1. PURPOSE OF REPORT / SUMMARY

This report provides an update on the Better Care Together programme since the last report to the board on 22 January 2015.

Arrangements for monitoring and reporting the management of the Better Care pooled fund have been made in accordance with the section 75 agreement and national Better Care Fund (BCF) conditions. This report summarises the key features of those arrangements and explains the national reporting requirements.

The BCF national conditions require quarterly and annual submission of prescribed reports on finance and performance. This report explains those requirements and the role proposed for the HWB, which must sign-off the submissions. It also presents the first completed quarterly return.

This report presents performance information relating to the BCF plan metrics (including non-elective hospital admissions), and progress in delivering the projects in each of the five work streams of the Better Care Together programme.

This report also informs the board of the self-assessment exercise undertaken at the request of the national BCF task force.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Endorse the quarterly report submission to NHS England (4.1a)

2. Agree the proposals for compliance with reporting obligations by the Health and Wellbeing Board (4.1)
3. Note the report on the activity for each programme work stream (4.2)

4. Note approval of the BCF section 75 agreement (4.3)

5. Note the attached BCF implementation – readiness self-assessment (4.4)

3. BACKGROUND

The Better Care Together programme is intended to provide linkage and oversight of all health and social care integration in Waltham Forest in order to get maximum value from the BCF investment.

At its meeting on 22 January 2015 the Health and Wellbeing Board agreed that delivery of the BCF plan will be governed by the Better Care Together board, that will report to the Joint Commissioning Board; and that a report highlighting progress and significant issues will be made to the Health and Wellbeing Board.

The Waltham Forest Better Care Fund plan was agreed by the Health and Wellbeing Board in September 2014 and following a national assurance process was approved by the Department of Health in January 2015.

A section 75 agreement between the Council and the CCG for the financial year 2015/16 has been signed and sealed and this governs the management of the pooled fund. This sets out (amongst other provisions) arrangements for delivering and monitoring of services and the agreement that the Council will host, and provide management and reporting of, the pooled fund.

The reporting requirements for the BCF are set out in the guidance document attached to this report as appendix A.

All health and social care integration projects in Waltham Forest come under the umbrella of the Better Care Together programme and this is governed by the Better Care Together board. Five work stream areas contain all health and social care projects in Waltham Forest, see section 4.2.

Reporting on the Better Care Together programme covers three areas:

- BCF plan metrics, including the impact on the acute sector, specifically covering the number of non-elective admissions to hospital
- Impact of the integration change projects and delivery of services intended to protect social care (from the BCF plan)
- Financial monitoring and reporting

Additionally, quarterly reports covering the pay for performance element of the BCF plan must be submitted to NHSE as follows:

- 29 May 2015 – for the period January to March 2015
- 28 August 2015 – for the period April to June 2015
- 27 November 2015 – for the period July to September 2015
26 February 2016 – for the period October – December 2015
27 May 2016 – for the period January – March 2016

The CCG and the Council remain accountable for their respective elements of the BCF allocated to them and must report accordingly, in the usual way.

4. PROPOSAL

4.1 a) Delivery of the Better Care Fund Plan

The BCF guidance says “The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care”. In order to enable the Health and Wellbeing board to effectively undertake its role, quarterly reports covering income and expenditure from the pooled fund and other information about the effectiveness of the pooled fund arrangements will be provided to the JCB for consideration before going to the HWB.

The Health and Wellbeing board is required to sign-off the quarterly reports to say that it is satisfied with the management and performance of the pooled fund and the appropriate use of the fund.

The quarterly report for the first quarter, which is a one-off abbreviated version, has been signed-off for the HWB by the Chair, Cllr Khan and submitted to NHS England.

