MUNICIPAL YEAR 2015/2016		
MEETING TITLE AND DATE **Health and Wellbeing Board** **10th December 2015**	**Agenda – Part: 1**	**Item: 10 d**
	Subject: Better Care Fund Update	
	Wards: All	
Report of: Bindi Nagra and Graham MacDougall	**Cabinet Member consulted: N/A**	
Contact officer - Hayley Coates **Email:** Hayley.coates@enfield.gov.uk		

1. EXECUTIVE SUMMARY

This report provides an update on the Better Care Fund and the latest performance and financial position.

NHS England reporting – the Q2 report was submitted to NHS England on 27th November.

Development sessions – the first of the development sessions was delivered by the Leadership Centre on 25th November. Further sessions are being arranged for January 2016.

External Support – NHS England has offered Enfield the opportunity to participate in a support scheme with PA Consulting. The review commenced in November 2015 and is expected to be concluded by December 2015 and will assist with strategic planning.

Better Care Fund Audit – PWC undertook an audit of the Better Care Fund in Summer 2015 as part of the Council's internal audit programme. A draft report has been issued and an action plan is being developed to respond the areas for consideration that haven't already been addressed.

Governance and management – The Better Care Fund Management Group is now meeting on a monthly basis. Overall management of the fund has transferred to Enfield 2017 to improve links with dependent projects.

Finance - based on Q2 financial reports there is an expected underspend of £51,900 due to delayed or phased starts to projects, which has reduced from £253,750 as reported in October 2015. The financial position of all projects and programmes is being further reviewed.

Performance – the performance report is attached as Appendix 1. An action plan has been developed to improve performance across the key metrics, particularly non elective admissions, and this is outlined in the report.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note the contents of the report, including the current performance metrics and actions being taken to improve performance and respond to findings from recent reviews.

- Note that the Q2 return was submitted to NHS England on 27th November 2015 as required.

- Note that further development sessions will be held in January 2016 with the Integration Board and wider stakeholders, to inform planning for the Better Care Fund in 15/16.

3. NHS England Reporting

3.1 The Better Care Fund Q2 return was submitted to NHS England on 27th November 2015, to report the latest progress. This was approved by the Assistant Director of Strategy and Resources and the Director of Strategy and Partnerships prior to submission.

4. Development Sessions

4.1 As previously agreed by the Health and Wellbeing Board, the Leadership Centre has been appointed to lead a number of focused development sessions, to reflect on achievements to date and agree priorities for 15/16 for the Better Care Fund and health and social care integration more widely. In particular, the sessions will focus on:

- Defining a shared vision for integration for the future
- Priorities for 15/16
- Opportunities for 'invest to save' initiatives.

4.2 The sessions have been organised into three phases:

- **Phase 1** –senior leaders at the Council and Enfield Clinical Commissioning Group.

- **Phase 2** – the second session will be for the Enfield Integration Board and will be scheduled for January 2016, to follow announcements about the Better Care Fund for 15/16 and the initial session.

- **Phase 3** – further sessions will be scheduled with wider stakeholders (e.g. front line staff and voluntary groups) building on the work of the first two

sessions. This session is expected to take place in late January/early February 2016.

4.3 The first session was held on Wednesday 25th November with senior leaders from the Council and Enfield Clinical Commissioning Group. The facilitator had a telephone conversation with all attendees prior to the group session, to obtain an understanding of the different perspectives and ideas. The session followed a flexible format, to ensure that participants could have an open discussion.

4.4 During the session the attendees started to identify some key achievements to celebrate more widely and some priority areas going forwards. The discussion will inform plans for the Phase 2 sessions and seek the views of a wider group.

5. External Support

5.1 Following the March 2015 Readiness self-assessment, seven Health and Well-being Boards have been offered the opportunity to participate in a support scheme with PA Consulting, of which Enfield is one. The support programme aims to provide tactical support and/or strategic planning in conjunction with NHS England to accelerate personalised, co-ordinated care. This will also support the wider BCF network by providing the opportunity to share examples of best practice and effective issue management across authorities.

5.2 PA Consulting has identified five determinants of successful integrated working:

1) Productive working relationships
2) Open and collaborative cultures
3) Joint performance management processes
4) Developed leadership capabilities
5) Devolved decision making authority.

5.3 The package of support will review the five determinants highlighted above and comprises four elements:

- **Review** – desk based review of relevant documentation
- **Interviews** – to test and validate the findings from the review
- **Analyse** – triangulation of documentation, interviews and observations
- **Report/Feedback** – summary of report and feedback session with recommendations.

5.4 The review aims to provide the Health and Wellbeing Board with further external assurance about progress and delivery of integrated care through the

Better Care Fund and provide recommendations in its progress towards long term excellence in quality of coordinated care.

5.5 The review commenced on 20th November and a 'light touch' approach is being undertaken, recognising that a number of reviews have already taken place. The findings are expected by the end of December 2015, to enable recommendations to be considered in planning for 16/17.

