

	<b><u>Agenda Item: 11</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>20<sup>th</sup> February 2018</b>
<b>TITLE:</b>	<b>UPDATE ON BIRMINGHAM BETTER CARE FUND – QUARTER 3</b>
<b>Organisation</b>	<b>Birmingham Better Care Fund</b>
<b>Presenting Officer</b>	<b>Louise Collett/Karen Helliwell</b>

<b>Report Type:</b>	<b>Endorsement /Information</b>
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<b>1. Purpose:</b>
<p>The Birmingham Better Care Fund has been asked to report on progress to the Birmingham Health &amp; Wellbeing Board. This report summarises:</p> <ul style="list-style-type: none"> <li>• The development of the plan since the last report to the Board (October 2017)</li> <li>• Current status of the plan (at December 2017)</li> <li>• Quarter 3 reporting to NHSE</li> </ul>

<b>2. Implications:</b>		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		Y
Patient and Public Involvement		Y

Early Intervention	Y
Prevention	Y

### 3. Recommendation

Board members are asked note the contents of this report.

### 4. Background

4.1 The Integration and Better Care Plan for 2017-18 and 2018-19 is a requirement of the policy framework agreed by the Department of Health (DH) and the Department for Communities and Local Governments (DCLG), developed in partnership with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and NHS England.

4.2 The plan included:

- Information about the national planning requirements and how Birmingham plans to meet them.
- Details of local financial allocations including CCG and Local Authority contributions to the pooled budget and additional iBCF allocations.
- Information about the National Metrics BCF that will be measured against.
- Clear planning reflecting integration and alignment of BCF with 'Out of Hospital' work-streams
- A description of developing governance and accountability arrangements

4.3 The development of the plan since the last report to the Board (October 2017)

Some initial amendments were made to the plan in response to early feedback from NHS England. These were to ensure that compliance with Key Lines of Enquiry (KLOE's) and planning requirements were evidenced to their satisfaction. More substantively the plan was amended to demonstrate compliance with the nationally prescribed target for Delayed Transfers of Care (DToc).

#### 4.4 Current status of the plan (at December 2017)

Following alignment of the plan with the prescribed DToC Trajectory the plan was 'approved with conditions' by NHSE subject to satisfactory compliance with all KLOE requirements. A final submission of the plan with the outstanding information was submitted and plan was approved on the 21<sup>st</sup> December 2017. Approval of the plan was followed by confirmation (in a joint letter from DH and DCLG) that the progress made against the DToC target has been sufficient to remove the possibility of a reduction in the 2018/19 Improved Better Care Fund allocated to the city.

#### 4.5 Summary of Quarter 3 reporting

BCF reporting includes compliance with National Conditions, performance on metrics and achievements against the High Impact Change model.

##### 4.5.1 National Conditions

The BCF Plan included four national conditions and all four have been reported to have been met in quarter 3. National conditions for 17/18 are:

- 1) Plans to be jointly agreed
- 2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the planning Requirements
- 3) Agreement to invest in NHS Commissioning out of hospital services
- 4) Managing transfers of care

##### 4.5.2 Metrics and High Impact changes

###### Reporting against BCF Key Metrics

The target for reducing non-elective admissions to below 34,569 was not met in quarter 3. The system continues to work under the pressure of increasing demand. However, robust winter planning is in place:

- GP Forward View plans have been approved and commended – including improved access to GPs through extended service hours;
- Review of Rapid Response service will shortly commence;
- Successful MDT front-door model at City hospital is now being replicated at all acute sites in the city;

- Winter Planning processes are being extended to Easter. The target that 80% of older people (65 and over) are still at home 91 days after discharge from hospital into reablement / rehabilitation services was recorded as not met – although it should be noted that this indicator is currently only measured on an annual basis. The outturn for 2016/17 was 77.5%. The Newton system diagnostic has highlighted particular issues with reablement pathways and inconsistent access to therapy led services. An improvement plan is being developed to implement the findings of the diagnostic.

Rates of permanent admission to residential care homes continued to reduce in Q3 in-line with the target included in the BCF plan.

