



Better Care Fund - Update

1.0 PURPOSE

- 1.1 To provide an update on progress with implementation and expenditure against the Better Care Fund pooled budget.

2.0 RECOMMENDATIONS

- 2.1 That the Health and Well-being Board hold a further development session to provide an opportunity to examine progress across the work-streams in more detail;
- 2.2 That utilisation of the Better Care Fund contingency is allocated to Walsall Healthcare Trust as follows:
- a). Transformation of Services: £500k supporting developments in the following areas:
 - Care Closer to Home £150k
 - Productivity and Efficiency – Flow/Theatres/Outs £110k
 - Improving Community Services – Mobility & Telehealth £120k
 - Improving Access to Oncology £120k
 - b). An additional £550k has been invested to contribute to the national requirement to commission additional emergency activity to assist in the achievement of A&E targets;
- 2.3 That a small sum of £23k under-spend against Independent Sector Impact on Hospital Flows be re-allocated to the Bed Based Transitional Care Pathway;
- 2.4 That, in line with the governance and risk sharing arrangements for the BCF pooled budget, financial responsibility for the current £150k forecast over-spend remains with the Local Authority.
- 2.5 That the Joint Commissioning Committee is tasked with examining the potential benefits of expanding the level of funding in the Better Care Pooled Budget by aligning expenditure on elements of health and social care services for older people that are not currently included in the BCF. This to include a risk assessment and an impact assessment.

3.0 BACKGROUND

- 3.1 The aim of the Better Care Fund is for integration of the health and social care system by joining up the commissioning and delivery of services between the Council and the NHS. Walsall's plan was submitted to NHS England in December 2014 after receiving approval of the Health and Well Being Board.

4.0 WORKSTREAMS

- 4.1 There are eight work-streams and a high level summary of progress within each is provided below. The level of detail needed to explain each work-stream makes it difficult to examine the issues in sufficient depth as part of this report, and it is recommended that there should be a work-shop type development session for the members of the Health and Well-being Board to go through the work-streams in greater detail.

- 4.2 It is over 12 months since the work-streams were developed as part of the original submission of the Walsall plan for the Better Care Fund. There is a need to revise the content of some of the work-streams to reflect progress to date, and to transfer some funding between work-streams to achieve greater co-ordination of activity within the overall programme. Proposals for revision of the work-stream can be presented as part of the HWBB work-shop and brought back for approval of the Board in time for continuing implementation during 2016/17.

Community Integration: The aim of this work-stream is to bring community health, primary care, social care and mental health services in the community together with multi-disciplinary assessment and case management; single point of access; rapid or crisis response services; and risk stratification of those most at risk of admission to hospital. Progress to date has largely centred around the redesign of the delivery of community health services to become more aligned with primary care. The Council is planning to align social care workers with the community health teams, and has piloted this with one community health team in Darlaston. Dudley Walsall Mental Health Trust is similarly planning to align some community mental health workers.

Transitional Care Pathways: The aim of this work-stream is to clarify and enhance arrangements for hospital discharge of patients from hospital and to develop clear care pathways for those patients who need on-going health and social care support after their discharge. The objective is to ensure that as many people as possible return to full independence and thus reduce the level of demand for on-going health or social care services. Progress to date has centred around the redesign of arrangements in the hospital for multi-disciplinary assessment of those patients who need on-going care and support, particularly frail elderly people, and to clarify the intermediate care pathways for those people who are too unwell to go straight home.

The redesign of the transitional care pathways has been based on an articulation of three main pathways: 1) where the patient needs support to go home; 2) where the patient needs a short period of

recovery or continuing assessment of up to 6 weeks in a nursing home, before they can go home; and 3) to improve the discharge arrangements for patients in the hospital who are clinically stable, but where their circumstances are making it difficult to arrange the discharge.

The aim is to reduce the period during which patients are clinically stable but remaining in hospital, and increase the extent to which patients are able to go back to their own homes and continue to live independently after a period in hospital.

Assistive Technology and Equipment: The aim of this work-stream is to support people to remain as independent as possible via the use of telehealth and telecare equipment. This has been defined as:

Telecare includes services that incorporate personal and environmental sensors in the home, and a variety of small assistive items to help with every-day living. Constant local or remote monitoring of sensors can raise an alert or alarm call where outside assistance is needed.

