MUNICIPAL YEAR 2015/2016		
MEETING TITLE AND DATE **Health and Wellbeing Board** **21st April 2016**	**Agenda – Part: 1**	**Item: 5**
	Subject: Better Care Fund: **a) Update and review of the 2015-16 Better Care Fund plan** **b) The 2016 -17 Better Care Fund plan**	
	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:** Cllr. Doug Taylor, Leader of the Council	
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1. EXECUTIVE SUMMARY

This report provides an update on the 2015-16 Better Care Fund (BCF) plan including the performance and financial position and in year achievements. It also sets out the activity taking place to produce the 2016-17 BCF plan in preparation for Health and Wellbeing Board approval by 2nd May 2016, following the publication of local allocations and guidance issued by NHS England.

2015-16 BCF plan

Performance and achievements - the report is attached as Appendix 1. The performance dashboard covers the period up to January 2016 and was presented to the March Integration Board. We can report achievements in a number of areas including admissions to residential and nursing care, integrated locality team working, community based rapid response services. Activity continues in order to improve performance across the key metrics and this is outlined in the report.

Finance - As reported to the Health and Wellbeing Board (HWB) in February, the Quarter 3 financial report was presented to the BCF Management group in February. This followed a review of the financial position of all projects and programmes and as anticipated the year-end position is within budget.

The governance and management of the BCF – previous reports to the HWB reported that we had participated in an NHS England support scheme and engaged in a number of audits. This process had identified areas where we could strengthen local management and this report highlights some key areas of improvement.

Development sessions – it has been agreed that external facilitators are engaged to assist the HWB in shaping the future of integration in Enfield. As part of a series of events, a second development session took place on 17th February. This session was with the Integration Board and focused on integrating health and social care in Enfield in order to reveal a common purpose and shared ambitions.

2016-17 BCF plan

Since reporting to the HWB in February NHS England released the policy framework and guidance for the 2016-17 BCF plans. In summary, the process has involved an initial template submission, a second submission and a final submission due to be submitted on Tuesday 3rd May 2016, having been formally signed off by local HWB's. The timetable is included in the body of the report (see page 11).

Whilst the majority of conditions remain the same as 2015-16, a simplified planning and assurance process has been put in place, including removal of the £1 billion payment for performance framework. This has been replaced by 2 new national conditions:

- Agreement to invest in NHS commissioned out-of-hospital services (which may include a wide range of services including social care services), or retained pending release as part of a local risk sharing agreement.
- Agreement on clear and focused, local action plans and agreed targets to reduce delayed transfers of care (DTOCs)

Narrative plan – there is a requirement that the BCF plan includes a narrative which supports the national conditions, together with the local vision for health and social care, the case for change and expected activity during the year ahead. The plan which formed part of submission 2 is attached as Appendix 2.

Scheme plan – a further requirement is a scheme plan setting out details of what types of services and activity will be delivered. This plan including the related expenditure is currently subject to discussion between the Council and CCG and as such is not yet available.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- **Note** the update on the 2015-16 BCF plan, including the current performance metrics and achievements.
- **Note** the activity taking place in response to participation in the NHS England support scheme and audits, in particular improvements being made.
- **Note** the publication of the 2016-17 planning guidance and timetable, and key changes to last year's guidance.
- **Receive** the attached BCF 2016-17 narrative plan (submission 2 as noted above), noting that this may be subject to change as a result of the final agreement to the investment plan.
- **Agree** delegated authority is given to the Chair and Vice-Chair of the HWB to approve that the final 2016-17 BCF submission. This is in view of the very tight timescale and that the Council and CCG have not yet reached agreement on the investment plan.
- **Note** at the time of writing that on April 11th we received verbal feedback from NHS England on the 2nd BCF submission, but are awaiting the formal feedback. The summary feedback is a rating of 'approved with support' and further details have been included in the report, but it is noted that it may be subject to change.
- **Note** that since the last report to the HWB in February, a further development session has been held with the Integration Board.

