MUNICIPAL YEAR 2015/2016		
MEETING TITLE AND DATE **Health and Wellbeing Board** **11th February 2016**	**Agenda – Part: 1**	**Item:**
	Subject: Better Care Fund Update	
	Wards: All	
REPORT OF: Bindi Nagra, Asst. Director, Health, Housing and Adult Social Care, LB Enfield, and Graham MacDougall, Director of Strategy and Partnerships Enfield CCG	**Cabinet Member consulted: N/A**	
Contact officer: Keezia Obi **Email:** Keezia.Obi@enfield.gov.uk **Tel:** 020 8379 5010		

1. EXECUTIVE SUMMARY

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

NHS England reporting – the quarter 2 report was submitted to NHS England in November and the regional update report based on local area submissions is due for publication. Quarter 3 data is due for submission on 26th of February.

Better Care Fund planning guidance 2016/17 – NHS England has yet to publish the detailed planning guidance for the Better Care Fund in 2016-17. We are advised it will be published as soon as possible. It was expected that Health and Wellbeing Boards would be signing off BCF plans in mid-April, however in view of the delay any resulting changes to the timetable for completing BCF Fund plans will be set out with the publication of the guidance. The Health and Wellbeing Board BCF allocations will be published at the same time. In the meantime, the BCF 2016-17 Policy Framework has been published and can be found at **Better Care Fund Policy Framework**.

Performance – the performance report is attached as Appendix 1. Activity is taking place to improve performance across the key metrics and this is outlined in the report.

Finance – The Quarter 3 financial report is currently in draft and will be presented to the BCF Management group on 12th of February. This follows a review of the financial position of all projects and programmes and it is anticipated that the year-end position will be within budget.

Development sessions – a second development session to be facilitated by the Leadership Centre is taking place with the Integration Board on 17th February 2016.

External Support and Better Care Fund Audits – final reports have been issued and a single action plan is being developed following the participation in the support scheme with PA Consulting and audits undertaken by PWC and EY. The plan will be mmonitored by the BCF Management Group. Meanwhile, action is already being taken to improve performance. Outcomes will be reported to the Health and Wellbeing Board as part of future updates.

Governance and management – Closer collaboration between the Council and CCG is taking place. The BCF Management Group meets on a monthly basis, and the BCF Finance and Activity Group is being re-focused to provide on-going governance and challenge. As required, Council and CCG finance leads will jointly report to the BCF Management Group.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note the contents of the report, including the current performance metrics and activity taking place to improve performance in response to recent reviews.
- Note that the NHS England quarter 3 data submission is due in February.
- Note that BCF 2016/17 policy framework has been published but the detail of the planning guidance is delayed.
- Note that a further development session will be held on 17th of February with the Integration Board. The session will inform strategic planning in relation to the BCF and the future of integration in Enfield.
- Note that a London BCF Network has been set up and led by ADASS and NHS London. The Network will facilitate the sharing of good practice, address issues of concern, and assist with embedding the principles of the BCF at local level.

3. Performance

3.1 The performance report is attached as Appendix 1.

Non-Elective Admissions (NEL) - General and Acute

3.2 The current increase in NEL activity represents a 6% increase in admissions from April to November 2015 compared to the same period in 2014, with increases across all age groups.

3.3 The increases of activity are mainly being attributed to paediatrics but also cover orthopaedic and immunology specialties. These are due to revised pathways at North Middlesex University Hospital which are using beds for assessment and observation; this is demonstrated in the A&E conversion rates which have significantly increased since 20114/15;

3.4 NEL admissions for 65+ have increased by 6.2% between April and November 2015 compared to the same period in 2014. Since November 2015 there has been an increase in activity in the Older People's Assessment Unit, whilst the Integration Board agreed to fund a GP Local Incentive Service to encourage practices to work with the integrated care network in the multi-agency management of complex cases of (predominantly older) patients most at risk of hospitalisation. This has been rolled out from January 2015 with over half of Enfield practices signing up already. It is expected that both these solutions will help avert avoidable hospital admission in the remainder of 2015/16.

3.5 As reported in the December HWB update, a working group has been established which is reviewing non-elective admissions, including continuing to undertake analysis to increase the understanding of the activity and recommend action to improve performance.

Residential Admissions

3.6 Residential admissions within Enfield for people aged 65 and over have decreased over the last two years to a level which is below both London and national averages as more people are supported (either with or without ongoing social care support) to continue living independently within their own homes. There has been an increase in the number of people entering residential or nursing care for dementia related care and support.

3.7 The majority of residential and nursing placements also continue to be made from hospital (60% of whom were not previously known to social care). Work is underway to better understand how earlier intervention across the health, social care and voluntary sector partnership can provide appropriate access to the kind of support which will reduce the impact of declining health, prevent falls, support carers to continue caring and provide earlier diagnosis of dementia and support services which prevent or postpone hospitalisation and the need for residential/nursing care support.

Reablement

3.8 This national indicator (NI 125) looks at the proportion of people who have entered the service from hospital and whether or not they are living independently within 3 months of receiving the service. 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.

3.9 The Council continues to work in partnership with colleagues in health to develop its enablement service. Over the last three years capacity within the service has been doubled from just over 800 people seen per year to over 1600. The review and move on process has been improved to ensure that service users gain maximum benefit from the service.

