

Better Care Fund

CIPFA Health and Social Care Panel

Annual conference

21 October 2015

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- What was the BCF supposed to do?
- What were the funds proposing in aggregate?
- How is it going so far?
- What of the future?

What was it supposed to do?

- Get local government and the NHS to work together in a whole systems way
- Shift investment to community settings and reduce pressure on acute care
- Offer some protection for social care
- Get Health and Wellbeing Boards to offer oversight
- Make better use of overall investment

In reality, right thing to do but some key risks

- NEL reductions of 3%
- Money to protect social care insufficient, LGA/ADASS estimated funding gap growing by £700m per annum
- Getting together some robust whole system metrics
- Impact on CCG financial positions
- Money promised at least twice over
- Relative immaturity of HWBs to know what questions to ask
- Short lead in time especially taking re-submission into account

Next few slides taken from NHSE's
meta-analysis of all BCF plans as of
February 2015

1. BCF Key facts: Updated February position

As plans were finalised from October to January the aggregate national picture on key BCF facts was been updated.

£5.3bn
pooled in the
BCF, **39%** more
than the
minimum of
£3.8bn

72/151
HWBs pooling
more than the
minimum
required:

1,326 schemes
funded through
the BCF

41% of schemes including
the creation of integrated care
teams
35% of schemes including a
focus on reablement
34% of schemes involving the
provision of care at home

Total projected
savings in 15/16
of **£511m**

P4P pot of
£250m

Non-elective
activity reduction
of **3.09%**

DTOCs: 84,467 fewer
unnecessary days spent in
hospital
12,523 older people
remaining at home 3m after
discharge
2,791 more people supported
to live independently

3: Meta-analysis findings

The following slides set out the full updated national trends.

The size of the Better Care Fund – the national picture

- The **overall size** of the fund is **£5.341bn**
- This **exceeds the minimum contribution** by **£1.527bn**
- **CCG funding** accounted for **79%** of this contribution, and exceeded the minimum aggregate CCG contribution by **£745m**
- **Local Authority funding** accounted for **21%** of this contribution, and exceeded the minimum LA contribution by **£782m**
- **All HWBs** met the minimum CCG / LA contribution

How the £5.3bn BCF pool is funded

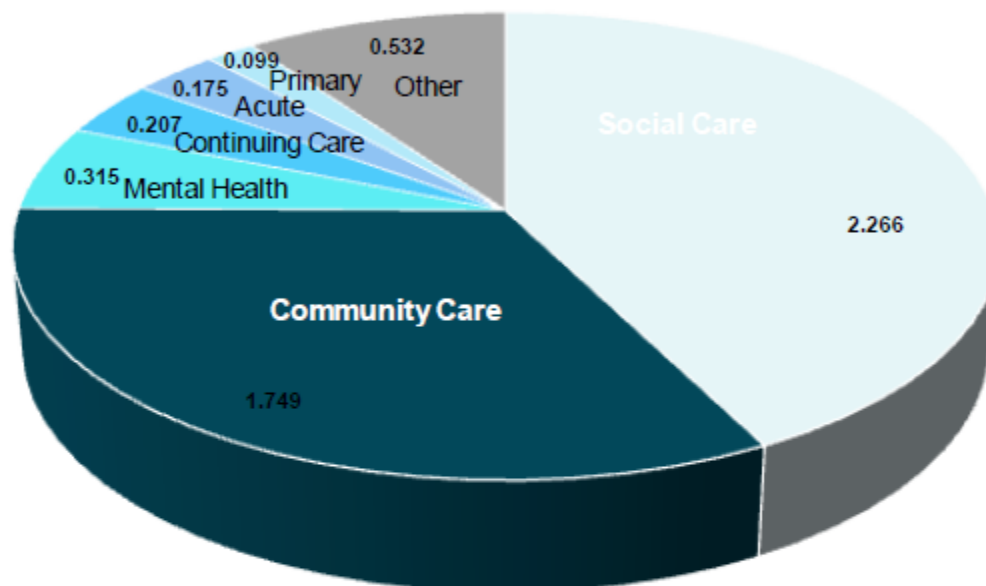


- Minimum LA contribution
- Additional LA contribution
- Minimum CCG contribution
- Additional CCG contribution

Expenditure from the fund (1)

- 75% of expenditure is going on social care (43%) and community care (32%).
- This is an increase of 5% since October, or £290m
- This increase is primarily driven by greater accuracy in the part 2 templates resulting in a reduced use of the “Other” category.

