set out in section 4 below.

3.7 The Better Care Fund 2016/17

- 3.8 Following confirmation during late 2015 that the BCF would continue into 2016/17, the Department of Health and Department for Communities and Local Government published the '2016/17 Better Care Fund' Policy Framework.
- 3.9 The report presented to the board on 2 February 2016 provided an overview of this policy framework and included details of proposed changes including the introduction of two new national conditions and the removal of the mandatory requirement for a payment for performance framework based upon delivery of the target to reduce emergency admissions. The two new national standards are:
 - Investment in NHS Commissioned out-of-hospital services
 - Agreement of a local action plan to reduce delayed transfers of care (DTCOC) and improve patient flow
- 3.10 The Board approved the proposed approach to BCF planning on 2 February 2016, recognising the anticipated short timescales likely to be included in the detailed guidance.
- 3.11 The Better Care Fund 2016/17 planning guidance was published on 24 February 2016 and confirmed the detailed requirements and submission timescales. The requirements are in line with the policy framework as described in the report to the Board in February.
- 3.12 Alongside the guidance, the Better Care Fund allocations were also published. As anticipated the total minimum requirement for the fund is at a similar level to 2015/16. The total value of the fund in 2016/17 will be £20,594k (£20,374k in

2015/16). £2,331k of this is provided from grants made directly to the Local Authority for Disabilities Facilities and the remaining £18,358k is provided from the CCG baseline allocation.

4. 2015/16 Better Care Fund Performance

4.1 Payment for Performance (P4P) related to Emergency (Non-Elective) Admissions

4.2 The current performance levels against the target reductions within the BCF plan are set out below:

- Period 1 (Quarter 4 2014/15) – 1.5% increase (114 against target reduction of 128)
- Period 2 (Quarter 1 2015/16) – 5% increase (387 against target reduction of 58)
- Period 3 (Quarter 2 2015/16) – 8.8% increase (661 against a target reduction of 353)
- Period 4 (Quarter 3 2015/16) – 1.65% increase (129 against a target reduction of 353)

4.3 This means that the BCF target to reduce emergency admissions has not been met, with activity continuing to increase in each quarter of the reporting period. As set out below, the level of emergency admissions over the period has been 1,291 higher than the baseline period and 2,183 above the target:

Target reduction periods 1-4	892
Actual over-performance against baseline (Q1-3)	1,291
Total reduction required in period 4	<u>2,183</u>

4.4 In financial terms, the value withheld over the reporting period totals £1976k. In line with the Section 75 agreement, the CCG has paid BMBC £988k less into the pool and will manage the risk related to the £988k applicable to the CCG internally.

4.5 Reducing the number of emergency admissions is a key objective for the wider health and care economy and therefore there is a continued focus on ensuring a sustained effort to reduce the number of admissions into hospital and also to improve the flow of patients through the hospital and support timely discharge by commissioning appropriate out of hospital services.

4.6 Other Key Performance Indicators

4.7 Reduction in the number of permanent residential and nursing home admissions (65yrs & over). Latest performance is below the BCF plan with lower numbers of permanent admissions - **achieving**

- 4.8 Increase the number of people who are still at home 91 days after discharge from hospital who access reablement services. Latest performance indicates that more people remain at home 91 days after discharge than the BCF plan – achieving
- 4.9 Maintaining the number of delayed transfers of care. Performance in Barnsley is good with low numbers of delayed discharges and therefore the plan was to maintain the levels seen in 2013/14. The latest performance shows that the average number of delayed discharges per month has increased during 2015/16 and therefore the planned level of delayed discharges may not be achieved – **not achieving**
- 4.10 Reduce the proportion of people reporting a poor experience of General Practice. The 2014/15 results show an improvement from 7.3 to 6.4 (average number of negative responses per 100 patients) between 13/14 and 14/15. The BCF target was based upon the 2012/13 baseline of 5.3 and the aim was to reduce the numbers reporting a poor experience of GP services. The 2013/14 results show that performance deteriorated with the number increasing above the baseline to 7.3 creating a bigger challenge in respect of achieving the BCF target. There has however been significant investment in primary care and this has been supplemented by the Prime Ministers challenge fund to improve access to primary care which reflect the improvement between 2013/14 and 2014/15, the first year of the BCF - **not achieving but improving based upon the latest reported position to March 2015.**
- 4.11 Increasing the proportion of people who feel they are supported to manage their long term condition. The GP survey results show that performance has reduced from the baseline position of 67.7% to 66.5% and is therefore below the target of 70%. Activity in 2015/16, particularly in primary care to support people with long term conditions is anticipated to lead to improved performance against this measure and delivery of the agreed target of 70% by the end of the 2015/16 financial year, based on the survey reporting period to March 2016 does remain possible – **not achieving.**

5. 2016/17 Better Care Fund Planning

- 5.1 Following the publication of the Better Care Fund Policy Framework in January 2016, more detailed planning guidance was published on 24 February 2016. This guidance was published later than expected and therefore the timescales for submission were adjusted to take account of this. The table below shows the anticipated submission deadlines as set out in the paper to the Board in February against the revised deadlines for submission of the BCF Plan.

Original expected deadline	Deadlines in final planning guidance
8 Feb 2016 – First Draft*	2 March 2016 – First Draft*
11 April 2016 – Final BCF Plan	21 March 2016 – Second Draft*
	25 April 2016 – Final BCF Plan
* The draft submissions do not require full plans and are based on the submission of a planning template confirming the funding and proposed performance measures. The final BCF plan due to be submitted on 25 th April will require a full narrative plan.	

- 5.2 Based upon the expected timescales and anticipation that the guidance would be published in early January 2016, and recognising even then that the likely timescales would be tight, it was agreed that the BMBC Executive Director, People and the Chief Officer of NHS Barnsley CCG sign off the draft plan on behalf of SSDG and the Health and Wellbeing Board with the final plan then being submitted to the Health and Wellbeing Board on 5 April 2016 for approval.
- 5.3 The sign off and submission of the draft planning return template on 2 March and 21 March 2016 has been done in line with the agreed proposal however the delay in the publication of the guidance to 24 February 2016 and the need to engage all stakeholders in the development plan means that the final plan will not be complete and ready for sign off until mid-April 2016, after the Board meeting in April and before the next meeting in June. It is therefore proposed that the final plan be circulated to all Board members and that the Chair and Vice Chair of the Board approve the BCF Plan on behalf of the Board.
- 5.4 It is proposed that BCF Plan for 2016/17 will roll forward, as appropriate, the plan from 2015/16 and be updated to reflect the new national conditions and the removal of the payment for performance element of the fund. Taking this approach will allow the BCF to continue whilst the broader approach to transformation and integration is considered, developed and included as part of the refresh of the Health and Wellbeing Strategy and the development of other associated plans such as the Sustainable Transformation Plan for Health and Care across South Yorkshire and Bassetlaw and the Barnsley Integrated Transformation Plan.

6. Conclusions

- 6.1 The Board are asked to note the contents of the report in relation to the 2015/16 BCF plan and performance and to agree with the proposals for the BCF in 2016/17, including rolling forward the plan from 2015/16 and that the Chair and Vice Chair of the Board sign off the final plan to enable submission by the deadline of 25 April 2016.

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