

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

BETTER CARE FUND: 2016-17 Update and 2017-19 Planning Requirements

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Health and Wellbeing Board of the key deliverables and implementation against the Better Care Fund plan 2016-17.
- 1.2 To provide an outline of the Better Care Fund planning requirements for 2017-19.

2. BACKGROUND INFORMATION

- 2.1 As part of the ongoing monitoring of local Better Care Fund plan, quarterly performance and progress returns have been made to NHSE. This report provides a summary of the quarter 2 position for 2016-17 BCF plan and provides an outline of the planning requirements for 2017-19.
- 2.2 Better Care Fund was introduced by the Department of Health in 2014-15 and was intended to be a catalyst for transformation towards health and social care being better integrated to improve the quality, experience and outcomes of people. In North Lincolnshire, the BCF pooled budget has enabled the development of new services that are responsive to people's needs, aimed at maintaining and regaining independence for as long as possible.
- 2.5 The national deliverables required by NHSE are:
- Reduced non-elective admissions
 - A reduction in permanent admission to residential and nursing care homes
 - An increase in the effectiveness of Reablement and rehabilitation
 - A reduction in delayed transfer of care from hospital
 - Improved service user experience

North Lincolnshire's BCF plan sets out the local performance targets and includes

a local metric of reduced length of stay (in hospital).

2.6 The National Conditions that BCF plans are required to meet include:

- Plans jointly agreed
- Maintain provision of social care services
- 7 Day Services:
 - Agreement for delivery of 7 day services across health and social care
 - Support services both in hospital, primary, community and mental health settings are available 7 days a week
- Data Sharing
 - NHS number is being used as a consistent identifier for health and social care services
 - Open APIs are being pursued
 - Information governance controls are in place, in line with revised Caldicott
 - Clarity for people about how data about them is used, who may have access and how they can exercise their legal rights
- Joint approach to assessments and care planning, and where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on consequential impact of the changes of the providers
- Agreement to invest in NHS commissioned out of hospital services
- Agreement on a local target for Delayed Transfers of Care and develop joint local action plan

2.7 The Better Care Fund expenditure plans include funding for existing health and social care integrated services such as Intermediate Care and Re-ablement and Disabled Facilities Grants. New schemes have also been implemented as part of the development of our Better Care Fund from 2014-15 and continuing in the 2016-17 BCF include:

- Hospital based Social Work Team – the local authority established a new team of social worker based at the hospital, providing support to discharge planning for people 7 days a week. This service has been in place for over 2 years and the joint approach contributes to managing and supporting the safe discharge of people from hospital back into the community.
- Community Wellbeing Hubs – the plan identified that there would be 5 hubs established providing a focal point for a network of preventative activities across localities to support people remaining healthy, well and independent for longer. The wellbeing offer is being used to promote a social prescribing approach.
- Frail Elderly Assessment Team – Northern Lincolnshire and Goole Foundation Trust have been commissioned to provide a multidisciplinary specialist assessment, investigation and treatment service for frail older people. It is a chair based unit at the hospital and care plans aim to return individuals back home within 72 hours. This service is currently under review in order to consider impact and value for money.

- Rapid Assessment Time Limited Service - Northern Lincolnshire and Goole Foundation Trust have been commissioned to provide and alternative provision of care in the home for people who may have otherwise had an attendance or admission to hospital. The service works closely with GP Practices and has provided an overnight service since November 2015.
- Locality Teams – investment has enabled the enhancement of existing community services, with new locality coordinator roles recruited, 7 day working for therapies, community equipment, social work assessment and additional Macmillan Nurses. The Locality Team model is a crucial element of the further development of out of hospital services using an Accountable Care model of delivery. The Accountable Care Partnership (ACP) brings together Primary Care, providers of Community Services (NLaG and RDaSH) and the Local Authority to shape and deliver integrated services in the community.

2.8 Better Care Fund plans going forward are an integral part of the whole system transformation as set out in the sustainability transformation plans and the NHSE Five Year Forward ambition for full integration by 2020. The BCF Policy Framework for 2017-2019 is due to be published by NHE England week commencing 5th December 2016, with first draft to be submitted by 5th January 2017 and final plans to be submitted by 31st March 2017.

3. OPTIONS FOR CONSIDERATION

- 3.1 To note the progress against the 2016-17 and implementation to date, including key deliverables.
- 3.2 To note the requirements for the BCF plans 2017-19 and to delegate agreement of the first draft to the Chair of the Health and Wellbeing Board.

4. ANALYSIS OF OPTIONS

- 4.1 The report provides the quarterly monitoring information to the HWBB as required. Key points from the 2016-17 quarter 2 return to NHSE are:
- Locally, the 8 nationally conditions are being met
 - We are on track to meet targets for average length of stay in hospital and delayed transfers of care
 - Non-elective admissions to hospital remain higher than the target set and there is work ongoing to impact on this metric.
 - We are on track to meet the re-ablement target and the number of admissions to residential care is anticipated to be less than prior years, but slightly more than the target set (185 compared to a target of 180)

- 4.2 In response to the non-elective admissions to hospital performance, a cross-organisational task and finish group has been established to develop service models to focus on reducing admissions to hospital from Care Home residents. The group is focusing on 3 core areas of routine care planning, acute response and workforce development to improve the health and wellbeing of Care Home residents in North Lincolnshire. The commissioning requirements will be implemented through the ACP.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1 The BCF allocation is a ring fenced allocation to the CCG and the Council for the creation of a pooled budget of £12.693m for 2016-17. The pooled budget is not projected a variance as at quarter 2 2016-17.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 6.1 Consideration will be given to diversity issues as part of the development of service specifications and associated commissioning activity and impact assessments undertaken as necessary to ensure that service users are treated fairly.

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 7.1 None

8. RECOMMENDATIONS

- 8.1 Health and Wellbeing Board are asked to note the progress against the BCF Plan 2016-17 and its implementation arrangements and key deliverables.
- 8.2 Health and Wellbeing Board delegate to the Chair, agreement of the BCF initial submission required in January 2017.

CHIEF OFFICER NLCCG AND INTERIM DIRECTOR OF ADULT SOCIAL SERVICES NLC

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Date: November 2016

Background Papers used in the preparation of this report:

Reports to Health and Wellbeing Board –December 2014, March 2015, November 2015, March 2016, July 2016