3. The BCF 2015-16 performance and achievements

3.1 The performance report is attached as Appendix 1.

Non-Elective Admissions (NEA's) - General and Acute

3.2 The current increase in NEA activity represents a 6% increase in admissions from April to December 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. A&E conversion rates have significantly increased since 2014/15. Non-elective admission audits have been undertaken at both North Middlesex University Hospital Trust and Royal Free Hospital to better understand patient flow to inform how best to reduce emergency admission across different age groups

3.4 NEA admissions for 65+ have increased by 3%, against a background of the 6% increase for all age groups. Since December 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 We are clear that the work we have done in 2015/16 to reduce emergency admissions for older people (65+) needs to be extended into paediatrics and our 50+ population as these have shown themselves to be areas of increased pressure this year.
The increase in the number of people whose discharge from hospital was delayed in 2015/16 has been identified as a priority with particular issues around:

- non acute mental health discharge and support arrangements
- shortage of residential/nursing stepdown provision
- patient choice (for residential/nursing care)
- completion of assessment

An action plan is in place and has been implemented with a 45% reduction in delays achieved in January 16 compared to September 15. This remains an area of priority for 2016/17. This is supported by the System Resilience Groups focussed around our two main acute providers.

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 Delays April - December 2015:

- There were 4528 days delayed between April and December which is above the cumulative target of 3425
- There were 16 patient delays during December, of which 9 were Health delays, 5 were attributable to Social Care and 2 were joint delays.

3.12 Acute delays **-** 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 - 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.

3.14 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.

3.15 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.

3.16 **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 January 2016, 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.

3.17 **NHS England reporting**

The NHS England quarter 3 data report (for the period October to December 2015) was submitted on February 26th and the report for quarter 4 (January to March 2016) will be due late May / early June.

3.18 **Achievements**

Despite significant challenges across our health and social care services in Enfield the implementation of our Better Care Fund programme of work has seen some success in 2015/16:

- Admissions to residential and nursing care continue to reduce and our target, already very ambitious, will be met this year.
- Our enablement service continues deliver excellent outcomes with over 71% discharged with no further need for support;
- On track to achieve 88% of people living independently after receiving the service upon discharge from hospital;
- Our satisfaction measure shows good performance against continuity of care co-ordination (continuity of support and telling your story once);
- Seven day working is in place across health and social care and our integrated locality teams are working well to bring a multi-disciplinary approach to supporting people who need our help.

3.19 There is a shared ambition and acknowledgement of the challenges which we are facing as a partnership and this is reflected in our 2016-17 BCF narrative plan submission. We are already expanding the work we do across integrated pathways to improve our response for children and for adults to ensure we have the right services in the right place at the right time.

- An action plan is in place to reduce our delayed discharges with a reduction of 45% already achieved in January 16 compared to September 15. This plan has been reviewed and strengthened to respond to our local challenges
- We are jointly recommissioning our voluntary sector activity with a focus on integrated hub based approaches which will see VCS organisations both working together and with statutory services to deliver early intervention support which is

evidence based. This will see an increased focus on enabling support, self-management of long term conditions, increased support for carers and ensuring that our most vulnerable people continue to have a voice both through service development and advocacy support.

3.20 The community-based rapid response services work together to ensure people avoid hospitalisation where this is unnecessary at weekends and out-of-hours:

- GP Urgent Access Hub - established in 2015/16 to enable professionals to schedule GP appointments for patients with clinical needs who need to be seen quickly in the evening or at the weekend at a local practice. This was commissioned to support winter system resilience.
- Community Nursing & Rehabilitation Out-of-Hours services - include 7-day working, with the latest addition being the nurse-led Community Crisis Response Team to support people in the community and in care homes to avoid hospitalisation, a service linked to the Council's 24/7 Safe & Connected Service which ensures a rapid response is mobilised should a user's alarm be triggered;
- Other Out-of-Hours services - The integrated care model includes access to out-of-hours and weekend social care duty and community mental health services as appropriate.

These activities will continue to be monitored and adapted in our 2016/17 plan.

3.21 The Integrated Locality Teams and the Care Homes Assessment Team support assessment and care planning for people with dementia and have access to Community Mental Health Teams for specialist support in individual cases. Due to this improved care management and increased resources and training in primary care and the Memory Service, the proportion of Enfield residents living with dementia who had formal diagnoses increased from 45% to 67% over the last 18 months. We established a voluntary sector role of dementia navigator to support people post-diagnosis in 2015/16, a role linked to joint planning in our integrated care network, in particular, the Memory Service and Integrated Locality Teams.

