

<b>Title</b>	Better Care Fund 2016 to 2017
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### **Purpose of this report:**

This report provides the Health and Wellbeing Board with information on the 2016/2017 Better Care Fund (BCF) and the metrics that will be used to measure our progress. The report also provides a summary of our performance against some of the key metrics in the BCG in 2015 to 2016 and our targets and planned performance in 2016/17.

### **Summary of main issues:**

The BCF programme is a mechanism for driving the agenda for the integration of health and social care. It requires an agreement between partners about how integration will be taken and the pooling of budgets.

The total of the 2016/17 Better Care Fund for Buckinghamshire is £30.2 million. This incorporates money which has hitherto been passed from health to social care to protect social care under a previous mechanism of Section 256 funding.

- £7.79m has to be allocated to 'protecting social care' in line with national conditions and funds a number of schemes, many of which have an associated health benefit
- £2,7m for Social Care Capital Grant and DFG allocation plus £1.4m for Care Act Implementation.
- £18.6 Million is NHS money which is committed to NHS block provisions for Community Hospital Provision and Adult Community Health Teams
- Any underspends will be spent following discussion with partners in line with national conditions and as laid out in the S75 agreement. The social care element will only be committed in line with the protection of social care.
- Any overspends are the responsibility of the CCG or BCC respectively depending on which part of the financial allocations overspends e.g. if a social care element overspends and is not offset within the wider social care allocation this will cause a pressure for Buckinghamshire County Council.

Local areas are required to demonstrate that they meet the following conditions in order for the funding to be released. NHS England has the ability to withhold or redirect funds if the following conditions are not met.

- Establishment of a Section.75 agreement and pooled budgets.
- A requirement for Health and Wellbeing Boards to jointly agree the plans to spend the BCF and to take forward integration
- A requirement for plans to be approved by NHS England 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 and reducing DTOCs (delayed transfers of care) through a local action plan.

Plans are also required to meet the following national conditions:-

- Maintain provision of social care services
- Agreement for the delivery of 7 day a week health and social care services to reduce unnecessary non elective admissions.
- Better data sharing across health and social care
- NHS numbers being used across the system
- Ensure a joint approach around assessment and care planning ensuring that there is an accountable professional for integrated packages of care.
- Agreement on consequential impact of the changes on providers that will be substantially affected by the plans.
- Agreement to invest in a range of NHS commissioners out of hospital services which may include investment in social care.

In addition to this, it is expected that local systems will develop a clear set of commissioning and decommissioning priorities to support the integration of health and social care services. In Buckinghamshire in 2015/16 the health and social care system signed off an integrated model for Older People services with a view to the investment in the BCF being reshaped over time to deliver this, as well as other funding in the health and social care economy. As part of the 2016/17 BCF there will be a requirement to review this integration plan and determine the detailed priorities to support integration during 2016/17, the appropriate governance to oversee the delivery of this and the commissioning capacity required to drive this forward on behalf of the CCGs and the County Council.

### **Overview of performance against the BCF metrics in 2015/16:**

A summary of our performance against key BCF metrics is set out below.

#### **Delayed transfers of care**

The BCF programme of work has helped manage and reduce DTOCs although we need to continue to focus on this area of work

**Integrated approach to reablement**

Following the establishment of our integrated reablement provision, we have seen an improvement in the numbers who are still at home 91 days following discharge from hospital, however performance dipped in the last quarter of the year. The reasons for this are being investigated.

**Non elective admissions**

Performance in reducing non elective admissions has remained a key challenge for the Health and Social Care economy in Bucks. The non elective position did not improve as planned however this position is reflected nationally because of additional pressures on the system.

**Admissions to residential and nursing homes**

There has been a positive impact on those over 65 who are permanently admitted to residential or nursing care.

**Performance Targets for 2016/17**

As part of the 2016/17 BCF plan, we have set targets and estimated performance for 2016/17 against the metrics based on our previous performance and the projected impact of our BCF programmes of work. Progress with each of the BCF programmes of work will be monitored and reviewed quarterly and our performance will be reported to the Health and Wellbeing Board.

Our performance during 2015/16 and our performance projections for 2016/17 are set out in the background document attached.

**Recommendation for the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to note the content of this report and comment on the performance against the metrics.

**Background documents:**

The document attached is analysis of performance against the BCF metrics.

**Performance against BCF Metrics**

**1. Non Elective admissions**

Performance - non elective admissions have exceeded the planned target for each quarter in 15/16.

Baseline		Plan 15/16		Actual 15/16		Plan 16/17*	
Q1 14/15	12,417	Q1 15/16	<b>12,984</b>	Q1 15/16	<b>13,477</b>	Q1 16/17	11,774
Q2 14/15	12,511	Q2 15/16	<b>13,082</b>	Q2 15/16	<b>13,173</b>	Q2 16/17	11,899
Q3 14/15	13,658	Q3 15/6	<b>14,295</b>	Q3 15/16	<b>14,551</b>	Q3 16/17	11,924
Q4 14/15	12,417	Q4 15/16	<b>12,545</b>	Q4 15/16	<b>12,545</b>	Q4 16/17	11,649

\*BCF submission 16/17

**2. Permanent admissions to residential care homes – Long term support needs of people over 65, met by admission to residential or nursing care homes per 100,000 population**

Measure	14/15 target	14/15 outturn	15/16 target	15/16 outturn	16/17 target	
<b>OP admissions to residential &amp; nursing, per 100,000 population</b>	697	553.3	697	485.5	550	

Performance has been good with a reduction between 14/15 (553.3) and 15/16 (485.8) of 12.2% or 67.5 per 100,000. The target for 16/17 is 550 per 100,000

**3. Reablement - change in the annual % of people still at home 91 days after discharge from hospital**

Baseline	Planned 15/16	Actual 15/16	Planned 16/17
71%	75%	66.3%	75%

This performance was unexpected. This dip in performance is being investigated.

**4. Patients over 65 discharged to the same place from which they were admitted**

Performance has improved from 92% in 14/15 to 93.2% in 15/16. The target for 16/17 is 90%

**5. Satisfaction of people who use services with their care and support** (the data for this comes from the social care survey). Performance has improved from 58% satisfaction in 14/15 to 61% in 15/16. The target for 16/17 is 60%