REPORT NO. 123/2016

Report to Health and Wellbeing Board

Subject:	Better Care Fund (BCF)
Meeting Date:	28 June 2016
Report Author:	Sandra Taylor
Presented by:	Mark Andrews
Paper for:	Approval

1. Context, including links to strategic objectives and/or strategic plans:

1.1 This report updates Health and Wellbeing Board (HWB) members on progress with the 2016-17 Rutland Better Care Fund (BCF) Plan and invites them to consider and approve the priority level business plans which will guide implementation in 2016-17. It also sets out a number of questions for discussion.

1.2 The Better Care Fund Plan is a joint health and social care integration programme managed operationally by the People Directorate, in conjunction with East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG), and delivered under the oversight of the Rutland HWB.

1.3 This year's Better Care Fund Plan has significant continuity with the 2015-16 plan, but with adjustments to capitalise on integration progress and learning to date.

Plan approval

1.4 Working to the delayed national timetable, the Rutland 2016-17 BCF Plan was approved by correspondence by the Health and Wellbeing Board on 28 April 2016 for submission to NHS England on 3 May. One change was requested by a HWB member, to the phrasing of the plan's overall objective so its meaning was clearer (Appendix A).

1.5 The plan was submitted on schedule to NHS England on 3 May 2016 and approved in mid May by a regional NHS panel. All BCF plans are going to national moderation, with confirmation of final approval anticipated in early July.

1.6 In the interim, the financial agreement provided for in Section 75 of the NHS Act 2006 has to be finalised for submission to NHS England by 30 June. This agreement between the Council and ELRCCG underpins the management of the pooled fund, setting out how divergence from the BCF plan would be handled. An updated Section 75 Agreement was put to RCC Cabinet on 21 June for Council approval.

1.7 The 2015-16 Rutland Section 75 Agreement was based on a national template, amended and signed following legal advice and input from Cabinet and the ELRCCG Board. The BCF has been in operation for over a year, during which time the Section 75 Agreement has proved fit for purpose. Therefore, the new agreement has only been changed in one aspect: it refers out to the approved plan instead of including details of the programme within the agreement.

Business Case Development

1.8 In contrast to the 2015-16 programme, where the emphasis of reporting and delivery was on a dozen individual schemes within priority areas, the focus of programme steering and reporting in 2016-17 will be at the Priority level, retaining a strategic focus on the three main areas of intervention, plus Enablers:

1. Unified Prevention
2. Long term condition management
3. Crisis response, transfer of care and reablement (hospital inflow and outflow)
4. Enablers

1.9 Priority leads have been identified who have drafted a business plan per priority to operationalise the BCF plan. The business plans are attached as Appendices B, C, D and E for consideration and approval by the Health and Wellbeing Board.

Positioning the programme

1.10 The overall BCF plan, priorities and schemes have been developed to be coherent with the other health and care strategies (current and near future) that include Rutland, notably:

- the LLR Better Care Together Strategy
- the forthcoming Sustainability and Transformation Plan (2017-20) for Leicester, Leicestershire and Rutland,
- the ELRCCG Healthy Communities Plan and
- the RCC Adult Social Care Strategy (2016-20).

1.11 There is further work to do to align aims and activities across these strategies so that change is coherent, duplication of effort is minimised and synergies are achieved, helping to deliver change at pace.

1.12 Many BCF schemes and activities have been continued from 2015-16, so momentum has not been lost in delivery during 2016-17 plan development. For example, the reablement and community health services in scope of the programme have continued to be delivered, as have assistive technology and community agent services.

1.13 Alongside ongoing activity, the programme includes scope to:

a. introduce further activities such as ‘life planning’ schemes under Priority 1: Unified Prevention; and
b. reshape how existing activities are conducted eg. work is underway to integrate community health and social care more tightly, under Priority 2: Long Term Condition Management.

1.14 The BCF programme offers a number of exciting opportunities for Rutland, in terms of what is delivered and how. Among them, it aims to:

a. Develop a **shared view of services and opportunities**, to make it easier for people to identify services for themselves to maintain their own health, or for intermediaries to advise easily and consistently on this. (Priority 1: Unified prevention)
b. Place a greater emphasis on **preventing illness and avoiding falls**, to

extend more people's healthy life expectancy, including by encouraging self care. (Priority 1: Unified prevention)

c. Deliver a **more person centric model of care** which is **coordinated effectively around the individual** and addresses them as a whole person, to include social prescribing alongside health and care services, spanning mental and physical health, and achieving this through new models of delivery. (Priority 1: Unified prevention, Priority 2: LTC management).
d. **Help people to manage better with multiple long term conditions**, including through the expanded use of technology, so they live better and avoid preventable exacerbation that leads to hospital admission (Priority 2: Long Term condition Management).
e. Continue to **support carers in their critical role**.
f. **More consistently avoid delayed transfers of care out of hospital**, which will effectively increase NHS capacity to deliver care, while improving outcomes for individuals who avoid deconditioning and infections. This includes working with patients and their families support good discharge choices (Priority 3: Crisis response, transfer of care and reablement).
g. **Strengthen the patient and service user voice** in evaluation of health and care services and in informing service design and delivery.
h. **Work in an agile way, piloting changes** within Rutland that can be implemented more widely if successful to contribute to the aims of the other health and care strategies that County is part of.