How the BCF fund is being spent (£bn)



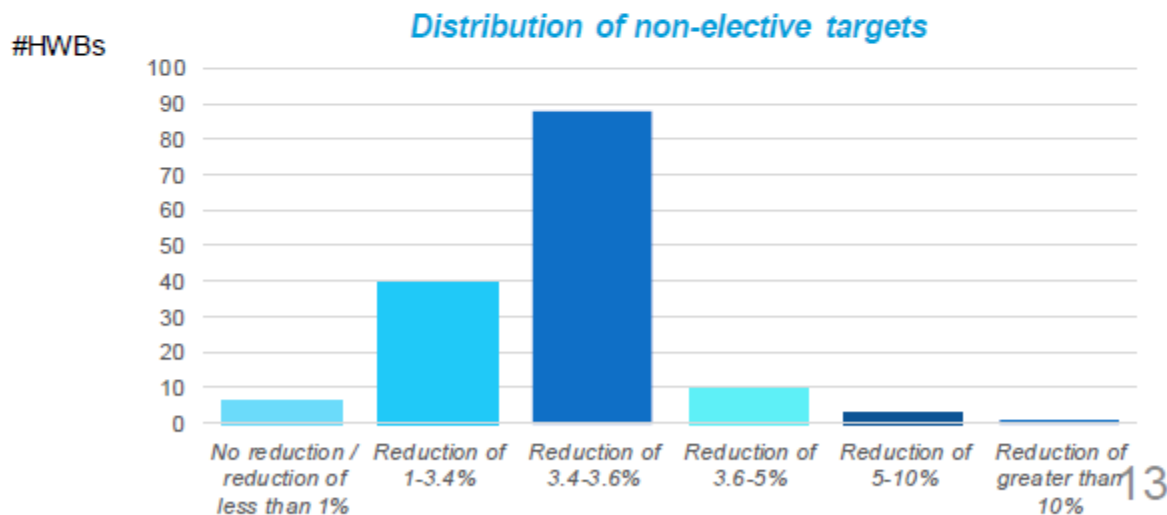
• Social Care (+£198m)	• Community Care (+£92m)
• Mental Health (-£2m)	• Continuing Care (+£4m)
• Acute (-£6m)	• Primary Care (+£10m)
• Other (-£213m)	

*Change on previous results noted in brackets

Performance metrics (2)

The non-elective targets discussed here are as submitted in final BCF plans and do not take account of changes that areas may be planning to make the operational planning process.

- There is a range in the scale of non-elective reductions being delivered by the plans
- However the vast majority have aimed at the 3.5% target with 88 HWBs (58%) having a forecast non-elective reduction of between 3.4 and 3.6%.
- Only 14 HWBs are seeking reductions of greater than 3.6% and only four of those are seeking reductions of 5% or greater. *(This has fallen slightly from 15 and six respectively)*



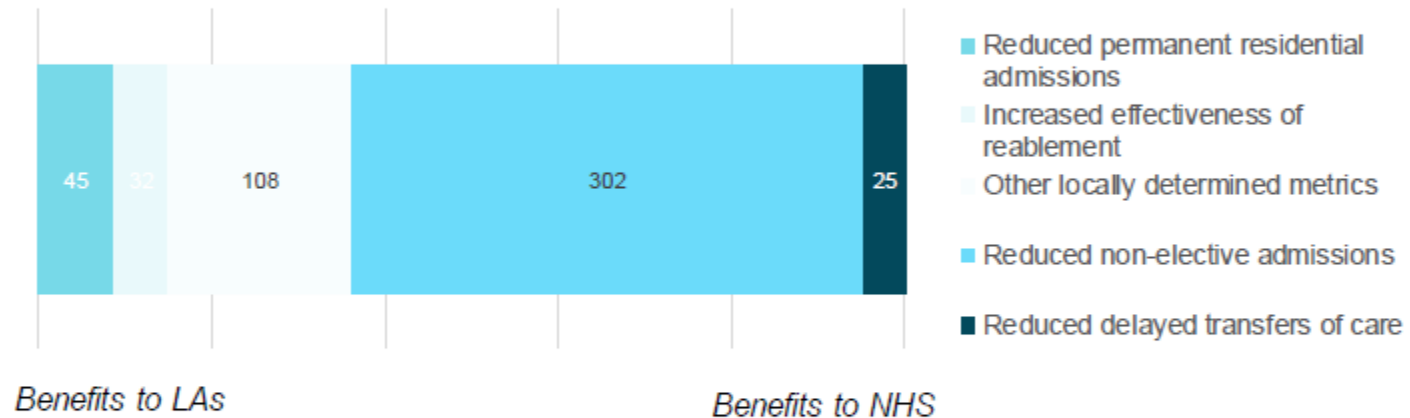
Performance metrics (3)

