

Committee	HEALTH AND WELLBEING BOARD
Date	28 MAY 2015
Title	BETTER CARE FUND

EXECUTIVE SUMMARY

1. This report follows a previous report to the Health and Wellbeing Board in March 2015 and provides:
 - (a) an overview of the requirements to be met by the Isle of Wight Council and the Isle of Wight Clinical Commissioning Group (CCG) in submitting Quarterly Reports on the Better Care Fund (BCF);
 - (b) a copy of the Quarterly Report to be submitted on the 29 May 2015, attached as Appendix 1;
 - (c) an update on the BCF non-elective admissions target.

BACKGROUND

2. The proposals for the Better Care Fund (BCF) for the Isle of Wight were fully assured by NHS England in December 2014.
3. The Better Care Fund (BCF) is a single pooled budget for health and social care services which has been created to encourage greater partnership working in local areas. This partnership approach is based on a plan agreed between the council and the CCG.
4. On the Island, the value of the BCF for 2015/16 is £20,607,000, as formerly agreed by the HWB. This will be amended to reflect final contractual agreements and will be treated as a variation to the Section 75. The size of the pooled funded will also change over time as the integration agenda moves forward. This is likely to result in services being added to and possibly subtracted from the pool.
5. The Joint Adult Commissioning Board (JACB) will oversee the entire BCF, including the financial, performance and risk aspects. The work within the BCF will be reported to and accountable to the Health and Wellbeing Board.

BCF SECTION 75 AGREEMENT

6. The 2015/16 BCF Section 75 agreement was finalised and signed on the 31 March 2015, approved by the Health and Wellbeing Board.

7. Service specifications for a number of the BCF schemes are still in development and will therefore need to be finalised as part of a Service Development and Improvement Plan (SDIP) to the main agreement.
8. The SDIP details all outstanding work and will be closely monitored by the JACB to ensure that all actions are undertaken as necessary to ensure completion within the required timescales.

BCF QUARTERLY REPORTING REQUIREMENTS

9. NHS England require that the CCG submit quarterly reports detailing financial activity and performance data relating to the Better Care Fund, providing assurance on the six BCF National Conditions.
10. The Health and Wellbeing Board is asked to note and approve the BCF Quarterly Report for submission on the 29 May 2015, attached as Appendix 1.

BCF NON-ELECTIVE ADMISSIONS TARGET

11. As part of the planning and assurance process with NHS England for 2015/16, the CCG has been asked to revisit the BCF target reduction in non-elective admissions with the IOW NHS Trust, to take account of forecast outturn activity and ensure that a realistic and achievable target is agreed and set for 2015/16.
12. The CCG and the IOW NHS Trust have, as part of the assurance process for their operational and delivery plans for 2015/16, been required by NHS England to submit a further 2.0% increase for our non-elective G&A Activity in the CCG Operational Plan submission, due on the 14th May 2015.
13. This has impacted our BCF non-elective admissions target such that the target will need to be revised to a 1.8% **increase** in non-elective admissions in 2015 against the 2014 baseline, which equates to an increase of 101 non-elective admissions.
14. The BCF payment for performance fund was attached to a year on year **reduction** in non-elective admissions. The revised BCF target of a 1.8% **increase** in non-elective admissions means that there is no longer a payment for performance fund attached to this target.
15. The Chairs of the Health and Wellbeing Board jointly agreed the revised target for non-elective admissions of 1.8% on the 13 May 2015.

RECOMMENDATION

16. That the Health and Wellbeing Board approve the BCF Quarterly Report for submission on the 29 May 2015.
17. That the amendment to the non-elective admissions target be noted by the Health and Wellbeing Board.

APPENDIX 1

Cover and Basic Details

Q4 2014/15

Health and Well Being Board

Isle of Wight

completed by:

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Who has signed off the report on behalf of the Health and Well Being Board:

Dr John Rivers

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to

	No. of questions answered
1. Cover	0
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Isle of Wight

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?	Yes
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If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy
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Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
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If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy
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Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	A review of 7 day service provision has been completed by the IOW NHS Trust and some services have been commissioned on a 7 day basis, for example, community physiotherapy. A CQUIN to audit 7 day services in four key areas of Keogh's Clinical Standards for Urgent and Emergency Care has been agreed with the IOW NHS Trust, this will provide more data on gaps in service provision. Challenge remains affordability and therefore cost versus benefit has to be carefully analysed. Further work is required on contractual levers with the residential and domiciliary markets to be able to accept placements and complex packages at weekends.
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	Audit has been undertaken of all proviser's use of NHS number as primary identifier. PARIS system is planned to be in place by January 2016 to enable the NHS number to be used as the primary identifier for health and care services.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	Joint Care Plans are in place for end of life and patients at high risk of admission, coordinated by GPs. There are named GPs for all patients. Multidisciplinary community teams across the 3 localities will be in place by the summer, who will undertake joint assessments on high risk individuals. Where joint packages of care are agreed there is a care manager identified.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	The acute sector was fully involved in the development of the BCF. The Trust has supported the plans and the system trajectories forecasting demand and impact of BCF schemes are closely aligned, with contracts agreed.

Data Submission Period:

Q4 2014/15

Narrative

remaining characters

31,408

Please provide any additional information you feel is appropriate to support the return including explanation of any

Non-elective Activity: Better Care Fund

The updated demand modelling for non-electives has had an impact on the figures in the original Better Care Fund submission (September 2014). The latest figures show that the CCG is now anticipating an increase of 1.8% from calendar year 2014 to 2015.

Our original submission indicated an ambition of -1.5% reduction in calendar year 2015. This is therefore a 3.3% variation to the original submission. The Case for Change ambition set out in the original BCF submission demonstrated that the health economy was expected to achieve a total 5% reduction in non-elective admissions over the calendar years 2014 and 2015 against the year 2013. Achievement in 2014 has been in excess of expectations at -4.21% which was predicted to be -3.6%. Given the ageing population growth and the fact that Quarter 4 2013/14 appears to have been an unpredictably low activity quarter, it would therefore be unreliable to base 2014/15 forecast at the same level in predicting the outcome for 2015. This is despite the impact of QIPP schemes in containing growth and managing need arising from increasing acuity. The overall planned reduction over the two years has therefore been adjusted to -2.5% against the calendar year (2013), with 2015 showing the slight increase of 1.8% compared to an unusually low year in 2014.