The HWB is asked to endorse that signed-off submission, attached as appendix B, and further to agree to an arrangement for the remainder of the year that would allow the Chair to sign-off the subsequent quarterly returns on behalf of the HWB following email circulation of the draft submission. The actual submission can be reported to the following HWB meeting for endorsement. The year submission should go to the HWB for sign-off prior to submission, if possible.

b) Performance and financial management and reporting

Progress reports using the national template will be presented to the Joint Commissioning Board (JCB), where necessary with a narrative to explain performance. The intention will be to keep the JCB well-sighted on reporting compliance and performance against the BCF metrics.

The Better Care Together (BCT) board will receive reports on project delivery, using a RAG rating and with recommendations for remedial action or project variation where necessary. Highlights and exceptions will be reported to the JCB.

The performance management of the pooled fund is critical and underpins the governance and day-to-day operational arrangements to be implemented. Benefits and outcomes of the BCF programme will be reported in full to the Better Care Together board and by exception to the Joint Commissioning Board.

The JCB will receive quarterly finance reports with respect to the pooled fund. An update report covering all aspects of the Better Care Together programme including
important aspects of performance and finance will come to the Health and Wellbeing board.

The key metrics that will be reported in 2015/16 are as follows:

**c) BCF plan metrics**

Total non-elective admissions into hospital (general & acute), all-age, per 100,000 population – the plan sets a target 2.5% reduction which is 710 fewer admissions. For the last quarter of 14/15 a reduction of 435 has been achieved. This would equate to 1,145 fewer in the year or 4% if the reduction continued at the same rate.

The following plan metrics will be reported, with the respective baselines and targets:

- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).
- Overall satisfaction of people who use services with their care and support (ASCOF 3a) [Social Care]
- Person & carer confidence in services/care given & own abilities to self-care"(QIPP LTC6) [Health]
- Estimated diagnosis rate for people with dementia (NHS Outcomes Framework 3.5)

**4.2 Better Care Together programme work streams**

* a) *Prevention and early intervention*, which covers e-market place and care navigation, telecare, carer support, mental health, voluntary and community sector services;

Work is underway to develop a service specification and business case for social prescribing. A number of ‘enabler’ projects are also underway that will deliver an electronic directory of services and improved signposting for local residents to care and wellbeing services. One of the aims for these projects is to ensure that the Council is compliant with the requirements of the Care Act at the key implementation dates in April 2015 and April 2016.

A proposal for a single borough-wide directory of services that would link to Health (eg 111) and Council (eg adult social care) services is being developed.

* b) Care coordination and case management*, which includes, avoiding unplanned admissions, reablement, mental health and rapid response;
Care co-ordination service was launched in 2012 providing case management and co-ordinated care for approximately 3,000 patients in the top 1% of people at very high risk of unplanned admission to hospital. Phase 2 & 3 were implemented in 2014 providing co-ordinated care for approximately 8,000 patients, the next 4% at high risk of unplanned admission to hospital.

Phase 4 will be implemented in mid-2015 and offers co-ordinated care to people at moderate risk of unplanned admission to hospital. Co-ordinated care will be provided for another 10,000 people in the borough.

c) **Integrated pathways**, which includes, integrated discharge, care homes, bed review, falls, end-of-life and urgent care;

The joint care homes action plan sets out priority areas for work, with the aim of reducing hospital admissions, including staff training, the role of primary care and community nursing, pharmacy. An event for providers is planned later in 2015.

A steering group to deliver a new integrated discharge team for people with health and social care needs from Whipps Cross hospital has been established. It covers Waltham Forest, Redbridge and Essex and is chaired by the Waltham Forest CCG Deputy Director for Strategic Commissioning. A project task and finish group aims to develop the service specification by June 2015, building on the identification of issues and recommendations for change from the ‘Ready to GO’ project run in Waltham Forest from November 2014 to February 2015.

