

# Southend Health & Wellbeing Board

Agenda  
Item No.

Report of

to  
**Health & Wellbeing Board**

on

**2 December 2015**

Report prepared by:  
Ian Ambrose, Group Manager – Financial Management and  
Nick Faint BCF Project Manager

For discussion		For information only	<input checked="" type="checkbox"/>	Approval required	
----------------	--	----------------------	-------------------------------------	-------------------	--

---

## **Better Care Fund Quarter 2 2015/16 Return**

### **Part 1 (Public Agenda Item)**

---

#### **1 Purpose of Report**

To bring to the attention of members of the Health and Wellbeing Board the Better Care Fund Quarter 2 2015/16 return

#### **2 Recommendations**

To note the report.

#### **3 Background & Context**

3.1 The Better Care Fund for 2015/16 was established between Southend CCG and Southend on Sea Borough Council from 1 April 2015. It is underpinned by a legal Section 75 Agreement between the two organisations that sets out the proposed schemes to be funded, the required flows of income into the pooled budget and the distribution back to the scheme leads.

3.2 Over and above the agreement between the CCG and the Council, NHS England require a quarterly return from each Health and Wellbeing Board on progress on delivering the National Conditions, the reduction in Non-elective admissions, various metrics and confirmation of the operation of the monetary pool.

#### **4 Quarter 2 Return**

- 4.1 The Quarter 2 Return is shown at Appendix 1.
- 4.2 A summary of the key points being reported in Southend's return are highlighted below;
- **National conditions** – we report that we are on schedule to meet the set national conditions, for example, these include (1) whether our plans are jointly agreed or not; and (2) the progression Southend has made regarding ability to share data;
  - **Non-Elective and P4P** – we report that we have met our target for reducing Non Elective (NEL) admissions and have therefore recovered the P4P money available for Q2 plus the remaining element from the missed Q4 14/15. We are also asked to confirm a Q4 15/16 NEL reduction target. We have proposed a target of 4,885 admissions, which is a 0% reduction on the baseline. Our historic (previous 2 years) trend has been to maintain the previous year NEL's position for the Q4 period. From the 15/16 BCF there is £0 P4P allocated to Q4 15/16.
  - **Income & Expenditure** – we report on the money flowing into and out of the BCF pooled fund.
  - **Metrics** – we report that our targets for reablement and admissions to residential care are on track to be met. We additionally report that performance data for friends and family and people with a LTC feeling supported is not currently available in the original baseline format.
  - **New Integration measures** – we report performance data for 'use of risk stratification' and Personal Health Budgets.
  - **Consistency** – the detail within this report is consistent with both Q4 14/15 and Q1 15/16 reports
- 4.3 The performance data is showing trends that are all moving in the right direction. NELs are reducing (5.2%) when compared against same period (Jan – Sep) last year. Performance data for social services is improving with residential admissions decreasing and reablement (those over 65 still at home 91 days after discharge) is increasing.

Whilst there is significant activity in the Southend system working on improving our activity and the patient experience our challenge is to ensure we understand which activity has been working well and which hasn't.

This work is ongoing and will support the planning process for BCF 2016/17.

## 5 Financial Operation of the Pool

- 5.1 The S75 agreement that underpins the Southend Better Care Fund places a requirement on the Pool Manager to report on the financial operation of the pooled budget.
- 5.2 Health and Wellbeing Members will recall that the pool, in line with national requirements, is financed by £1.153 million Council contribution and £11.619 million CCG contribution. As required, the Council's contribution consists of two existing capital grants, namely Disabled Facilities Grant and Social Care Grant. Similarly, apart from £3.777 million transferred from NHS England to Southend CCG, in lieu of the value of the 2014/15 NHS Transfer Grant to the

Council now incorporated into the BCF, the CCG contribution comes from its existing resources.

- 5.3 The £12.771 million pool is then distributed in line with the agreed contributions to the schemes set out in the S75, namely:

<b>CCG Led Schemes</b>		
BCF002	End of Life	£3,000,000
BCF003a	Prevention including Intermediate Care (currently known as Community Recovery Pathway)	£3,051,000
BCF004	GP Hub	£50,000
		<b>£6,101,000</b>
<b>Council Led Schemes</b>		
BCF001	Independent Living (currently known as Protecting Social Services)	£4,781,000
BCF003b	Prevention including Reablement	£1,431,000
BCF005	Infrastructure	£459,000
		<b>£6,671,000</b>

- 5.4 A proportion of the monies distributed to the CCG is subject to a pay for performance requirement, based on the achievement of the 3.5% target reduction in non-elective admissions through A&E. At the outset of the BCF this was assessed at £977,440. Based on updated baseline performance, the pay for performance element is now assessed at £1,047,470. Effectively of the £6,101,000 planned for distribution to the CCG, £1,047,470 is dependent upon achievement of the 3.5% reduction.