3.10 The target of 88% was always very ambitious, particularly with significantly increased numbers of people passing through the service. Performance is currently at 82%. However, if people who have subsequently passed away within the three months are taken into account, performance stands at around 87%. The service also monitors the number of people who receive the service (both to prevent hospital admission and ensure appropriate and timely discharge) where no further input is required (people are living independently) and performance here has continued to improve year on year. Currently at over 72% this compares very favourably with London and national averages around the low 60%.

Delayed Transfers of Care

3.11 Acute Delays April - November 2015 (people):

- Adult Social Care Delays – 5 (5 in same period in 2014)
- Health Delays – 76 (63)
- Joint Delays (health and social care – 0 (0)

3.12 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.

3.13 Non-Acute Delays April – November 2015 (people)

- Adult Social Care – 27 (21)
- Health – 55 (42)
- Joint health and social care – 11 (3)

3.14 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.

3.15 Number of Days lost to Delayed Discharges

There was a 16% increase in the number of days lost to delayed discharges for both health and social care in April to November 2015 compared to the same period in 2014, with 70% & 22% of these bed days lost due to health and social care delays, respectively, in 2015, with the main reasons for delays being due either awaiting further NHS provision (acute delays), completion of assessment (non-acute delays) or patient/family choice (both).

3.16 Despite the overall increase, there was a <1% increase in bed days lost in acute delays between the two periods, but a significant increase in non-acute delays of either working age or older adults with functional or organic mental health issues. Despite this, all partners continue to look to ways of improve their discharge processes to avoid delays in the system. In response, an action plan has been developed to reduce functional 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.

3.17 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. Similarly, a more rigorous monitoring and discharge process for older people with organic mental health issues was agreed and implemented between Barnet, Enfield & Haringey Mental Health Trust, Enfield CCG and LBE to better identify earlier and manage the discharge of people from non-acute beds, and this will impact on the non-acute figures from December 2015, once available.

3.18 **Dementia Diagnosis**

Enfield CCG continues to make good progress on dementia diagnosis. The latest data published by Health and Social Care Information Centre (HSCIC) is for December 2015, and shows a diagnosis rate of 68% (figures for 7 GP practices are estimated, based on their last available data). 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. Recent increases in memory clinic waiting times are being addressed to further improve patient experience and diagnosis rates.

4.1 Finance

4.1 It was reported to the HWB in December that based on the quarter 2 financial report there is an expected underspend of £51,900 due to delayed or phased start to projects. As noted in the Executive summary, since then the financial position of all projects and programmes has been reviewed and the quarter 3 financial report is currently in draft. It will be reported to the BCF Management

Group in mid-February including a forecast for year end. It is anticipated that the year-end position will be within budget.

5. Better Care Fund planning guidance 2016/17

5.1 NHS England has yet to publish the detailed planning guidance for the Better Care Fund in 2016-17. In the meantime policy guidance has been issued which includes:

- The Statutory and Financial Basis of the Better Care Fund
- Conditions of Access to the Better Care Fund
- The Assurance and Approval of the Local Better Care Fund Plans
- National Performance Metrics
- Implementation 2016-17

5.2 NHS England will set the following conditions, which local areas will need to meet to access the funding:

- A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

5.3 They will also require that Better Care Fund plans demonstrate how areas will meet the following national conditions:

- 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;
- 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.

6. Development Sessions

6.1 The Leadership Centre will be facilitating a session with the Integration Board on 17th of February, the focus of which will be to start the process of defining a shared vision

for integration for the future as well as revisiting the discussion at a previous session regarding Integrated Locality Teams.

6.2 Prior to the first session, the facilitator had a telephone conversation with all attendees to obtain an understanding of the different perspectives and ideas. This will be offered again to attendees who have not yet had the opportunity to speak to the Leadership Centre. Partners have been asked to make every effort to attend the session.

7. External Support and Audits

7.1 At the December HWB meeting a summary of the position in relation to the above was provided. Following this, the development of a single action plan was agreed with the BCF Management Group. However, whilst this is being produced the key issues identified in these audits are being actioned including:

- Working more closely across the Council and CCG e.g. performance and finance leads
- Strengthening the performance and finance reporting of BCF schemes
- An agreement to reviewing how information is produced, what is required for reporting purposes and when. This will help to streamline the process and manage the requirements in a planned way
- Agreement to review and improve the reporting of outcomes and benefits realisation
- Improving the financial flows between the Council and the CCG ensuring payments are made in a timely manner.

7.2 As previously reported, 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 and in view of the recent audits was deferred and will commence in the new financial year. This will also allow some time for the improvements identified in the earlier audits to be evidenced.

8. Governance and Management of the Fund

8.1 As noted the BCF Management Group is meeting regularly. The Finance and Activity group is being re-focused and is meeting on a monthly basis. At a recent meeting is was agreed to review the terms of reference and the membership to ensure that it can effectively review and challenge finance information and performance, ensuring that the BCF Management Group and Integration Board receives the information it requires to deliver on the BCF plans and associated outcomes.

9. BCF London Network

9.1 A regional network has been set up to:

- Share issues and concerns as well as good practice;
- Draw the Network's attention to matters of concern relating to BCF implementations issues and make recommendations to the London ADASS Branch and NHS England (London region) for areas of support; and
- Embed the principles and processes of the BCF guidance locally

9.2 Membership is Local Authorities and Clinical Commissioning Groups.

9.3 At the second meeting of the Network held in January, it was reported that local areas have different interpretations of national conditions, for example 7 day working and joint approaches to assessments. Consequently this affects reporting and the information published for regional comparisons. It was agreed that the Network will look at this at a future meeting.

End of Report