

REPORT TO THE HEALTH SELECT COMMITTEE
24th September 2015

Rotherham Better Care Fund

Report Sponsor: RCGG and RMBC

1. PURPOSE OF REPORT

The purpose of this report is to provide Board Members with an update on the Rotherham Better Care Fund (BCF) review, and potential developments from the recent service review

2. RECOMMENDATIONS

It is recommended that:-

- 2.1 Members note the progress that has been made for the Rotherham BCF, including more integrated joint working between Health and Social care, and revised and strengthened governance for the BCF.**
- 2.2 Members note the proposed timescale for future developments within the BCF plan.**
- 2.3 Members note the existing good practice arising from the Better Care Fund services in Rotherham**

3. Background to Better Care Fund Plan

- 3.1 The Better Care Fund Plan for Rotherham, approved by NHS England in January 2015., In April 2015 a section 75 Partnership Framework Agreement was approved by the Health and Wellbeing Board. This one year agreement sets out the way that the Council and the Clinical Commissioning Group will carry out the Plan and details in full what the content of that plan will be.**
- 3.2 The plan aims to provide integrated, seamless services providing better patient experience, and more effective and integrated health and social care services. The aim is to provide more home-based services, and prevent premature admissions to both permanent residential care and hospital.**
- 3.3 The Section 75 Agreement was specified by NHS England as the way it requires Health and Social Care authorities to work together. The s 75 agreement is a formal legal agreement, and one which has a strong and clear governance framework within it which ensures that the both the agreement itself and the projects and services within the agreement are all robustly scrutinised at both strategic and operational levels.**

3.4 NHS England were prescriptive with localities around the establishment of the Better Care fund plans. All localities were told it was a requirement that

- the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group
- plans are approved by NHS England in consultation with Ministers
- The fund is to be used in accordance with the agreed plan
- The element of the fund linked to non-elective admissions reduction target will be released into the pooled budget proportional to performance, as detailed in the BCF Technical Guidance.

3.5 Further, NHS England referred to requirements for the BCF which were determined within the 2013 spending review. Local authorities and clinical commissioning groups were given guidance that 6 national conditions must be met by each locality prior to 1st April 2015 when the fund became operational.

The requirements for the BCF were specified in detailed technical guidance produced in 2013. Each area was required to demonstrate how its Better Care Fund plan would meet the following 6 national conditions:

- Plans to be jointly agreed
- Protection for social care services (not spending)
- 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
- Better data sharing between health and social care, based on the NHS number
- 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
- Agreement on the consequential impact of changes in the acute sector

3.6 Areas were given a short space of time to assemble detailed plans for their BCF plan. Each area had a minimum spending level it could devote to an agenda to deliver integrated services, designed to ensure that the BCF plans would deliver enhanced performance against a number of metrics. At the time of formulating the BCF plans, the formats for the plans were frequently changed at national level. The purpose, and national rationale from NHS England for the plans was at the time unclear, although areas were given very detailed information on the need for plans to have a performance element included so that the full value of the fund could only be committed if areas could show demonstrable progress in meeting nationally specified metrics. The targets and requirements for the metrics changed over time. A limited degree of local decision making about performance targets and metrics was permitted, but within a tight framework, and only with the consent of NHS England.

3.7 NHSE required areas to set targets to:

- Reduce permanent admissions to residential and care homes
- Improve the effectiveness of reablement
- Reduce delayed transfers of care
- Monitor and improve Patient / service user experience

Additionally, areas were required to identify one additional local metric which would enable local performance to be measured and improved. Rotherham's local metric was to measure and reduce the number of hospital readmissions 30 days after discharge.

