

**Report to Health and Wellbeing Board**

<b>Subject:</b>	<b>Better Care Fund Programme Update</b>
<b>Meeting Date:</b>	<b>27 September 2016</b>
<b>Report Author:</b>	<b>Sandra Taylor</b>
<b>Presented by:</b>	<b>Mark Andrews</b>
<b>Paper for:</b>	<b>Noting</b>

<b>1. Context, including links to strategic objectives and/or strategic plans:</b>	
1.1	This report updates Health and Wellbeing Board (HWB) members on progress with the 2016-17 Rutland Better Care Fund (BCF) Programme at its mid way point.
1.2	The Better Care Fund Programme is a joint health and social care integration programme managed operationally by the Rutland County Council People Directorate, in conjunction with the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG), and delivered under the oversight of the Rutland HWB.
<b>2. The BCF calendar</b>	
2.1	Final stages of 2016-17 programme approval have taken place as follows:
2.1.1	The financial agreement provided for in Section 75 of the NHS Act 2006 was put in place on schedule on 30 June.
2.1.2	Following national moderation, the Rutland BCF plan was formally approved nationally on 5 July 2016, one of the first approvals in the East Midlands, allowing draw down of funds.
2.1.3	In July/August NHS England provided updated population estimates for reporting frameworks and built in final 2015-16 Q4 performance figures which were unavailable when 2016-17 targets were initially proposed.
2.1.4	Because Rutland's 2015-16 Q4 delayed transfers of care (DTCOs) were higher than anticipated, the targets originally set were extremely stretching. Therefore, the Council and CCG have opted to revise the Rutland DTCO targets so that they remain ambitious but are more realistic. The new target equates to 2% fewer DTCOs than last year's plan (rather than 5% fewer than last year's plan as initially anticipated). This still equates to an ambitious 9% improvement relative to 2015-16 actuals.
2.2	The programme's Q1 performance report was submitted to NHS England on 9 September. Charts setting out performance are presented at Appendix A.
2.3	Attention is already turning nationally to planning the follow-on programmes for 2017 onwards. NHS planning guidance is expected in September with a requirement for two year plans for 2017-19. The National BCF team's intention is that BCF planning guidance will be published as soon as possible after the main NHS planning guidance. Two year BCF plans are being assumed at this stage (rather than the three year plans

anticipated previously), in line with the NHS planning guidance.

### **3. Programme Implementation via the Priority Level Business Plans**

3.1 The Health and Wellbeing Board approved four business plans in June to take forward the 2016-17 BCF programme. Delivery of these plans is progressing well, with continuations of established schemes alongside the development of a number of new projects, including online information and advice and user engagement projects. The majority of the as yet uncommitted funds have been earmarked to support a GP wraparound project which is under development (see 1.20 below).

3.2 Progress per priority is set out below.

#### **Priority 1: Unified Prevention**

3.3 The strong emphasis on prevention is a distinctive aspect of Rutland's BCF programme.

#### Ongoing schemes

3.4 Some Unified Prevention services have been continued from 2015-16, including the Community Agents scheme, which provides support in the community to help people tackle wellbeing issues. They received 183 referrals in in Q1, of whom 92% (169) were single contact clients – short advice - and 8% (14) were more intensive clients. The Health Agent has increasingly been supplementing health and social care hospital discharge activity, particularly for people living alone. The Community Agents also continue to build community capacity by initiating social groups in localities.

3.5 Under the 'Life Planning' heading, the assistive technology service and a number of falls prevention projects are continuing, aiming to maintain independence. Tailored falls training has been delivered to most care homes and care providers operating the County (almost 200 trained) and the six planned 'falls fetes' have all been delivered. The FaME falls exercise research project has two exercise courses currently running with 20 people subscribed.

3.6 Falls admissions were on target in Q1 (Appendix A): there were 357 hospital admissions for injuries due to falls per 100,000 population over 65 in Q1 of 2016-17, relative to a pro rata Q1 target of 414.

#### New projects and approaches

3.7 A frequent complaint in Rutland is that it is difficult for 'navigators' and individuals to identify health and wellbeing services and opportunities. To develop a shared view of services and opportunities, the July Integration Executive approved a £27k project to improve the Rutland Information Service for online signposting of services, organisations and activities, including by engaging end users in the redesign. The site will serve both signposting/service navigation professionals and the public, so that consistent information is available to all.

3.8 As part of community capacity building under the Community Agents heading, a pilot telephone befriending service by Citizens Advice Rutland will provide social follow on from Community Agent support, and a pilot Rutland 'Men in Sheds' project is in development offering older men practical social activities.

3.9 Disabled Facilities Grant monies were increased for 2016-17 to £186k (previously

£104k) and here a number of routes have been identified to take advantage of this increased funding.

