

**BRIEFING NOTE****AGENDA ITEM NO. 7**

**TO: Social Care and Inclusion Scrutiny and Performance Panel**

**DATE: 27 March 2014**

**Update on Better Care Fund****Purpose**

To update Scrutiny Panel on the assurance feedback to the submission that was made on 14 February 2014 and subsequent alterations to the final plan that is to be submitted on 4 April 2014.

**Background**

A report on the Better Care Fund to Scrutiny Panel on 20 February described the background to the Better Care Fund, the required elements of the submission, and gained agreement to the approach that was being adopted.

**Assurance process**

The assurance process is locally led by NHS England Area Teams and local government regional peers. They have responsibility of assessing progress of every Health and Wellbeing Board and identifying areas in need of support.

Day to day scrutiny and challenge of plans and provisional recommendations on sign-off /next steps is undertaken by LGA and NHS England.

Ministers are taking a close interest in the Better Care Fund, and want to be assured that plans will deliver on the national conditions. This assurance will come from Area Teams and regional local government reviewers. The National Support Centre will compile the local assurance reports into a national overview report for the purposes of Ministerial assurance. Ministers will agree local plans and next steps, based on the assurance reports but will not communicate directly with local areas unless it is upon the advice of the national team.

Support from NHS England and peer councils will be available for areas where Area Teams and local government peer assurance raises significant concerns about local plans.

**Assurance Outcome**

Walsall’s assurance is summarized below. It is based upon an assessment of our response to the 6 national conditions which were described in the previous report. Walsall’s assurance assessment for each of these is as follows:

<b>Plans to be jointly agreed</b>	Green
<b>Protection for social care services (not spending)</b>	Green
<b>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</b>	Amber
<b>Better data sharing between health and social care, based on the NHS number</b>	Amber
<b>Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional</b>	Amber
<b>Agreement on the consequential impact of changes in the acute sector</b>	Red

The red rating for agreement on the consequential impact in the acute (hospital) sector has been applied to all plans. Both Walsall Healthcare Trust and Dudley Walsall Mental Health Partnership Trust have expressed concern about the impact upon them of the planned reduction in emergency admissions leading to a reduction in overall hospital activity levels.

The assurance states that “Whilst the plan acknowledges expansion in community capacity and service redesign, and reduction in acute activity, this needs to be developed further in next stage of detailed planning.”

**Metrics Assurance**

A RAG rating has also been applied to the performance metrics. A summary of these is as follows:

<p><b>Permanent Admissions to Residential Care</b></p> <p>Baseline from April 12 to March 13 was 205 permanent admissions.</p> <p>Improvement target for 14/15 is 195.</p>	<p>This metric is rated green for the baseline because this is consistent with national data for Walsall.</p> <p>The improvement target of 4% reduction is rated amber.</p> <p>There is a red rating because this level of improvement is less than the historic average.</p>
<p><b>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</b></p> <p>Baseline from April 12 to March 13 set</p>	<p>This metric is rated red because the data is not consistent with national data. Social care reablement has been remodelled since September 2013 and so historic national data is not consistent with current activity.</p>

at 69%. Improvement target for 14/15 is 75%	The metric is rated green on the basis that appropriate plan figures have been submitted.
<b>Delayed Transfers from Hospital</b>  The baseline for April 12 to March 13 was an average of 403.5 days delayed per month.  Improvement target is to reduce to 320 days for the first 9 months of 14/15 and to 300 for the last 3 months.	This metric and the improvement target are set at Green.  The national data-set has a wide range and the figures for Walsall are comparatively very low. The average figure for the first 8 months April 13 to November 13 was 289.5, and this leaves little room for improvement. The improvement target has been set higher at 320 reducing to 300 on the assumption that the figures will be higher during December 13 to March 14.
<b>Avoidable Emergency Admissions</b>  The baseline for April 12 to March 13 was a numerator of a total of 6,542 avoidable admissions during the year.  Improvement target of 7144 for first 6 months of 14/15 and then 6,965 for second 6 months follows a 12% increase in 13/14 compared to 12/13 and then a planned reduction of 5% through the year.	This metric has been rated green for consistency with national data.  The improvement target was rated red because it did not reflect the rise in emergency admissions that has taken place during 13/14. The figures have therefore been adjusted to take account of the 12% increase in the 6 month period from April 13 to Sept 13 compared to the equivalent 6 month period in 2012.
<b>Patient/Service User experience</b>	This metric will be obtained by a nationally conducted survey which is currently under development.
<b>Local Measure – GP Dementia Diagnosis Rates</b>	This metric is currently being calculated.

### Key national milestones

National milestones for the submission and assurance process are as follows:

- 14<sup>th</sup> February – deadline for draft submission of plans
- 21<sup>st</sup> February – deadline for initial (headline) assurance returns
- 28<sup>th</sup> February – deadline for second assurance returns
- 4<sup>th</sup> April – deadline for final submission of plans to Area Teams
- W/B 21<sup>st</sup> April – Plans and support requirements signed off by Ministers and communication to local areas and regional peers

## Joint Risk Register

Part of the requirement for the Better Care Fund was to develop and agreed a shared Risk Register and where appropriate, set out Risk Management Action Plans. This includes an agreed approach to risk sharing and mitigation covering, for example, the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned (for example, if emergency admissions or nursing home admissions increase).

The risk register that was submitted by the 14 February 2014 deadline was as follows:

<b>Risk</b>	<b>Risk rating</b>	<b>Mitigating Actions</b>
Partners cannot agree content of an Integrated Better Care Plan by deadline	Green	Five year strategy, two year plan, Better Care Fund and hospital reconfiguration proposals signed off by CCG, Council, Two NHS Foundation Trust boards, Healthwatch and NHSE Local Area Team.
Failure to obtain metrics data by key milestone dates	Green	Joint Commissioning Unit supporting work of Health and Social Care Integration Board.
Unable to agree final allocation of Better Care Fund between partners	Amber	Governance process in place via H&SC Integration Board reporting to HWBB.
Unable to achieve target reduction of 15% in Avoidable Admissions to Hospital	Red	Current investment and planned integration of primary, community, social care and mental health services aims to reduce current increasing levels of emergency admissions.
Unable to achieve target reduction of spend on Council commissioning budgets for older people.	Red	Recent additional investment in social care reablement capacity aims to reduce current levels of expenditure. Plans to integrate intermediate care services aims to decrease further.
Failure to achieve target	Amber	Plan includes regular

for Reablement into community for 91 days		tracking of activity levels in reablement and appropriate prevention services.
Unable to change cultural and clinical practices needed to deliver planned improvements as a result of integrated services.	Amber	H&SC Integration Board providing leadership for structured and co-ordinated change programme.

### **Further work on Integration**

Work on the integration of intermediate care services of Walsall Healthcare and Walsall Council is underway, and will report to the Health and Social Care Integration Board.

Work is also underway on the integration of community services with an aim of developing multi-disciplinary teams comprising community health services, social care workers, and mental health workers to focus specifically on people at risk of emergency hospital admission and working closely with local primary care services.

The development of planned urgent care capacity across the health and social care economy in Walsall is also underway and will be reported to the Urgent Care Working Group.

This work will form the basis of the development of the Better Care Fund Plan during 2014/15.

### **Conclusion**

In comparative terms the feedback on Walsall's submission is that it is one of the stronger plans in the West Midlands. Further work has been completed to adjust the metrics based on the assurance feedback.

There is a need to make greater reference to the potential impact of the forthcoming Care Bill and so this has been added to the section on protecting social services.

There will be little other alteration to the final submission.

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