MEETING:	**KIRKLEES HEALTH AND WELLBEING BOARD**
DATE:	**THURSDAY 30 MARCH 2016**
TITLE OF PAPER:	**KIRKLEES BETTER CARE FUND**

1. Purpose of Paper

To update the Board on progress with the Kirklees Better Care (BCF) Plan 2016/17 and to seek endorsement of the proposed approach to developing the BCF Plan 2017/18 – 2018/19.

2. Background and Key Points

2.1 **Better Care Fund Plan 2016/17**

2.1.1 On 25 August 2016 the Board received a report[1] setting out the Kirklees BCF Plan 2016/17, which had been 'fully approved' through the regional and national moderation processes.

2.1.2 NHS England mandates a minimum size for all BCF pooled budgets. In Kirklees this minimum was augmented by including the total expenditure on the Kirklees Integrated Community Equipment Service. The pooled budget of £30.8m continued to be managed through a Section 75 Pooled Fund arrangement as in the previous year. The pooled budget is managed through the BCF Partnership Board. The Board's membership includes senior commissioning and finance representatives from the Council and both CCGs.

2.1.3 The BCF Plan included a wide range of schemes (see Appendix 1) and our local plans to further develop integrated out-of-hospital services and how we would meet a range of national conditions including increased expenditure on adult social care services, investment in NHS out-of-hospital services, joint approaches to assessment and care planning, joint action on Delayed Transfers of Care, 7 Day Services, use of the NHS Number and Information Governance.

2.1.4 Throughout the year the Partnership Board has been receiving quarterly performance reports against the high level metrics. The key points from the Quarter 3 performance report are shown in Appendix 2. There are clearly areas of concern, most notably Non-Elective Admissions, Achieving Independence for Older People and Dementia Diagnosis.

2.1.5 The Partnership Board undertook a detailed review of the patterns and causes of non-elective admissions in September 2016, and reviewed our local picture against the published evidence of what works in reducing non-elective admissions.

2.1.6 The conclusion was that actions in the current BCF Plan cover the evidence based interventions relevant to our local circumstances and therefore the focus should be on ensuring effective implementation rather than identifying new schemes.

2.1.7 The review was limited by the availability of data that tracks people's interactions across the health and social care system. The CareTrak system is now in place and brings together social care data with acute sector activity data. Work is underway to analyse this to gain better insights into our local patterns and the impact of specific interventions.

2.2 **Better Care Fund Plan 2017/18 – 2018/19**

2.2.1 The BCF Partnership Board have developed the local proposals set out in 2.3 below to reshape the BCF based on the following:

[1] https://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=159&MId=5114&Ver=4 - agenda item 11

- The overall outcomes we are seeking to achieve remain the same (see Appendix 3).
- We need to move from BCF including a wide range of disparate schemes with most only being part funded through the BCF to fewer schemes that are wholly or mainly funded through the BCF.
- The BCF should be used where possible to support our key priority areas for developing fully integrated commissioning (see Board paper on health and social care integration in Kirklees elsewhere in the agenda for this meeting).
- Now that we have access to CareTrak we need to use the insights we now have access to in reshaping the interventions.
- There will not be a 'big bang' change for 1 April 2017, but a phased transition over 2017/18 and 2018/19.

2.2.2 The proposals assume that starting points for budgets are 'as is'. The focus at this stage is what is in or out of the BCF not should we spend more or less on each area. Therefore the following principles should apply:

- The total size of the contribution to the pooled budget must be at least equal to the nationally mandated minimum; and
- The amounts available to each partner must be equal to existing agreed financial commitments.

2.3 **Local Proposals**

2.3.1 Extend the scope of the following areas to include a greater proportion of the total current spend included in the pooled budget – aiming for 100% wherever possible:

- Intermediate care and reablement
- Kirklees Integrated Equipment Service, Accessible Homes (Disabled Facilities Grant), Handyperson Scheme, Assistive Technology, Wheelchair Service
- Carers support
- Support for adult social care
- Mental health voluntary sector contracts
- Support to the voluntary and community sector

2.3.2 Areas that should be removed from the BCF for 1 April 2017:

- Alcohol Liaison Nurses
- Psychiatric Liaison Service
- NHS Risk Share – there is no actual 'risk share' outside the NHS

2.3.3 Areas that should be removed from the BCF for 1 April 2017 but might come back in at an appropriate time:

- End of Life Care – future commissioning arrangements are currently being developed.
- Self-care Hub – needs further discussion with Public Health.
- Community Health Services – as this is a relatively small proportion of the overall Locala contract.

2.3.4 New areas to include in the BCF, and therefore the Section 75 pooled budget that have not previously been a major part of it:

- Continuing Care
- Frailty
- Learning Disability
- Implementing the Care Homes Strategy

2.3.5 From the list of new areas it is only proposed to include a proportion of the continuing care funding from April 2017. More detailed proposals are being developed for an integrated approach to continuing care, and it is expected that a greater proportion of current expenditure will be pooled once those proposals have been formally adopted. One major step forward has already been taken as the Continuing Care Team are now co-located with adult social care colleagues.

2.4 **National Announcements**

2.4.1 The national guidance and policy framework has been significantly delayed and there is still no definite date for publication. Final BCF allocations will be announced at the same time. However there have already been some announcements:

- BCF Plans must be drawn up for two years (2017/18 - 2018/19).
- The number of National Conditions will be reduced from those in 2016/17. The current agreed conditions are: a requirement for a jointly agreed plan approved by the Health and Wellbeing Board, real terms maintenance of the transfer of funding from health to support adult social care, requirement to ring-fence a portion of the CCG minimum allocations to invest in out-of-hospital services.
- BCF Plans will also need to set out the area's vision for integrating health and social care by 2020.
- NHS England are trying to simplify the guidance and assurance process as far as possible, and plans are expected to be an evolution of the 2016/17 BCF Plans.