Metric	2 year absolute change in metric (October value in brackets)	% change over 2 years (October value in brackets)	Change in rate per 100,000 of the population (October value in brackets)	What is driving this?
Delayed Transfers of Care (# days delayed)	-84,467 (-100,962)	-6% (-7.5%)	-7.4% (-8.9%)	Improved accuracy of benefits modelling in 14 HWBs (10 of which had dedicated BCA support for this)
Reablement (number of people still home after 90 days from discharge)	+12,523 (+11,860)	+35.4% (+33.7%)	+3.5% (+3.6%)	Changes in benefits modelling in 14 HWBs (8 of which had dedicated BCA support for this)
Residential admissions (# of residential admissions)	-2,791 (-1,948)	-4.6% (-3.3%)	-11.3% (-10%)	Changes in benefits modelling in 18 HWBs (9 of which had dedicated BCA support for this)

Financial benefits (1)

- The schemes in the plans will deliver total benefits of **£511m** by the end of FY15/16. *This is a reduction of £21m compared to the October plans.*

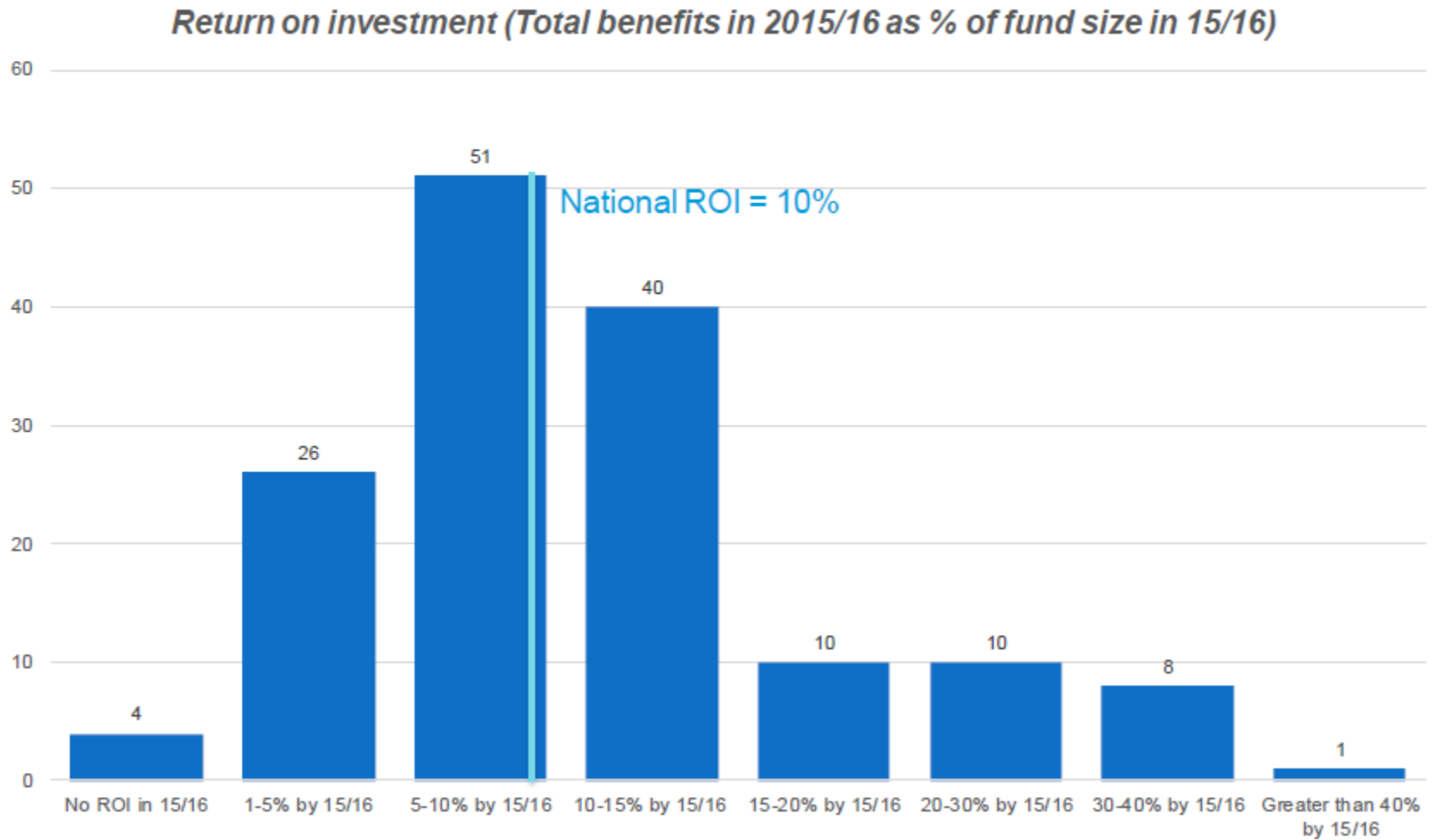
How the £511m in benefits are delivered



- These benefits are split as follows between local authorities and NHS:
 - £302m in reduced non-elective admissions
 - £45m in reduced permanent residential admissions
 - £25m from reduced delayed transfers of care
 - £32m from increased effectiveness of reablement
 - £108m in in benefits from other schemes

Financial benefits (2)

- The vast majority of plans are projecting ROIs of less than 15% in 2015/16

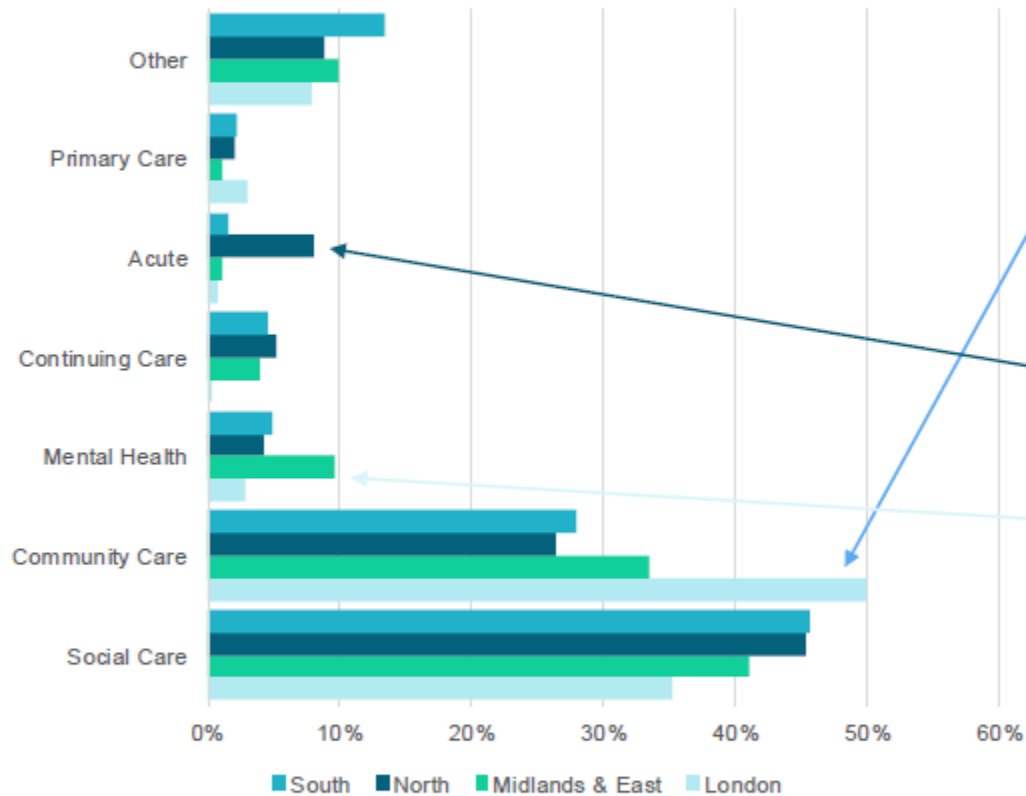


Protection of services (1)