Telehealth – often referred to as remote patient monitoring – refers to services that use various point-of-care technologies to monitor a patient's physiological status and health conditions. When combined with personalised health education within a chronic disease management programme, it can significantly improve an individual's health and quality of life. Readings are automatically transmitted to an appropriately trained person who can monitor the health vital signs and make decisions about potential interventions in real time, without the patient needing to attend a clinic.

Community equipment enables adults who require assistance to perform essential activities of daily living to maintain their health and autonomy and to live as full a life as possible. This equipment includes, but is not limited to:

- Home nursing equipment, such as pressure relief mattresses and commodes.
- Equipment for daily living, such as special seating, shower chairs, raised toilet seats, teapot tippers and liquid level indicators.
- Minor adaptations, such as grab rails, lever taps,
- Ancillary equipment for people with sensory impairments, such as flashing doorbells, low vision optical aids, textphones and assistive listening devices.
- Equipment for short term loan, including wheelchairs
- Communication aids for people who are speech-impaired.

Funding for Disabled Facilities Grant (DFG) has been included under this work-stream because government policy was to include this funding within the scope of the Better Care Fund.

Progress within this work-stream has been varied within the different

elements.

Dementia Support Services: The aim of this work-stream is to enable Walsall to become more dementia friendly via a range of initiatives designed to provide support and reassurance to people with dementia and their carers to continue to live as independently as possible. Initiatives include dementia support workers, dementia cafés; specialist hospital workers; and dedicated memory assessment service.

Latest progress has been to develop a costed proposal for the development of older people mental health services to provide 7 day services and enhanced crisis response. These arrangements include new posts to support community integration (see above).

Mental Health: The aim of this work-stream is to ensure that there is specialist psychiatric advice and support for people in Accident and Emergency, and patients who have been admitted to hospital. The Psychiatric Liaison Service for A&E was remodelled during the winter to provide an extended service up to 10.00pm following an analysis of cases which presented with mental health problems. There are currently proposals for additional funding to cover the hours of the hospital based older people mental health team.

Support to Carers: The aim of this work-stream is to ensure that carers are aware of the support they can have to sustain them in their caring role. A re-commissioning exercise has been completed for the Carer Support Centre at the Crossing in Walsall Town Centre, and other carer support services, to bring them more in line with the requirements of the Care Act. Clearer support for self-assessment and self-help has been made available via the Walsall Community Living Directory.

Current financial allocations are through 2 schemes; Carers' one off direct payments and Carers' Holiday Grant. The Holiday Grant scheme is administered through Walsall Carers Centre. To qualify for the holiday grant, people must be able to show they are providing a significant level of unpaid care to a relative or friend and the financial support enables carers to take a break. Payments are made up to £300 to cover or contribute towards the costs of travel, accommodation and/or alternative care arrangements.

The carers One-off Direct Payments scheme is designed to support carers in different aspects of their lives and to help ease some of the pressures arising from the caring role. In order to qualify, carers will have had a carer's assessment or review that has identified a particular agreed outcome and plan of action. There are 5 schemes and carers can apply to more than one scheme;

- Scheme A House and Garden up to £250
- Scheme B Personal development up to £300

- Scheme C Leisure and Interests up to £200
- Scheme D Domestic Tasks up to £250
- Scheme E Other up to £200

Long Term Social Care: The aim of this work-stream is to protect social care services by ensuring that there is a continued access to community based social care services and to care home placements. However, the funding in the Better Care Fund is insufficient to meet the current level of demand for social care and there is a need to reduce the level of demand for services. This is being addressed as part of the Medium Term Financial Plan of the Social Care and Inclusion Directorate in its contribution to the overall budget plans of Walsall Council.

Voluntary and Community Sector Impact on Hospital Flows: The voluntary and community sector make an important contribution to the management of our Urgent Care system in Walsall. There are a number of schemes including home from hospital, dementia support workers, advice and information, befriending, rapid response and advocacy services etc which make up this contribution. Specific providers in this work-stream include Information and Advice Service from AGE UK; Walsall Disability Forum; and a Home from Hospital support service from Sevacare.

There is a need to ensure that there is a strong link to overall commissioning of the voluntary and community sectors by the Council and the CCG to ensure that the aims of the Better Care Fund are incorporated within overarching plans for the Health and Social care economy.