The vision for the integrated service has been agreed as:

“**A senior health or social care professional-led discharge team that is hospital based, for the whole system. The team has the authority and capability to take decisions across multiple organisations in order to maximise the quality, efficiency and effectiveness of all discharges (as measured by agreed KPIs). The team will support ward staff and work with patients and their families to agree plans and responsibilities from admission to discharge and will provide rapid practical solutions to prevent delay due to equipment, assessments, medication and follow-up care.**”

The End-of-Life strategy is currently under review with the intention of developing a new strategy by the end of the year.

d) **Key enablers**, which includes operational ‘back-office’ support covering IT, information governance, finance and estate.

The Better Care Together board at its meeting on 26 February agreed an interim IT plan to enable effective sharing of patient information across all parts of the multidisciplinary team. This will support the use of the shared electronic health and care plan before a comprehensive IT solution is ready for deployment in 2017.

e) **One Waltham Forest health and social care system**, which covers strategic integration of leadership, workforce, governance, commissioning and communication.
**Provider network** - A memorandum of understanding has been agreed with the Leadership Centre to provide 15 consultancy days to lead the development of a provider network. The aim of this is to:

- Better integrate the care that service users receive and improve communication with patients, carers and their families – to help take control of their own care
- Undertake longer term and innovative thinking
- Create well informed challenge of commissioners to help inform commissioning decisions and create new pathways and models of care.

Work will be carried out in three phases:
1. Scoping and planning
2. Developing, testing and reflecting/learning
3. Reviewing and additional actions

A draft proposal for the provider network is due by July 2015

**‘Whole system’ collaborative leadership** – six health and social care leaders have been interviewed with the purpose of building a picture of the understanding and approach to system leadership and to test the appetite for a leadership summit. This follows from advice and research from a number of respected sources including the Kings Fund that highlight the importance of collaborative system leadership.

### 4.3 Section 75 agreement

Following discussion by the Health and Wellbeing board at its meeting on 26 November 2014, the Council’s Cabinet decided to give the Council’s Deputy Chief Executive – Families delegated authority to approve the final terms of the s.75 agreement following consultation with the Corporate Director Finance and Procurement, the Director of Governance and the Portfolio Lead Member for Adult Services. Similarly, the CCG Board agreed that the Chief Officer of the CCG has authority to sign the s.75 agreement on behalf of the CCG following consultation with the CCG Finance Director and CCG Chair. The agreement was approved in line with these decisions and sealed on 31 March 2015. An electronic copy has been sent to all HWB members.

The agreement sets out how the CCG and the Council will use the pooled fund of money and how they will share the risks and benefits of integration. In doing so, the agreement specifies:

- the schemes that form part of the BCF plan
- governance arrangements
- commissioning arrangements
- management arrangements
- performance reporting and management
- spending reporting and management

These areas have been covered in more depth in section 4.1 of this report.

### 4.4 BCF implementation – readiness self-assessment

The BCF Taskforce asked all areas to assess their readiness for the delivery of Better Care Fund plans in 2015-16:
“The purpose of this self-assessment is threefold:

1) To support local areas in carrying out a self-assessment of their own readiness for delivery to inform discussions locally;
2) To inform the planning and allocation of resources and support that will be made available to areas in 2015-16 to further help them with implementation and delivery of Better Care Fund plans; and
3) To provide feedback on how the national team could best support local areas in 2015-16.

The self-assessment is not a performance management or reporting tool, and will not be used as such. It is recommended that the self-assessment is shared with the full HWB following submission to help understanding of issues locally. We ask that returns demonstrate appropriate agreement from the Local Authorities and CCG leads for the BCF. It is also suggested that the form is shared with HWB members to prompt conversations locally.”

A copy of the self-assessment for Waltham Forest is attached to this report as appendix C. The Board is invited to comment on the self-assessment, which concludes that whilst good progress has been made putting in place the groundwork for the programme and building on existing schemes, there is a lot of work to do within 2015 to deliver all of the change we would like to see. Strong relations at all levels with a common purpose will support development of further integration in 2015/16.