- 3.8 The NHSE introduced a "pay for performance" element to the BCF. Areas have been required to set a target for a reduction in total emergency (non-elective) admissions to hospital. Although most areas set a target of reducing non-elective emergency admissions by an average of 3%, NHS England agreed Rotherham's target would be a reduction of 0.1%, on the basis that the area had completed a significantly reduced number of such admissions, compared to similar comparator) authorities. Where a quarterly target is met, the relevant performance-linked money will be available to the local area to spend in accordance with the agreed BCF plan. If the target is not met, an amount of the funding (directly proportional to the extent to which the target has not been met) will be spent by the CCG(s), in consultation with the Health and Wellbeing Board.
- 3.9 As plans were rolled out, NHS England circulated details of its monitoring requirements. Currently these include a quarterly format detailing progress on metrics, and compliance with national conditions. Areas have been told an annual report will be requested, but as yet, there is no format or timescale for this report.
- 3.10 The Rotherham plan is currently extremely complex with 72 lines of funding, divided into two pooled funds (one managed by the council and one managed by the CCG). There are 16 workstreams each comprising a mixture of new projects, existing services, and merged services. The current services have grown organically, in response to demand and available, often temporary funding.
- 3.11 Included within the Section 75 agreement was a new governance structure for the BCF. This has proved invaluable, and an effective way of working, especially after the initial review has identified there is a need for change within the BCF plan.
- 3.12 The new governance arrangements have been able to scrutinise operational level detail, ensuring the BCF executive can focus on steering the overall structure and plan. An additional development has been the creation of a "vision" group within the BCF Executive, which meets to explore further opportunities for health and social care integration.
- 3.13 The performance of the BCF projects and services is monitored by the Operations Group. Recent work has included a joint review on the BCF 13 – the largest of the BCF work streams. The review has thus far highlighted some parallel but insufficiently linked projects, and areas for development. This review has now been extended to thoroughly review each element of funding within the BCF plan, to

ensure there is greater strategic focus and prioritisation on earlier intervention, reducing non-elective emergency admissions, and on value for money. A report to the BCF operations group will be made next month.

4. BCF Service review

- 4.1 A service review was originally planned for just one workstream: BCF 13. This work stream consisted of a number of jointly funded services which had been passported into the BCF from other funding streams. It was known that this historic funding may have had a degree of modernisation needed. Project targets, reporting and governance were not aligned, and there was a lack of certainty about funding levels and outcomes for service users.
- 4.2 After an initial review it became clear that this particular work stream overlapped with 15 other work streams. Thus, in August 2015, a decision was taken by the BCF Strategic Executive to extend the service review to the full 72 funding lines.
- 4.3 Each funding line has been reviewed, and a proforma completed which details whether the service meets the strategic aims of the BCF; whether the service gives value for money; whether the service gives good and effective customer/patient satisfaction; whether there are other funding sources for the service; and the impact the service is making on the BCF metrics.
- 4.4 Currently, the review is in progress, with plans to deliver a number of products. These included a simplified structure for the BCF, with fewer workstreams, more joined up governance, and greater transparency and accountability. In particular, the review will develop recommendations for a directory of services, identifying the description of a scheme, its funding sources, identified outcomes and outputs, and revised targets, reporting and governance lines. Identifying leads for each project, and workstream will ensure greater clarity and leadership.
- 4.5 Key Drivers will be to ensure the revised BCF plan complements current transformation plans in health provider and social care organisations. We are particularly keen to focus on services which offer support and early intervention- to assist people to access and use community assets, and prevent people from entering care/case managed services prematurely.
- 4.6 BCF services will be reviewed to ensure a strategic fit with current and planned Children's services, particularly in relation to services for young people in transition. Working with public health and provider organisations, we believe there is potential for realignment and greater coordination than at present, with our existing policies and service protocols.
- 4.7 BCF offers opportunity for joint commissioning and service integration, above and beyond the minimum levels set by NHS England for the BCF in each area. We believe this is an area where we can make significant progress. The "Strategic Vision "group are reviewing how good practice and effective service provision in this area can be further enhanced. Broad strategic thinking is needed to consider the emerging trends and opportunities, and exploring how different areas have interpreted and implemented the integration agenda.

- 4.8 The strategic review is enabling existing strategy and services across agencies to be mapped and possible gaps and overlaps have thus been identified. A format is being developed which offers a possible model for the new BCF. An early indication of this model is attached and will be further explored during the presentation. However, this is at present a possible model, and will be subject to further discussion and review at the next BCF Strategic Executive.
- 4.9 The service review has shown workstreams within the BCF which are not only performing well, but are exceeding targets and expectations. Members will hear on 24 the September 2015 from three of those projects:-
- Social Prescribing Service
 - Dementia Cafes
 - Falls services

Presentations will provide insight and an overview of current service provision, focussing on the outcomes and benefits for our Rotherham customers.

5. NEXT STEPS

- 5.1 Following the completion of the Service review, an options paper is being prepared for presentation to the BCF Strategic Executive early in October. This will consider strategic priorities for the BCF, and to develop an action plan for governance and a new structure for the BCF.
- 5.2 Further details of the streamlined BCF, and presentations of other BCF services will be made to Health Select Commission on dates planned between October 2015 and February 2016.

6. Background Papers

Section 75 Agreement Rotherham Better Care Fund

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