5.0 BETTER CARE FUND METRICS

5.1 There are 6 main metrics and progress for each is as follows:

Emergency Admissions to Hospital: This metric was originally selected as the basis for a process of Pay for Performance which would reward local areas for achieving a reduction in the level of emergency admissions. Pressure on hospital systems during the winter of 2014/15 has meant that very few places have achieved a reduction, and the overall level nationally has increased. Therefore, the Pay for Performance element of the arrangements has been dropped.

Walsall's plan included a target reduction of 3.2% in the level of emergency admissions in the calendar year 2015 compared to the calendar year 2014. By February 2015 it was apparent that the level of emergency admissions was still increasing, and so this target was changed to a reduction in the level of emergency admissions of 2%.

The actual level of emergency admissions during the first 6 months of the calendar year 2015 was 15,077, compared to the first 6 months of the calendar year 2014 of 14,420 – this is a 4.6% increase.

(NB: The national methodology of apportioning activity reported on CCG geographies to HWB geographies is reliant on the consistent submission of the Monthly Activity Return (MAR) by hospitals. Therefore these figures may be subject to further adjustment of between +/- 2%.)

Therefore the contingency sum of £1,050,000 in the Better Care Fund for failing to achieve the target has been allocated at the start of the 2015/16 financial year as a contribution to the budget of Walsall Healthcare Trust in the face of these increasing demands for services. Further details are shown in the financial report in Annex 1.

People aged 65+ Permanent Admissions to Residential Care:

The baseline for this metric was set according to the number of permanent admissions to residential care funded by Walsall Council in the 2013/14 financial year which was reported as 234. The aim is to achieve a reduction of 10% over the four year period to 2018/2019. However, the total number of permanent admissions during 2014/15 was 276, and the level of admissions continues to rise exponentially. A continuing rise in the number of admissions to residential care that are funded by Walsall Council is not affordable in the current financial climate and so there are plans to reverse the trend by ensuring that older people in Walsall are supported to remain as independent as possible in their own homes. These plans are set out in the BCF work-streams as described above.

Number of People Aged 65+ Living at Home 91 days after a period of reablement following hospital discharge: The target is to achieve 80% and this is being achieved in some months, but not yet consistently. The reablement service provides a key element of Discharge Pathway 1 where the patient needs support to go home and it is important that as many older people as possible return to full independence after a period in hospital.

This is proving challenging, and further work is underway to examine more closely how many people continue receiving care at home, sometimes permanently, and how many end up as an admission to a care home, or as a readmission to hospital.

Delayed Transfers of Care: This metric is a measure of the number of days that patients who have been referred to social services are delayed in hospital. This is a sub set of the total number of patients being transferred from hospital. The majority of people leaving hospital do so without any on-going support, but where there is a need for on-going care and support there is sometimes delay caused by for example, waiting for families to choose a care home; waiting for a decision on funding; waiting for completion of therapy assessments; waiting for prescriptions (especially week-ends); or

waiting for availability of homecare or reablement services.

The focus of attention in Walsall Manor hospital is upon all those patients who are clinically stable and thus medically fit for discharge, rather than the subset that have been referred to social services, and so the reporting of this metric shows a comparatively lower level of delays of patients referred to social services. Work is underway to ensure that the metric is reported accurately in the future.

Number of people diagnosed with dementia: At the time of the April 2014 submission of the plan for the Better Care Fund, a 67% of the prevalence target had been set at national level for people diagnosed with dementia. Walsall achieved 68%. From 1 April 2015, NHS England introduced a more accurate way of calculating the prevalence of dementia. However diagnosis rates from April 2015 will not be published until mid to late September 2015. Walsall's diagnosis target for 2015/16 is 70% and this is likely to be achieved, based on data received by commissioners from the Memory Assessment Service. Work underway to achieve this is reported as part of the dementia work-stream.

User satisfaction with integrated health and social care services . This is measured by asking those people who have received an integrated health and social care service to state their level of satisfaction. This process is underway, with the aim of contacting a minimum of 1,500 people and achieving a 90% satisfaction score.