- 3.10 In parallel with these prevention activities, a co-design based procurement process is underway involving BCF, Public Health Grant and local authority funding streams, to coordinate community prevention and wellness services from 2017-18.

## **Priority 2: Long term condition (LTC) management**

### Ongoing schemes

- 3.11 The 2016-17 BCF programme places a stronger emphasis on helping people to manage better with multiple LTCs and to prevent exacerbation of health conditions.
- 3.12 Carers support and coordinated dementia services continue to provide valuable support. In addition, complementing the Community Agents in the community, the County's Integrated Care Coordinator continues to work out of GP surgeries assisting patients with complex health needs who are prioritised via multi-disciplinary meetings.

### New projects and approaches

- 3.13 Marking the next stage in core health and care integration, a joint management post has been established and recruited to for a now combined community health and social care Hospital and Discharge Team. This joint management is anticipated to deepen integrated working. The Leadership Development programme continues alongside this, helping to empower teams involved with reablement, therapies, discharge, and long term health and care support to design and progress service improvement changes.
- 3.14 Reflecting effective working in this area, targets to reduce hospital admissions were met in Q1– see Appendix A. There were 1807 emergency admission nights per 100,000 population in Q1 of 2016-17, relative to a ceiling target for the quarter of 2226.
- 3.15 Under the commitment to deliver a more person-centric model of care which is coordinated effectively around the individual, the largest new project in the 2016-17 programme, is a pilot service in GP surgeries providing further complementary support to patients to tackle non-health related issues that are a cause of GP visits and/or to better manage complex health needs. This is anticipated to be funded jointly by the Unified Prevention and Long Term Condition Management Priorities. It will include social prescribing approaches, and will also help to articulate a clearer relationship between primary and community health services, social care and the voluntary sector and how they coherently work to support patients. This proposal is currently under development, led by East Leicestershire and Rutland CCG. The Integration Executive will receive a proposal on 29 September.

## **Priority 3: Crisis response, transfer of care and reablement**

### Ongoing schemes

- 3.16 Crisis response services continue to help with avoiding some potential emergency admissions, where alternative assistance can be provided that is more appropriate. We are also feeding into design work to reshape the 111 service across Leicester, Leicestershire and Rutland as part of the Urgent Care Vanguard programme. This is also anticipated to contribute to this aim.
- 3.17 Reablement services are operating effectively, reflected in the Q1 target being met for the percentage of people who have had reablement and are still at home 3 months after

discharge (Appendix A) – 90% still at home against a minimum target of 83.3%.

#### New approaches

- 3.18 Delayed Transfers of Care are the most challenging area of the Rutland BCF programme. In spite of marked progress in the management of some DTOCs, this target is the only one currently not being met: there were 1411 DTOC days per 100,000 population over 18 in Q1, relative to a target of 825. However, there is some evidence that this situation is turning around: July 2016 data, the first of Q2, shows a net improvement in Rutland DTOCs relative to monthly performance in April to June (See Appendix A – DTOC detail).
- 3.19 In response to rising delayed transfers of care for Rutland patients out of Peterborough City Hospital (PCH), changes were implemented in May which were reflected in June's delay figures, which were more than halved for PCH. Actions comprised a new Case Management role which complements hospital based discharge nurses and social workers and the flexible call-off of interim beds in care homes for patients ready for discharge from acute care but not to return directly home. The Council has also been handling all relevant discharges whether needs are health or social care focussed to provide an efficient and consistent local response. These successful new approaches have received wider interest from other authorities seeking to reduce DTOCs.
- 3.20 Significant performance gains at Peterborough were cancelled out in Q1 by a new pattern of DTOCs from both Kettering and Lincolnshire hospitals, alongside a sustained increase in DTOCs at LPT, some of which related to mental health discharge. These patterns are being investigated under the DTOC action plan, with a view to making further adjustments so we learn of more potential delays sooner and address them more rapidly and consistently, whichever Trust is involved.

#### **Priority 4: Enablers**

- 3.21 Following through on a commitment to strengthen the patient and service user voice in the programme, a user engagement project with Healthwatch Rutland has been commissioned which will gauge user views of transfer of care processes as they evolve. This has two aims: to inform transfer process improvements and to shape more effective communications materials for patients about transfers of care.
- 3.22 Other work is progressing in Information Governance. To support information sharing and trusted working between health and social care teams, Rutland County Council has submitted its first IG Toolkit submission to NHS Digital (formerly HSCIC), demonstrating that its Information Governance arrangements meet the same standards recognised by health providers.
- 3.23 We are also broadening the range of workforce training available in Rutland and encouraging local take-up, including via the recently restarted Provider Forum and by asking the Council's nominated provider (LSCDG) to deliver courses directly in Rutland for ease of access.

#### **4. Financial implications**

- 4.1 The 2016-17 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 this carry forward 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.