6. Better Care Fund Audit

6.1 Price Waterhouse Coopers, the Council's internal auditors, undertook an audit of the Better Care Fund in Summer 2015 as part of the internal audit programme, approved by the Council's Audit Committee.

6.2 The key findings highlighted that:

- A more defined and documented performance management processes would be of benefit. This has been addressed via the introduction of quarterly updates and performance reports from all leads.

- An action plan should be developed to address any performance risks or emerging issues with performance. This approach is being followed to review non-elective admissions.

- A more robust and structured approach to benefits realisation would enable greater tracking of benefits and to assess individual business cases. This is being addressed via the quarterly reviews of performance and outcomes, with scrutiny planned at the Finance and Activity Sub Group.

- Financial flows were in need of improvement to ensure payments were made between the Council and Enfield Clinical Commissioning Group in a timely manner. This has been addressed by defining payment terms in the Section 75 Agreement.

6.3 A number of the items raised have already been addressed as outlined above and an action plan will be developed to address any remaining areas for consideration.

6.4 Additionally, Enfield Clinical Commissioning Group has commissioned Baker Tilly to undertake an audit to provide assurance on how Clinical Commissioning Group managers are maximising collaborative working and engagement with external groups and maintaining effective financial control. This forms part of the internal audit cycle.

6.5 The Baker Tilly audit has been deferred to Q4 to allow time to implement the agreed actions from previous reviews. The review will consider:

- Separation of responsibilities and duties between the CCG, the local authority and other arm's-length bodies
- Risk-sharing arrangements and contingency plans if targets are not met
- The CCG's individual and collaborative strategic plans and how these link with the BCF agenda
- Management information and reporting to enable effective monitoring and measurement of outcomes
- Arrangements for data sharing between health and social care with due consideration to the Information Governance issues
- Arrangements for ensuring a joint approach to assessments and care planning with the local authority.

7. Governance and Management of the Fund

7.1 Better Care Fund Management Group (BCF MG) has considered the findings of recent reviews and audits to inform the management of the fund going forward, to ensure that the benefits continue to be maximised. This has included the development of an action plan to address the areas of consideration raised in audits.

7.2 To date, the BCF MG has met fortnightly. However, to ensure that these sessions remain focused and effective, it has been agreed that the meetings will now take place on a monthly basis, or more frequently as required when further guidance is issued about the Better Care Fund for 16/17.

7.3 It was agreed that from 2nd November 2015 onwards the programme will be managed as part of the Enfield 2017 portfolio, which is the Council's centralised project and programme management office. This will improve links with dependent projects (for example Shared Care Record) and ensure consistency in approach with other programmes. The transition of management arrangements will also support some of the recommendations raised in recent reviews, to ensure more robust monitoring arrangements are in place.

7.4 Additionally, the scrutiny of the projects and programmes within the Better Care Fund will be enhanced and leads will be required to submit a quarterly update to outline performance, outcomes delivered, actual and forecast spend, to inform management decisions about the fund going forward. Quarter 1 and 2 updates have been requested from all leads and an update will be presented to the next BCF MG meeting.

8. Finance

8.1 The financial position of all projects and programmes is being reviewed; including an estimated forecast spend by 31st March 2015. Based on Quarter 2 financial reports there is an expected underspend of £51,900 due delayed of phased start to projects, which has reduced from £253,750 as reported in October 2015.

9. **Performance**

The performance report is attached as Appendix 1.

Non-Elective Admissions (General and Acute)

9.1 A working group has been established to review non-elective admissions and analysis has been undertaken to better understand the position. This has found that:

- Non-elective Admissions (NEL) are forecasted to increase by over 1.8k (7%) compared to 14/15.

- There is relatively little growth in A&E attendances between M1-5 14/15 and M1-5 15/16.

- The increase of Enfield Clinical Commissioning Group (CCG) activity trends are consistent with the national activity submitted for England.

- The data and trends submitted by the providers for the Monthly Activity Return (MAR) and SUS are consistent but there is lower activity from SUS.

- Admissions at Barnet & Chase Farm Hospital (B&CFH) continue to decline steadily, however main increases for Enfield are being driven by North Middlesex University Hospital (NMUH) which has increased by over 55% compared to 14/15 levels (B&CFH reduced by 35%).

- The increases of NEL activity are mainly being attributed to paediatric and accident and emergency admission specialties. These are due to revised pathways at NMUH which are using beds for observation and triage; this is demonstrated in the A&E conversion rates which have significantly increased since the BEH clinical strategy (particularly for Paedatrics).

- General medicine and geriatric admissions have declined each year; however, there has been a large increase of Respiratory and an increase of Cardiology and T&O which could be linked to improved coding.

- The trends for over 65+ admissions for 15/16 are continuing to increase, with Paedatrics increasing the most (as per the specialty).

- Short stay admissions at B&CFH are decreasing, however NMUH has increased significantly since 12/13. These link to the above points where short stay beds are being used for observations.

