

Report of the Chair to the meeting of the Health and Wellbeing Board to be held on 6th April 2016.

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Subject:

Short updates on progress or business arising between Board meetings or at the Board sub-groups.

1. Better Care Fund: 2015-16 Quarter 3 reporting and 2016-17 intentions

Summary statement: The report provides short updates on progress or business arising between Board meetings or at the Board sub-groups.

Cllr David Green, Chair - Health and Wellbeing Board

Portfolio:
Health and Social Care

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Overview & Scrutiny Area:
Health and Social Care



1. SUMMARY

This Chair's Highlight report provides short updates on business conducted under Chair's action between Board meetings, updates on progress reported to the Chair between Board meetings and business conducted at the sub-groups to the Health and Wellbeing Board as follows:

2. BACKGROUND

The background to each item is described in the relevant part of section 3.

3. OTHER CONSIDERATIONS

3.1 Business conducted between meetings under Chair's action

The Chair has received and signed off two items in relation to the Better Care Fund on behalf of the Health and Wellbeing Board.

The first is the 2015-16 Quarter 3 performance report from the Better Care Fund which were submitted to NHS England on 26th February. See Appendix 1 for narrative and data.

The second was the proposed scheme for the 2016-17 Better Care Fund intentions which were submitted to NHS England on 21st March 2016. This item is described in the paper for the separate agenda item on Working Better Together - Whole System Change.

Provisional Board meeting dates for 2016-17 will be reviewed to enable the full Board to receive and review the Better Care Fund updates before submission to NHS England.

4. FINANCIAL & RESOURCE APPRAISAL

Financial and resource appraisal in relation to the Better Care Fund is reported to the Board in exception through Bradford Health and Care Commissioners. See the paper for the separate agenda item on Working Better Together - Whole System Change.



5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Risk management and governance issues in relation to the Better Care Fund are reported to the Board in exception through Bradford Health and Care Commissioners. See the paper for the separate agenda item on Working Better Together - Whole System Change.

6. LEGAL APPRAISAL

No direct implications arising from the contents of this report.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

No implications

7.2 SUSTAINABILITY IMPLICATIONS

No direct implications arising from the contents of this report.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications arising from the contents of this report.

7.4 COMMUNITY SAFETY IMPLICATIONS

No direct implications arising from the contents of this report.

7.5 HUMAN RIGHTS ACT.

No direct implications arising from the contents of this report.

7.6 TRADE UNION

No direct implications arising from the contents of this report.

7.7 WARD IMPLICATIONS

No direct implications arising from the contents of this report.

8. NOT FOR PUBLICATION DOCUMENTS

None



9. OPTIONS

No options are provided.

10. RECOMMENDATIONS

No Recommendations are provided.

11. APPENDICES

Better Care Fund Quarter 3 Narrative

12. BACKGROUND DOCUMENTS



Bradford Quarter 3
2015-16 BCF Report.



	FOR INFORMATION
Health and Wellbeing Board: 6 th April 2016	Agenda Item: Chair's Highlight report Appendix 1
Paper Title: Better Care Fund (BCF) Q3 report	
Paper Author: Rebecca Malin Associate Director of Transformation Programmes Bradford Districts and Bradford City Clinical Commissioning Groups	

Context:

The 2015-16 Better Care Fund (BCF) quarter 3 report is due for submission to NHS England on the 26th February 2016. The report and supporting narrative below is presented to the Health and Wellbeing Board (via the Chair) for approval ahead of submission.

The submission will subsequently be presented for information to Bradford Health and Care Commissioners (BHCC).

Summary:

The report demonstrates progress is continuing against the implementation plan. To support this, BCF metrics and performance indicators demonstrate consistency with the plan.

Performance for our local metric (increase the diagnosis rate for people with dementia) has continued to be strong and consistently above the 71% target this year, with performance at the end of Q3 standing at 81.2%. N.B. this metric is based on the footprint of the three CCGs – we are currently unable to split out Craven GP practices population.

Throughout this year partners have reported an ongoing risk regarding Non Elective activity. A reduction in admissions is linked to the expanded virtual ward. The delayed opening of which has



resulted in an overtrade position forecast to be £3m above plan. As such the Performance Fund will be required to fund this increase in activity.

As per previous quarters NHS England has asked what additional planning support we would like. We have again identified and expressed a need for additional support around data interpretation and analytics. In particular to help align local business intelligence and analytics across all health and care partners who are party to the BCF plan. In the absence of this however partners have developed a dashboard detailing the planned versus actual for each BCF scheme. This is being presented to Bradford Health and Care Commissioners (BHCC) for review and discussion each quarter.

In February 2016 BHCC agreed to discharge its responsibilities as a Partnership Board for the Section 75 agreement which is due to be signed off imminently by our respective CCGs and the LA.

Whilst detailed planning guidance for the BCF 2016/17 is awaited from NHS England BHCC progressed and agreed the following:

- The BCF is transferred into one or more pooled funds established under a Section 75 agreement;
- The HWB agree plans for how the money will be spent with plans approved by the LA and CCGs
- Plans are approved by NHSE

The 2016/17 BCF Policy Framework was published in January 2016 detailing:

- the BCF will be increased to a mandated minimum of £3.9 billion;
- local flexibility to pool more than the mandatory amount will remain;
- for 2016/17 the £1 billion payment for performance framework will be removed. In place of the performance fund are two new national conditions, requiring local areas to fund NHS commissioned out-of hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTCOC), including locally agreed targets.

Partners will be required to develop, agree and submit the following:

- A short, jointly agreed narrative plan including how they are addressing the national conditions;
- Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes
- A scheme level spending plan demonstrating how the fund will be spent
- Quarterly plan figures for the national metrics (Non-Elective admissions (NEL), DTCOC, Reablement; Care home admissions)

At the Health and Wellbeing Board meeting 24 November 2015 the appetite to accelerate progress on the scale and pace of our joint commissioning was noted. Included in this was the proposal to further develop the scope and scale of the BCF from 2016/17. Discussions have since taken place between Directors of Finance from the CCGs and CBMDC regarding an initial expansion of the BCF. An initial assessment of the BCF Plus scoped an opportunity to create a BCF in excess of



£200m which is broken down into the following five categories:

- Keeping people well in the community;
- Active support and recovery;
- Independent living solutions;
- Long-term high support
- Adult inpatient medical emergency admissions

Each partner will continue to work through their respective budgets ahead of a formal submission (TBC) to NHSE.

Focus for Bradford Health and Wellbeing Board.

To note and approve the Q3 submission.

Background Document

1. For information: Quarter 3 2015/16 BCF report.



Bradford Quarter 3
2015-16 BCF Report.