4.0 Finance

4.1 As reported to the Health and Wellbeing Board (HWB) in February, the Quarter 3 financial report was presented to the BCF Management group later that month. This followed a review of the financial position of all projects and programmes and as anticipated, the year-end position is within budget.

5.0 The governance and management of the BCF

5.1 Previous reports to the HWB reported that we had participated in an NHS England support scheme and engaged in a number of audits. This process had identified areas where we could strengthen local management and some key areas of improvement have been:

- The Finance and Activity sub group has been re-focused and has resolved the historic commissioning and invoicing issues and the end of year position
- Agreement to review the Terms of Reference and membership of the Board and sub groups for 2016/17
- Agreement to update business cases for existing schemes that are continuing during 2016/2017

- Producing quarterly updates to outline progress, performance, funding spend and forecast spend by year end. This will be subject to challenge by the Finance and Activity Sub group.

5.2 **Leadership development sessions**

A second session took place at the meeting of the 17th of February Integration Board. The focus of the session was to consider a range of options for integrating health and social care in Enfield in order to reveal common purpose and shared ambitions. The desired outcomes were:

- Agreement about the parameters for a shared vision for change
- Increased understanding between partners, leading to clarity about areas of consensus and areas of difference
- An agreed set of next steps to which partners can commit sufficient leadership resources to in order to make progress

5.3 During the session three key areas were identified and will be taken forward to the next session and the invite extended accordingly.

- Strategic financial discussion across health and social care commissioning and provision affecting Enfield
- Local examples of integration working in practice
- Agreeing Enfield's models of integration going forward

6.0 Better Care Fund 2016/17

6.1 Better Care Fund planning guidance 2016/17

NHS England has published the BCF detailed planning guidance, including the approach to regional assurance of the plans and the minimum and further key lines of enquiry (KLOE). These are being used as part of the compliance checks and provide the framework for the assurance review of plans at a regional level. The guidance can be accessed using the following link: http://www.local.gov.uk/documents/10180/5572443/BCF+planning+2016-17+Approach+to+regional+assurance+of+Better+Care+Fund+plans/33067cda-d4e0-41b2-8bff-b004efecc29c

A key requirement is for Better Care Fund plans to demonstrate how the following national conditions will be met:

- 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.

6.2 Better Care Fund policy framework 2016/17

The Department of Health has also published a policy framework 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

The framework can be accessed using the following link:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

The following conditions have been set out that 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.

6.3 What has changed in 2016-17?

- A simplified planning and assurance process, including removal of the £1 billion payment for performance framework
- Payment for Performance has been replaced by 2 new national conditions:
- Agreement to invest in NHS commissioned out-of-hospital services (which may include a wide range of services including social care services) or retained pending release as part of a local risk sharing agreement.
- Agreement on clear and focused, local action plans and agreed targets to reduce delayed transfers of care (DTOCs)
- Updates to the national condition regarding agreement for delivery of 7 day services across health and social care to prevent unnecessary non-elective admissions to acute services.

6.4 Better Care fund allocations 2016/17

The allocations for Enfield are as follows:

- Revenue funding from CCG - £19,185,445
- Local Authority contribution (Disabled Facilities Grant) - £2,540,000
- Total - £21,725,445

And the allocation includes the following:

- Protection of Adult Social Care Services - £6,055,000
- Care Act monies (priorities are for advocacy and carers) - £734,000
- Funding held as a contingency as part of a local risk sharing agreement - £1,500,000

6.5 Agreement of the 2016-17 BCF (narrative plan and investment).

As noted in the Executive Summary, we have submitted the necessary documentation to NHS England. The next step is to submit the plan having been formally agreed by the Health and Wellbeing Board.

The majority of the BCF schemes build on the 2015-16 activity e.g. the Integrated Care programme, protection of social care monies, Care Act funding (in particular for Advocacy and Carers services), wheelchair services. However there is ongoing discussion regarding the risk share agreement and the investment plan. Therefore, at this stage the HWB is being asked to review the attached narrative plan produced in line with the policy guidance and delegate authority to the Chair and Vice-Chair to approve the final 2015-16 BCF plan for submission to NHS England on 3rd of May 2016.