- The most common condition for all ages is Acute Abdominal Pain not Requiring Operative Intervention. Paedatrics is Ear, Nose & Throat Infections, Adults is Acute Abdominal Pain and over 65's is UTIs and Community

Acquired Pneumonia. There is also large numbers of falls/head injuries and Mental and Behavioural Disorders for Adults and over.

- There is a general decrease in long stay admissions with a potential link in admission length of stay with the length of time spent in A&E.

- For all ages the most common A&E attendance times are between 7am and 5pm. There are significant peaks for over 65s at 11am and 5pm. The highest proportion of Paedatrics and Over 65s attendances are at 5pm whilst Adults is at 11am. Whilst the proportion of Adults and over decline after 5pm, Paedatrics remains high up to later in the evening up to 10pm.

9.2 A working has therefore been established to explore the data further and advise on potential action.

Residential Admissions

9.3 The Council continues to achieve year on year reductions in the number of people admitted to long term residential or nursing care.

9.4 By October 2015 81 placements had been made against a full year target of 199. Proportionally, dementia placements are increasing for both residential and nursing care and there is a particular shortage of nursing availability within the borough, which has placed an upward pressure on costs both for the Council and for Enfield CCG.

9.5 Strategically, the Council is addressing this through the funding and building of two new nursing homes. The first (70 beds) is already in the construction phase and work is currently underway on a full tendering exercise to secure a provider to run the first of these new homes. It is expected that construction will be complete and the home ready to accept placements by December 2016.

9.6 Authority from the Council to build a second nursing home has also been secured and work is currently underway to identify an appropriate site.

9.7 The Council is also working with other Councils across the North Central London area to explore the option of joint commissioning and procurement of residential and nursing capacity across the region in order to secure longer term sustainable capacity within this area.

Reablement

9.8 Within the Better Care Fund Plan, NI 125 is the metric that has been chosen to monitor the effectiveness of the Enablement Service. This indicator measures the number of people living independently three months subsequent to receiving an enablement intervention following discharge from hospital. Independent means continuing to live in the community (with our

without support). It excludes people who have moved into a residential/nursing placement or people who have died.

9.9 This indicator is a snapshot taken from the winter months but is also monitored throughout the year cumulatively by the Council.

9.10 Current cumulative performance stands at 82.7% against a target of 88% (373 out of 451).

9.11 The Council also monitors the total number of people who pass through the Enablement service and outcomes for them. By September 2015, 802 people had received an enablement service. Of those 575 or 71.7% had been discharged from the service requiring no further support from the Council.

9.12 Work is currently underway within the Council to increase the available capacity of the Enablement Service. Through use of electronic monitoring systems (CM2000), streamlined assessment and review processes and further trusted assessor training to fully utilise the benefits of assistive technology, the service has been able to increase capacity by approximately 8% last year with a further increase expected this year. The roll out of mobile working later this year will bring further efficiencies which will enable the service to work with more people both from the community and from a hospital setting.

Delayed Transfers of Care

9.13 Acute Delays April – September 2015/16 (people):

- Adult Social Care Delays – 3 (12 in 2014/15)
- Health Delays – 57 (98 in 2014/15)
- Joint Delays (health and social care – 0 (0 in 2014/15)

9.14 Assessment delays are the main cause of acute adult social care delays to date. Within health, the main reasons have been the need to await further non acute NHS care, awaiting a continuing healthcare nursing home placement, community equipment delays and patient choice for residential/nursing care.

9.15 Non-Acute Delays April – September 2015/16 (people)

- Adult Social Care – 18 (29 last year)
- Health – 40 (58 last year)
- Joint health and social care – 9 (3 last year)

9.16 The main reasons for a delay within adult social care were assessment completion, funding and residential/nursing placements. Within health the main reasons for a delay were assessment completion, continuing healthcare nursing placements and family choice.

9.17 Number of Days lost to Delayed Discharges

There has been an increase in the number of days lost to delayed discharges for both health and social care, compared to 14/15 performance. The highest number of delays for social care in September 2015 was 'Awaiting Residential Care Home Placement' and for health was 'Completion of Assessment'. To date in 15,16, 53.1% of the total days lost due to delays within the Mental Health Trust.

9.18 An action plan is being developed to reduce mental health delays, to include analysis of the reasons and analysis of the mental health enablement service capacity/accommodation options for people with mental health struggling to maintain tenancy arrangements. Actions are also being explored to address delays in the completion of assessments and the provision of value for money placements for continuing healthcare patients.

Dementia Diagnosis

9.19 Enfield CCG has made good progress on dementia diagnosis in 2015. The latest data published by Health and Social Care Information Centre (HSCIC) is for September 2015, and shows a diagnosis rate of 67.8% (figures for 2 GP practices are estimated, based on their last available data). During November, retrospective figures for April-July will be published. The Direct Enhanced Services (DES) scheme for GP practices and Commissioning for Quality and Innovation (CQUIN) scheme for community services, introduced in 2015/16 for the first time to encourage screening of patients known to community services, are expected to boost diagnosis rates.