1.15 The late stage of approving the BCF plan means that it is vital that new activities get underway quickly. The Business Plans have been written as soon as possible after plan approval, and aim to put shape on this process but do not yet themselves contain full details of all the schemes or initiatives that will be delivered. Adding further definition here is the next priority.

<u>For discussion:</u>

The HWB has a role in driving and tasking the Integration Executive to deliver against not just the BCF Plan, but the wider integration of health and social care. With this in mind, the Board is asked to consider the following that will inform future Integration Executive work:

a) Which aspects of the new programme does the HWB feel are the most significant to improving the quality and sustainability of health and care services in Rutland?
b) Over the last few months, Rutland has used BCF funding to pilot fresh approaches to avoiding delayed transfers of care (DTOCs). This demonstrates the potential for using the area as an agile test bed for system changes. In which other areas would the HWB like the further potential for this way of working explored?
c) Are there other elements of health and social care integration, outside of the BCF, which the HWB would like to see a greater focus on?

2. Financial implications

2.1 The 2015-16 programme consists of a minimum pooled fund between RCC and ELRCCG of £2.061m, supplemented by £317k of carry forward funding from 2015-16, £200k of which is allocated to one-off projects, with the remaining £117k providing a contingency fund for the programme. Alongside this, there is an RCC capital fund of £186k for Disabled Facilities Grants. Excluding the contingency fund, the value of the programme in 2016-17 is £2.447m. Appendix A provides a summary of how the budget is distributed across the programme's priorities and schemes.

2.2 Many of the programme's activities are ongoing from 2015-16, with personnel or contracts in place and continuing to deliver. In many cases, these ongoing activities will evolve across the programme eg. with the community health and long term social care teams integrating more tightly. Alongside, this, there is c.£340k for new or increased activities, out of a BCF allocation of £2,061k.

2.3 The partnership has agreed to manage £101k of the programme's resources as a risk sharing fund in case emergency admissions reduction targets are not met, as this would lead to additional hospital costs. Last year's targets for non elective admissions were successfully met, and the level of improvement anticipated is similar.

2.4 The Council will continue to manage Rutland's BCF budgets on behalf of the partnership, reporting quarterly to the Section 75 Partnership Board, where budgetary decisions are taken jointly by RCC and ELRCCG guided by the programme's Section 75 Agreement.

3. Recommendations:

3.1 That the HWB:

1. Note progress on finalising and starting to deliver the Rutland 2016-17 Better Care Fund plan.
2. Review and approve the four BCF priority level business plans.
3. Consider the questions set out above.

4. Comments from Integration Executive

The business plans were reviewed by the Integration Executive on 26 May 2016, and this group recommends them for approval.

5. Risk assessment:

Time	M	There are 9 months left in which to deliver a 12 month programme. Some parts of the programme are already in progress, particularly where they follow on from 2015-16 activity. Prompt approval of the business plans or feedback to adjust them will help Priority leads to move forward rapidly with planning and implementation for new elements of the plan.
Viability	L	The 2016-17 BCF programme builds on the partnership developed and progress made in

		2015-16
Finance	M	See *Time* above. There has been confirmation in principle that BCF will continue into 2017-20, but any contracts will still need to be agreed mindful that this is in principle only.
Profile	L	The BCF has a high profile at national, regional and local level and is well integrated as a complementary part of Leicester, Leicestershire and Rutland Better Care Together activity. The HWB will hold both RCC and ELRCCG to account for the delivery of the BCF.
Equality & Diversity	L	The BCF plan will have a positive impact on members of the Rutland community requiring health, care and wellbeing services and opportunities.

6. Timeline (including specific references to forward plan dates):

Task	Target Date	Responsibility
BCF update and business cases presented to the HWB	28 June 2016	Priority Leads
Progress report to HWB including performance report	Forthcoming HWB meetings	Priority Leads

Appendix A. Summary of the Rutland 2016-17 Better Care Fund (BCF) Programme

1. Programme aim and priorities

1.1 The overall aim of the Rutland 2016-17 plan is that:

> *"By 2018 there will be an integrated social and health care service that is well understood by users, providers and communities and used appropriately, has significantly reduced the demand for hospital services and puts prevention and self-management at its heart, which would include building on existing community assets."*

1.2 Alongside enablers activities which help to address barriers to integration, the 2016-17 priorities are: unified prevention services; long term condition management; and crisis response, transfer of care and reablement. Programme governance will be focussed more at the priority level rather than on individual schemes to drive aims more strategically.