2.4.2 From 2017/18 a new funding element will be added to the Better Care Fund - the Improved BCF (IBCF). This is new funding that will be paid to local government as a direct local authority grant. These allocations were announced prior to the Council setting its budget and are therefore included in the Council's income assumptions:

ICBCF	2017/18 - £0.8m	2018/19 - £7.1m

2.4.3 The 2017 Spring Budget announced additional funding for social care. This funding will be paid as part of the IBCF:

Spring Budget	2017/18 - £8.2m	2018/19- £5.3m

2.4.4 The Budget announcement described this allocation as being to 'ensure Councils can take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally. Building on the approach to the BCF, Councils will need to work with their NHS colleagues to consider how the funding can be best spent, and to ensure that best practice is implemented more consistently across the country.'

2.4.5 To this end the Directors of Finance and other senior officers from adult social care and the CCGs are meeting to develop proposals about how best to utilise this allocation in light of government expectations and existing finance and activity pressures.

3. Financial Implications

The financial implications have been outlined above.

4.	**Sign off** Richard Parry, Director for Public Health, Commissioning and Adult Social Care.
5.	**Recommendations** That the Board: a) Notes the progress with implementing the BCF 2016/17 Plan and the performance challenges highlighted above. b) Endorses the proposals for reshaping the BCF for 2017/18 and 2018/19. c) Notes the national announcements set out above and the requirement that the Board will have to approve the 2017/19 BCF Plan prior to submission.
6.	**Contact Officer** Phil Longworth, Health Policy Officer, Kirklees Council phil.longworth@kirklees.gov.uk 01484 221000

Appendix 1 BCF Schemes 2016/17

BCF 2016/17	Original BCF allocation £k		Additional Partner contribution £	
Scheme 1 - Preventative Services				
(a) - Support to the Voluntary and Community Sector	400			
(b) - Generic Workers	571			
(c) - Self Care Hub	98			
(d) - Secondary Care Alcohol Nurses	168			
Scheme 2 - Intermediate Care	7,499			
Scheme 3 - Aids to Daily Living				
(a) - KICES	2,192		1,692	
(b) - Assistive Technology	250			
(c) - Adaptations Service	2,483			
Scheme 4 - Carers Support Services		**988**		
Scheme 5 - Additional Community Health Services	2,963	**2,963**		
Scheme 6 - End of Life	350	**350**		
Scheme 7 - Psychiatric Liaison Services	1,356	**1,356**		
Scheme 8 - Protecting Social Care		**7,267**		
Local NHS Risk Share	2,502	**2,502**		
Total BCF allocation		**29,087**		
Total additional partner contributions				**1,692**

Appendix 2 BCF Performance Measures 2016/17

Non Elective Admissions (NEA) (RAG Assessment- Red)

The BCF 2016/17 Plan is based on a 4.7% growth against baseline (and 0.2% growth compared to last year). The Q2 2016/17 actual shows performance is 0.5% above plan and also above expected NEA activity; this suggests BCF schemes are not having the intended impact.

Though the trend in NEA shows some positivity.

Delayed Transfers of Care[2] (RAG Assessment - Amber)

There is a national expectation with this metric that delays will reduce by approximately 40% during 2016/17 compared to 2015/16. Given this ambition ICE set an achievable alternative Kirklees 2016/17 plan of 9276 delays which equates to an 18% reduction compared to 2015/16. Year-to-date data indicates an extremely positive trend; with delayed days projected to show a 34.4% reduction by the end of the BCF year.

Analysis highlights that this improved trajectory is mostly as a result of improved data quality across both Trusts.

Achieving Independence for Older People [3] (RAG Assessment - Red)

Performance year-to-date is below expected levels (90.4% against a plan of 94.1%). Complexity of patients/service users and capacity pressures continue to have an impact on performance ambitions.

Current forecast outturn indicates the BCF target will not be met.

Admissions of Older People to Residential/Nursing Care[4] (RAG Assessment – Green)

Trends year-to-date remain positive, with 208 admissions against the plan of 260 at week 40, a positive variance in actual against plan of around -20%.

Dementia Diagnosis (Local metric) (RAG Assessment - Red)

The 2015/16 performance showed regression and ended with a rate of 67.8% which was below plan of 70%.

2016/17 performance - year-to-date data continues to suggest a negative trend with diagnosis rate at 66.8% compared to the Kirklees plan of 71% for the BCF.

Recent definition changes in this area by NHSE have a positive impact on Kirklees. Board performance data will be refined for the next iteration of the report to ensure alignment with these national changes.

[2] Delayed transfers of care from hospital per 100,000 population

[3] Change in annual percentage of people still at home after 91 days following discharge

[4] Delayed transfers of care from hospital per 100,000 population

Appendix 3 High Level BCF Outcomes

The overall population outcome we are aiming to achieve through the BCF Plan is:

"People with health and social care needs feel supported and in control of their condition and care, enjoying independence for longer."

This overall outcome is underpinned by four specific person centred outcomes:

- People who need support are in control of high quality, personalised support in their own home or community that enables them to stay safe, healthy and well for as long as is possible.
- People who need care that can only be provided in a specialist setting are admitted and receive good quality specialist care only for as long as is clinically necessary.
- People who have received care regain, as far as possible, their skills, abilities and independence through enhanced reablement and rehabilitation support.
- People with ongoing support needs manage their condition/needs as well as possible.

The key performance measures we will use to measure our progress are:

1. Non-elective admissions.
2. Permanent admissions of older people (65 and over) to residential and nursing care homes.
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.
4. Delayed transfers of care from hospital.