6.0 NATIONAL CONDITIONS

6.1 There were originally 6 national conditions to be met by the original plan submission for the Better Care Fund. The way these are currently rated compared to the rating at the time of the initial submission in April 2014 is as follows:

National Condition	Walsall Rating April 14	Walsall Rating Sept 15
Plans to be jointly agreed	Green	Green
Protection for social care services (not spending)	Green	Amber
As part of agreed local plans, 7 day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends	Amber	Amber
Better data sharing between health and social care, based on the NHS number	Amber	Green
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there	Amber	Amber

will be an accountable professional		
Agreement on the consequential impact of changes in the acute sector	Red	Red

6.2 The main issues to be addressed are as follows:

- Good progress has been made by the Social Care and Inclusion Directorate of Walsall Council in implementing the requirements of the Care Act, particularly the Walsall Community Living Directory and Carer Support Services. However, the measures set out in the plan for the Better Care Fund to reduce demand on adult social care services via the successful redesign and integration of community based health and social care services are critical to the requirement for the Council to achieve an £82 million saving over the next four years to 2019/20. There is a risk that the funding for adult social care services within the Better Care Fund will be insufficient to meet demand during this period;
- There is a risk that implementation of 7 day services to support patients being discharged and prevent unnecessary hospital admissions remains unaffordable;
- Further work is needed on the potential impact on Walsall Healthcare Trust of the plan for the Better Care Fund in Walsall. This condition remains as a red risk because the level of emergency admissions has not started to reduce and the contingency funding has already been allocated to Walsall Healthcare Trust on the basis that it is more likely to have an impact if it released earlier rather than later.

7.0 FINANCIAL UPDATE

- 7.1 The position of the Better Care Fund, based on financial information of the first quarter of 2015/16 (April to June), is a forecast over-spend of £150k against the approved budget of £23.976m. Details are reported in Annex 1. The primary cause of the forecast overspend is for bed based transitional care run by the Council.
- 7.2 A sum of £1,050,000 had been held back as part of the Better Care Fund for a contingency to be paid to Walsall Healthcare Trust in the event of the system being unable to achieve the target for a reduction in the level of emergency admissions to hospital. By April 2015 it was apparent that this target reduction would be difficult to achieve, and it was agreed that it would be better to allocate the contingency funding early in the year to support admission avoidance, rather than hold the funding back.
- 7.3 Therefore, in this report it is recommended that this contingency fund is allocated to Walsall Healthcare Trust to support on-going transformation of services and to pay for the extra level of activity.
- 7.4 Integration of health and social care services may benefit from adding more funding in to the pooled fund from elements of health and social care services for older people that are not currently included in the Better Care Fund. It is proposed therefore, that the Joint Commissioning Committee (which is the

means by which the CCG and the council work together on the commissioning of the health and social care system in Walsall and is the means by which the CCG and council report to the Health and Wellbeing Board) be tasked with examining the potential benefits of aligning expenditure on elements of health and social care services for older people that are not currently included in the BCF. A risk assessment, and an impact assessment, of growing the pooled fund will be required before such a decision could be recommended to the Health and Well Being Board.

8.0 CONCLUSION

- 8.1 The overall aim of the Better Care Fund arrangements is to support older people to be more independent of the health and social care system, and thus reduce the level of emergency admissions to hospital, and the level of permanent placements to care homes. This is a challenging agenda, and the early period has been characterised by an increased level of both hospital admissions and care home placements.
- 8.2 The aim can only be achieved by a programme of transformation of the health and social care system that enables support of older people closer to their own homes, and is less dependent upon bed based care in hospitals and care homes.
- 8.3 To this end, it has been agreed to establish a Healthy Walsall Partnership Board whereby Walsall CCG, Walsall Healthcare Trust, the new Primary Care Federations, Walsall Council, and Dudley Walsall Mental Health Trust will work in partnership on the redesign of the health and social care system. The first meeting of this new partnership will take place on 22 September 2015, and work is underway to agree the Terms of Reference, working arrangements, and early priorities for action.

*Report Author
Andy Rust
Head of Joint Commissioning
September 2015*

HEALTH AND WELL BEING BOARD

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BETTER CARE FUND QUARTER 1 FINANCIAL MONITORING

1. Summary of report

1.1 This report summarises the Better Care Fund quarter one and year end forecasted outturn position for the 2015/16 financial year. Details of performance against each scheme will be reported separately via the individual Project Accountability reports that the BCF Programme Manager is coordinating.

2. Recommendation

2.1 To note that the 2015/16 forecasted year end position of the work-streams under the Better Care Fund is an over spend of **£150k** against the approved budget of £23.976m.

2.2 Joint Commissioning Committee recommends the following proposals to the Health and Well Being Board for final agreement:

2.2.1 Utilisation of funding from contingency to Walsall Healthcare Trust

a) Transformation of Services £500k supporting developments in the following areas:

- Care Closer to Home £150k
- Productivity and Efficiency – Flow/Theatres/Outs £110k
- Improving Community Services – Mobility & Telehealth £120k
- Improving Access to Oncology £120k

b) An additional £550k has been invested to contribute to the national requirement to commission additional emergency activity to assist in the achievement of A&E targets.