1.3 Building on the broadly successful 2015-16 programme, there is substantial continuity in Rutland between the 2015-16 and 2016-17 programmes, including sustaining activities to reduce the burden on acute and hospital care services. However, there will be more emphasis this time on prevention and proactive management of health to sustain individual wellbeing and independence.

2. Budget overview

2.1 The minimum pooled budget available for the Rutland programme in 2016-17 is £2,061k, a small increase on last year's allocation of £2,046k. This is supplemented by £186k of Disabled Facilities Grant and £317k of funding that has been carried forward from the 2015-16 programme, £200k of which has been dedicated to one-off or pilot measures:

Budget	Amount 2016-17
CCG contribution	£2,061k
Disabled Facilities Grant	£186k
Carry forward from 2015-16, held by Local Authority - for one-off activities and pilots	£200k
Total plan	**£2,447k**
Contingency Fund – carried forward from 2015-16	£117k

3. Performance metrics

3.1 Performance metrics remain the same as last year, with targets set as follows:

a) Reduction in delayed transfers of care by 5% over last year's targets.

b) Reducing non elective admissions by 2% against predicted levels for the year (with a risk share fund set against this).

c) 83% of people reabled still being at home 91 days after release from hospital.

d) Fewer than 0.36% of the over 65 population entering permanent residential care.

e) A level of hospital admissions due to falls that is no more than 1.66% of Rutland over 65s.

f) A user satisfaction target of 93%.

4. The programme content and structure

4.1 The Unified Prevention priority places a greater emphasis than previously on prevention and self-help, aiming to manage demand for health and social care services more proactively and sustainably into the medium and longer term.

4.2 A broader approach has been taken to long term condition management in 2016-17, going beyond falls and dementia, as this has been identified as a key opportunity to prevent emergency admissions. Work will focus on proactive case management for people with multiple LTCs. GP surgeries (as universal health hubs), community health care and social care will work more closely, reintroducing active case management in which related services 'wrap around' the patient, supporting them in a more tailored and coordinated way. The priority will also aim to build on Rutland Memorial Hospital as an integration hub. An innovation fund has been set up to support the piloting of new approaches to LTC management (eg. through the use of technology). Focussed work will also continue on dementia in particular.

4.3 In terms of hospital inflow, crisis response services will continue, with further work to ensure that they are called upon consistently. Local activities will also be coordinated with the wider LLR Urgent Care Vanguard programme. In common with other BCF areas, prompt hospital discharge will be supported through a local Delayed Transfers of Care Action Plan tailored to Rutland's distinctive local patterns of hospital use. One option being considered, capacity permitting, is 'pre-hab', in which older individuals would receive reablement support prior to planned hospitalisation, to support rapid recovery. Reablement services for people returning home were particularly successful in 2015-16 and will be continued.

5. The priorities and schemes

Priorities and schemes	Lead/ commissioner	Funding
Unified Prevention Schemes		£528k

1. Coordination and communication: making it easier for people to identify services and opportunities to support them in remaining well, active and independent.	RCC	£30k
2. **Community prevention and wellbeing services:** Continuing the Community Agents scheme and broadening access to such services, helping individuals to maintain health and independence. Developing community capacity.	RCC	£187k
3. **Life planning – preventative services:** Supporting a range of ongoing and new prevention services including assistive technology and falls prevention.	RCC	£125k
4. Life planning – Disabled Facilities Grants: Grants supporting housing adaptations that sustain independence	RCC - DFG Capital	£186k
Long Term Condition (LTC) Management		£898k
5. Integrated case management for LTCs: Reintroducing case management approaches to provide 'whole person' responses to managing LTCs.	LCC ELRCCG	£40k £100k
6. **Integrated community health and care services for LTC and high needs**: The heart of the integration programme supporting health and care services to work together on LTC management.	ELRCCG RCC	£405k £113k
7. **LTC management – innovation fund:** Projects supporting integrated ways of working to manage LTCs.	RCC	£55k
8. **Dementia care**: Continuing with dementia services, dementia friendly communities and pathway development.	RCC	£100k
Crisis response, transfer of care and reablement		£936k
9. Crisis response: Providing 24:7 local alternatives to hospital where this is not the best response to a health crisis.	ELRCCG RCC	£125k £115k
10. **Transfers of care and reablement:** Driving down delayed transfers of care (DOTCs) affecting Rutland patients via a DTOC action plan. Reablement.	RCC ELRCCG	£561k £135k
Enablers		£85k
11. **Enablers activity:** workforce, data sharing, IT, analytics, etc.	RCC	£34k
12. Integrated commissioning: Identifying and progressing coordinated commissioning opportunities.	RCC ELRCCG	£0k
13. Programme management	RCC	£51k

A copy of the full BCF Plan is available on request.

Appendix B: Unified Prevention Business Plan

Appendix C: Long Term Condition management business plan

Appendix D: Crisis response, transfer of care and reablement

Appendix E: Enablers