6.6 Verbal feedback from NHS England to our March 21st submission (2nd submission)

The deadline for a response to the March 21st submissions from NHS England to local areas to confirm draft assurance status and actions required was April 11th. However to date we have only received summary verbal feedback. This feedback is outlined below but may be subject to change following receipt of the formal feedback:

6.7 Assurance Rating

The assurance rating is 'Approved with support' (medium level). It was noted that there were no fundamental areas of concern and that we had a strong plan that was viewed as being under development

For information the levels are:

- High –answers all the minimum requirement KLOEs (Key Lines of Enquiry) comprehensively and addresses the further requirement KLOEs;
- Medium quality –answers the minimum requirement KLOEs for all plan elements, but with further work required to strengthen these and/or meet further KLOEs;
- Low –fails to answer some or all the minimum requirement KLOEs for one or more of the plan elements.

6.8 Assurance against KLOEs and gaps highlighted:

Narrative plan – the key gap is related to risk sharing and the local arrangements that are in place. For information the minimum requirements for our local risk sharing plan are:

- Quantification of what proportion of the pooled funding is 'at risk', if any, and how this has been calculated?
- An agreed approach to sharing risk on Non-elective admissions (NEA's) and delayed transfers of Care (DTOCs) in line with national conditions 7 and 8
- Articulation of any other risks associated with not meeting BCF targets in 2016-17

- Articulation of the risk sharing arrangements in place across the health and care system, and how these are reflected in contracting

National conditions:

- Agreement for the delivery of 7-day services across health & social care to prevent unnecessary non-elective admissions (physical and mental health) to acute settings and to facilitate transfer to alternative care settings when clinically appropriate

  Gap – this needs to be underpinned by a delivery plan for the move to seven-day services which includes key milestones and priority actions for 2016-17
  So we will need to expand on the narrative and send our plan as a separate attachment for the final submission

- Ensure a joint approach to assessment and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

  Gap – identification of which proportion of the local population will be receiving case management and named care co-ordinator

- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care

  Gap – not enough detail to support the KLOEs for this condition, so this section in the narrative will need to be reviewed and expanded.

National metrics:

Gap - More detail required for how the targets will be met and the analysis used to set the targets. This comment relates to all four targets – NEAs, DTOC, Re-ablement and admissions to residential and care homes. So again the narrative will need to be expanded and we will also include our latest performance dashboard as an attachment.

6.9 2016/17 planning and narrative submissions to NHS England

For 2016/17 it has been agreed that the BCF planning and assurance process should be integrated as fully as possible with the core NHS operational plan planning and assurance process. The assurance process for the BCF is based on meeting the national conditions and KLOEs, as detailed in 6.1 above.

The submission timetable is as follows:

Planning guidance and planning template issued	22 February
Submission 1 BCF Planning Return submitted by HWB areas to DCO teams, copied to the national team. This will detail the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.	**2nd March**
National team provide analysis of BCF planning returns in a single spreadsheet and send to DCOs and BCMs, highlighting any potential issues in the information provided	7th March
Feedback from regions, DCOs and BCMs to the national team on any outstanding issues or support needs arising from the first submission. To be coordinated regionally.	16 March
Submission 2 Full BCF plan submitted by HWBs to DCO teams, including BCF Planning Return version 2, which is to be copied to the national team for analysis	**21st March**
National team provide analysis of BCF planning returns in a single spreadsheet and send to DCOs and BCMs, highlighting any potential issues in the information provided	24th March
Deadline for regional confirmation of draft assurance ratings for all BCF plans to the **national team**	6th April
National calibration exercise carried out across regions to ensure consistency	7th – 8th April
Deadlines for feedback from DCO teams and BCMs **to local area**s to confirm draft assurance status and actions required	11th April

Submission 3 Final plans submitted, having been formally signed off by HWBs	**3rd May**
Deadline for regional confirmation of final assurance rating to BCST and local area	13th May
Deadline for signed Section 75 agreements to be in place in every area	30th June

End of Report.