2.2.2 The reallocation of the £23k under spend against Independent Sector Impact on Hospital Flows to the Bed Based Transitional Care Pathway.

2.2.3 The allocation of the current over spend remains with the commissioner of the service.

3 Forecasted Outturn Position 2015/16

3.1 The position of the Better Care Fund, based on financial information of the first quarter of 2015/16 (April to June), is an over spend of £150k against the approved budget of £23.976m. **Table 1** provides a summary by work-stream.

Table 1: Better Care Fund Qtr 1 Actual & Forecast by work-stream

Change Scheme	2015/16 Budget	Qtr 1 Actual	Qtr 2 Forecast	Qtr 3 Forecast	Qtr 4 Forecast	Total Forecast	Variance
	£	£	£	£	£	£	£
Community Integration	2,169,840	536,170	543,450	543,450	543,450	2,166,520	(3,320)
Transitional Care Pathways - Non Bed Based	5,921,054	1,348,721	1,444,097	1,575,096	1,575,095	5,943,009	21,955
Transitional Care Pathways - Bed Based	6,873,098	1,667,835	1,675,004	1,837,004	1,847,436	7,027,279	154,181
Assistive Technology	1,981,538	495,385	495,385	495,385	495,385	1,981,538	0
Assistive Technology (Capital)	2,428,555	653,403	680,273	680,272	414,607	2,428,555	0
Dementia	220,000	42,876	42,876	42,876	91,371	220,000	0
Mental Health	519,000	129,792	129,792	129,792	129,792	519,168	168
Support to Carers	450,000	112,500	112,500	112,500	112,500	450,000	0
Long Term Social Care Community & Residential Placements	2,193,000	548,250	548,250	548,250	548,250	2,193,000	0
Independent Sector Impact on Hospital Flows	170,000	35,783	36,972	36,972	36,973	146,700	(23,300)
Contingency	1,050,000	0	500,000	0	550,000	1,050,000	0
Total BCF	23,976,085	5,570,715	6,208,599	6,001,597	6,344,859	4,125,769	149,684

- 3.2 As part of the original BCF submission £1.050m was identified as a contingency element based on the expectation that of the required 3.5% reduction in emergency admissions, only 3.2% would be achievable.
- 3.3 Under this premise the current proposals are to transfer the full £1.050m to Walsall Healthcare Trust for use as follows
- a) Transformation of Services £500k supporting developments in the following areas:
- Care Closer to Home £150k
 - Productivity and Efficiency – Flow/Theatres/Outs £110k
 - Improving Community Services – Mobility & Telehealth £120k
 - Improving Access to Oncology £120k
- b) An additional £550k has been invested to contribute to the national requirement to commission additional emergency activity to assist in the achievement of A&E targets.
- 3.4 If these proposals are agreed, Walsall Healthcare Trust will be required to provide performance data on the activity that this investment is funding so that the impact can be validated and reported.
- 3.5 Due to the current local and national position, this 3.5% reduction has since been removed, meaning that this funding could now be used to fund additional schemes within the Better Care Fund remit.
- 3.6 As part of the quarterly monitoring £23,300 of BCF funding has been identified as no longer being required as Independent Sector contracts are less than BCF submission. As this funding will not be required it is proposed to transfer it to Bed Based Transitional Care Pathway.
- 3.7 As part of the governance of the BCF pooled budget arrangement the risk sharing will remain with the commissioner of the service, and this identifies that the current £150k forecast over spend would remain with the Local Authority.

Lloyd Haynes, Senior Finance Mgr Walsall Council 01922 652340, Lloyd.Haynes@walsall.gov.uk	Tony Gallagher, Chief Finance Officer, Walsall Clinical Commissioning Group, 01922 618373 Tony.Gallagher@walsall.nhs.uk
Tracey Evans, Lead Accountant, Walsall Council 01922 652329, Tracey_A.Evans@walsall.gov.uk	Lorraine Gilbert, Walsall Clinical Commissioning Group, 01922 618330 Lorraine.Gilbert@walsall.nhs.uk
Suzanne Letts, Senior Accountancy Officer, Walsall Council 01922 650462, Suzanne.Letts@walsall.gov.uk	