

	<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 2</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>• Quarter 2 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 Fund 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 those National Metrics BCF 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 Summary of Quarter 2 reporting

Following informal approval of the plan areas have been required to submit quarter 2 planning. This has included reporting on National Conditions, performance on metrics and achievements against the High Impact Change model.

4.3.1 National Conditions

The BCF Plan includes four national conditions and all four have been reported to have been met in quarter 2. 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

#### 4.3.2 Metrics and High Impact changes

BCF includes Key Metrics around Reducing non-elective admissions, reducing residential admissions, reablement and Delayed Transfers of Care. Quarter 2 performance showed achievement to trajectories for Non-elective admissions and residential admissions but not for reablement and the very challenging DToC target.

Quarter two reporting also included an update on progress with the High Impact Changes into which many of the actions described below also feed.

A number of actions are in place spanning health and social care, these include:

- The development of multi-disciplinary teams to support a reduction in non-elective admissions, DToC and readmissions.
- 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.
- Clarification of the choice policy to ensure its use supports timely and appropriate discharge from acutes.
- Increasing bed capacity in terms of developing additional interim beds as well as long term capacity for complex needs.
- Stabilising the care market and improving the quality of care.
- Reducing delays in the provision of care at home through use of a Quick discharge service, potential night service for vulnerable people and expansion of the Hospital from Home service.
- Workforce and capacity through a series of actions to improve critical capacity particularly in light of winter pressures.
- Developing Joint Strategic Needs Assessment to inform market position statement and strategic work.

- System diagnostic (Newton work) undertaken and reporting to strategic partnership in December 2017.
- Commissioning of preventative services
- Implementation of the Clinical Review Tool in the Acutes
- 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

<b>6. Risk Analysis</b>			
<p>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.</p>			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
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</li> <li>• 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</li> <li>• 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	High	High	<ul style="list-style-type: none"> <li>• Workforce will form part of the Sustainability and Transformation</li> </ul>

professional practice, terms and conditions, organisations, culture, engagement with people and each other			Plans. <ul style="list-style-type: none"> <li>• Strategic partnership gives opportunity for collaboration and change</li> </ul>
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<b>Appendices</b>
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Quarter 2 BCF Reporting
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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  
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