- 5.5 As at quarter 2 the pool has received the following amounts

From the CCG	Core Amount	£5,320,760
	Pay for Performance	£470,840
From the Council	Core Amount	£576,520
		<b>£6,368,120</b>

- 5.6 The pool has distributed the following amounts

To the CCG	Core Amount	£2,561,800
	Pay for Performance (yet to be claimed by the CCG)	£470,840
To the Council	Core Amount	£3,335,540
		<b>£6,368,180</b>

- 5.7 These amounts are reflected in the Income and Expenditure section of the return

## 6 Health & Wellbeing Board Priorities / Added Value

- 6.1 The Better Care Fund contributes to delivering HWB Strategy Ambitions in the following ways
- 6.2 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff the BCF will actively support individuals living independently.
- 6.3 Ambition 6 – Active and healthy ageing; through engaging and integrating health and social services within the community the services will be aligned to assisting individuals to age healthily and actively; and
- 6.4 Ambition 9 – Maximising opportunity; Overarching BCF; Southend is the drive to improve and integrate health and social services. Through initiatives within the BCF we will empower staff to personalize the integrated care individuals receive and residents to have a say in the care they receive.
- 6.5 The Better Care Fund supports the delivery of the HWB added value outcome of;
  - a) Increased personal responsibility/participation (sustainability)

**7 Reasons for Recommendations**

- 7.1 As part of its governance role, Health and Wellbeing Board will have oversight of the Southend Better Care Fund.

**8 Financial / Resource Implications**

- 8.1 As set out in the report and appendix

**9 Legal Implications**

- 9.1 None at this stage

**10 Equality & Diversity**

- 10.1 The BCF plan should result in more efficient and effective provision for vulnerable people of all ages.

**11 Background Papers**

**12 Appendices**

Appendix 1 – Quarter 2 Return



Southend on Sea  
BCF Quarterly Data C

**HWB Strategy Ambitions**

<b>Ambition 1. A positive</b>	<b>Ambition 2. Promoting</b>	<b>Ambition 3. Improving</b>
-------------------------------	------------------------------	------------------------------

<p><b>start in life</b>  A. Children in care   B. Education- Narrow the gap   C. Young carers   D. Children’s mental wellbeing   E. Teen pregnancy   F. Troubled families</p>	<p><b>healthy lifestyles</b>  A. Tobacco – reducing use   B. Healthy weight   C. Substance &amp; Alcohol misuse</p>	<p><b>mental wellbeing</b>  A. Holistic: Mental/physical   B. Early intervention   C. Suicide prevention/self-harm   D. Support parents/postnatal</p>
<p><b>Ambition 4. A safer population</b>  A. Safeguarding children and vulnerable adults   B. Domestic abuse   C. Tackling Unintentional injuries among under 15s</p>	<p><b>Ambition 5. Living independently</b>  A. Personalised budgets   B. Enabling community living   C. Appropriate accommodation   D. Personal involvement in care   E. Reablement   F. Supported to live independently for longer</p>	<p><b>Ambition 6. Active and healthy ageing</b>  A. Integrated health &amp; social care services   B. Reducing isolation   C. Physical &amp; mental wellbeing   D. Long Term conditions– support   E. Personalisation/ Empowerment</p>
<p><b>Ambition 7. Protecting health</b>  A. Increased screening   B. Increased immunisations   C. Infection control   D. Severe weather plans in place   E. Improving food hygiene</p>	<p><b>Ambition 8. Housing</b>  A. Partnership approach to; Tackle homelessness   B. Deliver health, care &amp; housing in a more joined up way   C. Adequate affordable housing   D. Adequate specialist housing   E. Strategic understanding of stock and distribution</p>	<p><b>Ambition 9. Maximising opportunity</b>  A. Population vs. Organisational based provision   B. Joint commissioning and Integration   C. Tackling health inequality (improved access to services)   D. Opportunities to thrive; Education, Employment</p>