- 4.2 Whilst the forecast at Q1 is that the full allocation will be spent, spending plans for £265k of the revenue funding allocation have still to be agreed, with the majority of this earmarked for GP wraparound services. Also, while there are a number of grant projects in the pipeline, the 2016-17 Disabled Facilities Grant (DFG) had seen limited capital spent by the end of July 2016 (£15k of the new allocation). As noted above, options have been identified to diversify the use of DFG funding and these are now being reviewed.
- 4.3 The risk sharing fund of £101k that was agreed by the partnership, to be associated with emergency admission rates has so far not been required due to good performance in Q1.

#### Financial position at the end of Q1 2016-17 (April to June 2016)

BCF project	Lead	Funding Allocation £'000	Spend to Date £'000	Forecast £'000	Variance £'000	Comments
UPS1 Coordination & Communication	RCC	30	0	30	0	Project proposal approved by Integration Executive 28 July
UPS2 Community Prevention & Wellbeing	RCC	187	70	187	0	£147k allocated to Community Agents, £40k earmarked for GP wraparound
UPS3 Life Planning - Preventative	RCC	125	24	125	0	£65k allocated  £60k available – Anticipate GP wraparound and new projects, inc. falls management, carers event, top up funding for Men in Sheds.
UPS4 Life Planning- Disabled Facilities Grants (Capital)	RCC	186	0	186	0	DFG business as usual grant activity continuing. By the end of July, £24.5k had been spent, £15k of this from the 2016-17 allocation, with further spend in the pipeline. Proposals under development to accelerate and broaden DFG benefits.

<b>BCF project</b>	<b>Lead</b>	<b>Funding Allocation £'000</b>	<b>Spend to Date £'000</b>	<b>Forecast £'000</b>	<b>Variance £'000</b>	<b>Comments</b>
LTC1 Integrated Case Management	RCC CCG	RCC 40 CCG 100 Total 140	RCC 7 CCG 0 Total 7	140	0	Uncommitted £100k earmarked for GP wraparound
LTC2 Integrated Community Health & Care	CCG	CCG 405 RCC 113 Total 518	CCG 101 RCC 11 Total 112	518	0	All committed and anticipated to be on budget
LTC3 Innovation Fund	RCC	55	0	55	0	£32k as yet uncommitted, some earmarked for GP wraparound.
LTC4 Dementia Care	RCC	100	19	100	0	Funding is fully committed and expected to be on budget
LTC 5 Care Act – Carers Support	RCC	85	21	85	0	Contribution to Carer Support budget. Will be spent.
CTR1 Crisis Response	CCG RCC	CCG 125 RCC 115 Total 240	CCG 31 RCC 53 Total 84	240	0	Allocation fully committed and expected to be on budget
CTR2 Transfer of Care & Reablement	RCC CCG	RCC 561 CCG 135 Total 696	RCC 140 CCG 0 Total 140	696	0	CCG allocation has now been agreed and actual spend will be updated at Q2.  Estimated Q1 CCG spend £42.5k.
E1 Enablers Activity	RCC	34	5	34	0	Costs of £31.8k approved - £2.2k still to be allocated.
E3 Programme Management	RCC	51	13	51	0	Expected to be on budget.
<b>Total</b>		<b>2,447</b>	<b>496</b>	<b>2,447</b>	<b>0</b>	

## 5. Recommendations

### 3.1 That the HWB:

1. Note progress on implementing the Rutland 2016-17 Better Care Fund plan and performance to date.

<b>6. Risk assessment</b>		
<b>Time</b>	M	The programme period is now almost halfway through. See risks under <i>Finance</i> .
<b>Viability</b>	L	The 2016-17 BCF programme builds on the partnership developed and progress made in 2015-16.
<b>Finance</b>	M	<p>Most remaining uncommitted funds have been ringfenced for a GP wraparound project providing a wider range of personalised support via the GP surgery. This project is likely to be planned to run beyond the duration of the current BCF programme to ensure worthwhile pilot.</p> <p>Disabled Facilities Grant projected spend is under budget. Work is underway to define additional adaptation related service options, alongside the continuing delivery of standard DFGs, to accelerate spend and impact.</p> <p>Underspend can be ring-fenced for future use.</p>
<b>Profile</b>	L	<p>The programme 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.</p> <p>The HWB will hold both RCC and ELRCCG to account for the delivery of the BCF.</p>
<b>Equality &amp; Diversity</b>	L	The BCF plan will have a positive impact on members of the Rutland community requiring health, care and wellbeing services and opportunities.
<b>7. Timeline (including specific references to forward plan dates):</b>		
<b>Task</b>	<b>Target Date</b>	<b>Responsibility</b>
HWB update on 2016-17 performance and new programme planning	29 November 2016	Health and Social Care Integration manager

## **Appendix A. Rutland 2016-17 Better Care Fund (BCF) Q1 Programme Performance**