The quarter has seen a positive trajectory towards meeting the DToC target for the system. The rate of delayed days per 100k population fell from 22 in January to 17.6 in November. A number of initiatives to support a reduction in DToC including the investment of iBCF to increase the number of hospital social workers, capacity for complex needs placements and further interim beds are making an impact with expectation that final figures for December will show a further improvement

Q3 reporting also included an update on progress made to implement the High Impact Change Model. Actions taken in the quarter include:

- The implementation of multi-disciplinary teams to support a reduction in non-elective admissions, DToC and readmissions at the front door of HEFT
- Integrated Discharge Hubs in hospitals now include social care discharge facilitators and voluntary sector partners who provide support for people to get back home.
- Changes within the Quick Discharge Pathway have been implemented which now provides assessments for patients in the community
- The development of a trusted assessor role to ensure assessments are undertaken in a timely way and provide access to a timely discharge to the appropriate location.
- A review of Continuing Health Care (CHC) processes to support a reduction in health delays.
- There is an agreed choice policy which supports timely and appropriate discharge from acutes.
- Ensuring bed capacity in the system meets the needs of the patient and that additional capacity is considered for those patients with

complex needs.

- There is now an established group with a focus on care homes that will address issues such as workforce, quality and stabilising the care home market.
- System diagnostic (Newton work) undertaken and reported to strategic partnership in December 2017.
- Commissioning of preventative services.
- Implementation of the Clinical Review Tool in Acute Hospital Trusts.
- Developing Dementia services and support for informal carers.

## **5. Compliance Issues**

### **5.1 Strategy Implications**

Health and Wellbeing Boards have overall responsibility to ensuring the integration of health and care functions within their localities and it is a requirement of the BCF that local plans are agreed by Health and Wellbeing Boards. This agreement was given in October 2017 and this report is intended to update the Board on progress to the objectives included within the plan.

### **5.2 Governance & Delivery**

Governance arrangements link firmly with the BSol STP plan, Adult Social Care Transformation plan and local NHS Commissioning Reform plans. It is intended that BCF will complement the refreshed approach to the BSol STP and its governance. This is a significant move from the previous BCF programme and governance arrangements, which were set separately to the other system programmes.

The Terms of Reference (ToR) for the BCF Commissioning Executive and underpinning programme management have been refreshed to reflect these changes in approach.

### **5.3 Management Responsibility**

Louise Collett, Service Director Commissioning

Mike Walsh, Service Lead, Commissioning Centre of Excellence

## 6. Risk Analysis

A detailed Risk Assessment is included in the narrative plan and will be monitored through refreshed/ revised programme management arrangements with key risks and issues escalated and managed by the Commissioning Executive. These responsibilities are detailed in the revised terms of reference for the BCF Commissioning Executive. Major risks identified in the planning process so far are outlined below.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Governance arrangements are insufficient to make investment decisions, ratify the vision and ensure ongoing alignment of the programme with whole system strategic direction	Low	High	<ul style="list-style-type: none"> <li>• Programme has a clearly defined purpose</li> <li>• Commissioning Executive established - Members AO and CFOs</li> <li>• Defined process for decision</li> <li>• Making with appropriate schemes of delegation.</li> <li>• Clear method for disagreement resolution.</li> <li>• Rules on data and performance management agreed</li> </ul>
BCC financial position remains challenging impacts on 17/19 onwards available budgets, making plan delivery impossible	Medium	High	<ul style="list-style-type: none"> <li>• Clear and shared financial planning Financial governance and scrutiny in place</li> <li>• Clear accountability as part of Terms of reference</li> </ul>

Unprecedented level of Workforce change required across; clinical and professional practice, terms and conditions, organisations, culture, engagement with people and each other	High	High	<ul style="list-style-type: none"> <li>• Workforce will form part of the Sustainability and Transformation Plans.</li> <li>• Strategic partnership gives opportunity for collaboration and change</li> </ul>
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<b>Appendices</b>
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Quarter 3 BCF Report
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<b>Signatures</b>	
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<b>Chair of Health &amp; Wellbeing Board (Councillor Paulette Hamilton)</b>	
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<b>Date:</b>	
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The following people have been involved in the preparation of this board paper:

Mike Walsh, Service Lead, Commissioning Centre of Excellence  
 Mary Latter, Programme Manager BCF  
 Perminder Paul, Programme Manager BCF