5. FINANCE

The s.75 agreement governs the monitoring and performance of pooled fund spending.

The Council hosts the pooled fund and as such is responsible for the pooled fund management. Recruitment of an accountant to undertake the functions required for management and monitoring of the pooled fund is underway.

The total BCF is £18.597m including £1.085m that is a Council ‘top-up’ for care coordination, carers’ support and some ‘early intervention’ schemes.

6. IMPLICATIONS

There are engagement, equalities, financial and organisational development and service transformation implications of the Better Care Fund plan. There are no direct implications as a result of this report; however the board will want to remain vigilant with regard to the following issues when using its influence or considering agreeing new policies or strategies.

Engagement: A key feature of the developing joint plans for health and social care is the role of residents, carers and patients in providing support and self-care to keep well and manage their or their loved-one’s health condition. This potential
empowerment though must be considered along with development and improvements in integrated health and social care that genuinely works for residents, putting people and not systems or organisations at the heart of new design and delivery proposals. Therefore co-design and early engagement will be a vital part of developing new services. As an example, two engagement sessions were held with the Waltham Forest patient reference group to hear patient and carer views on how hospital discharge could be improved. The first session gather local residents’ experience and the second session reported back how this had been used to identify issues and make recommendations for service improvement.

**Inequalities:** Waltham Forest has a relatively deprived, diverse population which is ageing and increasingly suffering from multiple co-morbidities. Some outcomes, such as early mortality from cancer and cardiovascular disease, are amongst the worst in London. There are poor health outcomes and higher mortality rates for older people, particularly older Asian people with heart disease. There is a view that inequalities have worsened due to effects of welfare reforms with effects on health from overcrowding, anxiety and increased demand on GPs. The traditional divide between primary, community, acute and social care is not well suited to meeting these needs.

**Local impact:** The implications for local residents is that we are trying to build a system that is more responsive to their needs, ensures there is no gap in provision or between providers, that is focussed on prevention and dealing with health and social care needs in the setting that is closest to their situation, avoids duplication and is affordable with the resources available to local organisations.

**Financial:** Waltham Forest’s BCF allocation for 2015/16 is £17,512,000 which includes a transfer of health funding totalling £16,054,000. An additional local top-up of £1,085,000 has been identified by LBWF bringing the total fund to £18,597,000.

7. **CONCLUSION**

The Health and Wellbeing Board will receive programme updates covering all areas of delivery during 2015/16.

The governance and structure of the Better Care together programme is established and robust

- BCF plan approved
- Better Care Programme governance agreed and programme board in place
- BCF s75 agreed
- An audit of Collaborative Working - Better Care Fund and integrated care, has been undertaken for the CCG by Baker Tilley. It reported on 14 May 2015 that: “Taking account of the issues identified, the Governing Body can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.”

Some projects, especially those in work streams B and C are well advanced and integrated working is delivering good outcomes for local residents
Some projects have made some progress and are well set to deliver some improvements in the year, for example integrated discharge and information sharing.

Some projects remain at an early planning stage, in particular the work stream A projects. A new programme manager is now appointed and project deliverables are being more clearly defined.

8. BACKGROUND PAPERS

No papers that require listing were used in the preparation of this paper.

9. LIST OF ABBREVIATIONS

ASCOF – Adult Social Care Outcomes Framework
BCF – Better Care Fund
BCT – Better Care Together
CCG – Clinical Commissioning Group
HWB – Health and Wellbeing Board
JCB – Joint Commissioning Board
KPI – Key Performance Indicator
LBWF – London Borough of Waltham Forest
LGA – Local Government Association
LTC – Long-term condition
NHSE – National Health Service England
NEI – Non elective admissions
QIPP – Quality, innovation, productivity and prevention
RAG – Red Amber Green
s.75 - Section 75 of the National Health Services Act 2006
WEL – Waltham Forest and East London (covering Newham and Tower Hamlets)