REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th November 2015
Report of: Caroline Baines, Commissioning Manager
Title: Better Care Fund – Update Paper

1 Report Summary

1.1 The purpose of this report is to provide an overview of 2015/16 BCF Quarter 2 performance.

2 Recommendations

2.1 Consider and sign off the NHS England 2015/16 Quarter 2 performance report so that the NHS England reporting deadline of midday on 27th November 2015 can be met.

3 Reasons for Recommendations

3.1 Cheshire East Health and Wellbeing Board is responsible for the strategic oversight of the Better Care Fund plan and has significant influence in supporting partnership working across health and social care.

3.2 To provide the HwB with an update on the progress and implementation of schemes and the expected outcomes of schemes. To provide assurance to the HwB on the delivery of the Cheshire East BCF plan and the BCF national conditions

3.3 NHS England will issue standard reports that will fulfil both local and national reporting obligations against the key requirements and conditions of the BCF Fund. The standard reports aim to fulfil both the quarterly reporting and annual reporting requirements to monitor the totality of the BCF at Health and Wellbeing Board level.

3.4 NHS England will be expecting quarterly updates on the progress of the Better Care Fund and the HwB is required to review and sign off of these quarterly returns in line with the published timescales.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 At the time of writing, the guidance regarding the content of the Quarter 2 return has just been released. This can be seen in detail in Appendix 1. However, the local data and responses will not be collated in time for the Management Group Board deadline of 29th October 2015. It will be available by 17th November 2015 in time to be circulated with other Health and Wellbeing Board papers for the meeting no the 24th November 2015.

5 Background and Options

5.1 The Better Care Fund was launched on the 1st April 2015 and there is a requirement to submit quarterly returns to NHS England. These quarterly returns should be reviewed and signed off by the Health and Wellbeing Board.

5.2.1 Cheshire East Health and Wellbeing Board (HwB) is responsible for the ongoing oversight of the delivery of the Better Care Fund (BCF) plan during 2015/16 and whilst not a signatory of the s75 partnership agreement it has a role in gaining assurance that partners are collectively working together to deliver the plan, implement the national conditions and improve the associated performance measurements.

5.2.2 The Better Care Fund is a nationally driven initiative, encouraging health and social care systems to work collaboratively towards integration to develop more efficient, effective and pro-active services for the citizens of England. Locally the Better Care Fund plan is aligned to complement the local health and social care transformation programmes, Caring Together (covering the Eastern Cheshire geography) and Connecting Care (covering the South Cheshire geography).

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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Appendix 1:
Requirements for Quarter 2 Better Care Fund reporting

Below is an overview of the planned content for the data collection template.

Introduction
The BCF data collection for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics.
To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.
The questions within the Q2 Reporting Return will include the following:

Section 75s
 If you indicated in the last return that a Section 75 agreement was not yet in place in your areas, we will be asking for an update on this:
 "Yes"/"No"
 If 'No' then will request confirmation of the date when it will be signed.

National conditions
 If you indicated in the last return that any of the national conditions had not yet been achieved, we will be asking for an update on this:
o "Yes"/"No"/"In progress"
o Estimated date when condition will be met if not already in place
o Commentary on progress

Non-Elective Admissions performance & Payment for Performance fund
 Actual Q2 non-elective performance against baseline and plan.
 Confirmation of amount released into pooled fund for Q2;
 Confirmation of what any unreleased funds were used for in Q2

Plus in addition we will be asking HWBs to confirm their plan figure for Non-Elective performance in Q4 of 2015-16 as this has not been updated since original BCF plans were submitted.

Income & Expenditure
 Updated forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end
 Commentary on progress against financial plan

Other performance metrics

For Q2 we will also be asking for indicative progress against the following BCF metrics:
 Admissions to residential Care - % Change in RATE of permanent admissions to residential care per 100,000;
 Reablement - Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16;
 Local Metric;
 Local Patient Experience Metric

In each case three response options will be provided:
 On track to meet target
 On track for improved performance but not to meet full target
 No improvement in performance forecast

We will not be requesting detailed information on local metrics as we did at Q1.

Collecting information on new integration metrics
As mentioned in the update note there will be a number of additional fields and data collections in the Q2 template. These new collections relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.
This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.
The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.
We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

1. The development and use of integrated care records.
There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

Proposed metric: Integrated Digital Records
To be assessed via the following questions:

 In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
 In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
 Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

2. Risk stratification

The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

Proposed metric: Use of Risk Stratification

To be assessed via the following questions:
 Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
 If yes: Please provide details of how risk stratification modelling is being used to allocate resources
 How many local residents have been identified as in need of preventative care?
 What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

3. Personal Health Budgets

Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

Proposed metric: Personal Health Budgets

To be assessed via the following questions:
 Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
 How many local residents have been identified as eligible for PHBs, per 100,000 population?
 How many local residents have been offered a PHB, per 100,000 population?
 How many local residents are currently using a PHB, per 100,000 population?

 What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?