- All 151 HWB plans have been signed-off by the relevant Local Authority(ies) to confirm that **adult social care services are protected**
- All plans that had conditions in relation to the evidence they had provided on their adult social care services approach in October, have lifted these conditions through the submission of additional evidence in this phase.
- Of the £2.266bn that is being spent on social care services, **£1.593bn is dedicated specifically to the protection of adult social care services**
- In addition **£145m** has been specifically allocated to **carer-specific support**

Expenditure from the fund (1)

Proportion of BCF expenditure on different categories by Region

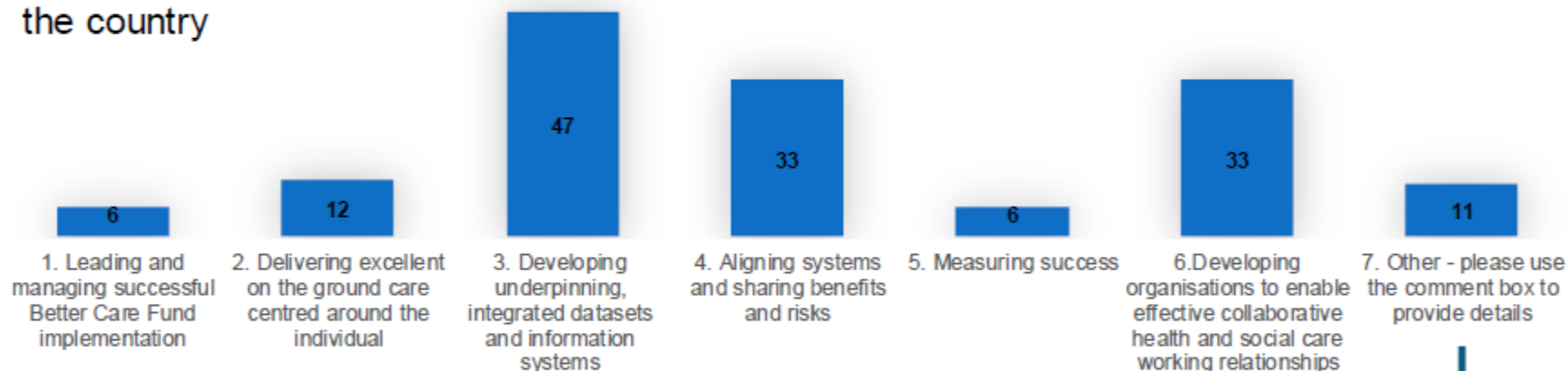


- London is the only region where Community Care expenditure was greater than Social Care expenditure
- The North is an outlier in terms of its acute spend
- The Midlands and East is an outlier in terms of its higher mental health spend

Greatest challenge / barrier

We asked: Which of the 6 domains do you see as the **greatest challenge or barrier to successful system wide implementation of your BCF plan** throughout 2015-16?

- 48 of the 149 HWBs (32%) feel that the development of integrated data sets and information systems is the single great challenge or barrier to successful BCF delivery.
- 32 (21%) cite development of organisational workforce and cultures to support joint working and 33 (22%) the alignment of financial systems, benefits and risks.
- The results of the survey clearly indicate these 3 domains as the greatest barrier across the country



The 13 'Other' responses identified fall into the following categories...

No barriers or challenges identified	2 HWBs
Financial pressures	3 HWBs
Workforce – recruitment and retention of the right staff within organisations	2 HWBs
Capacity to deliver the scale of required transformational change	1 HWB
"The complexity of the health and social care system is the biggest challenge"	1 HWB
Combination of domains 4 & 6	2 HWB

How is it going so far?

- Acute Trusts face £2bn combined deficit
- Social care also facing a very difficult year
- Other whole systems offers: Systems Resilience Groups, Pioneers, Vanguard sites, LGA work on financial impact
- Some issues over performance against plan and therefore whether whole performance fund will be released
- Announced on 19 October that BCF to continue into 16/17 on same basis but with freedom for local systems to add more into pot
- CIPFA and finance societies doing their own survey of how it's panning out
- All-England Q1 out on 23 October, NHSE London have shared some slides on their position.....

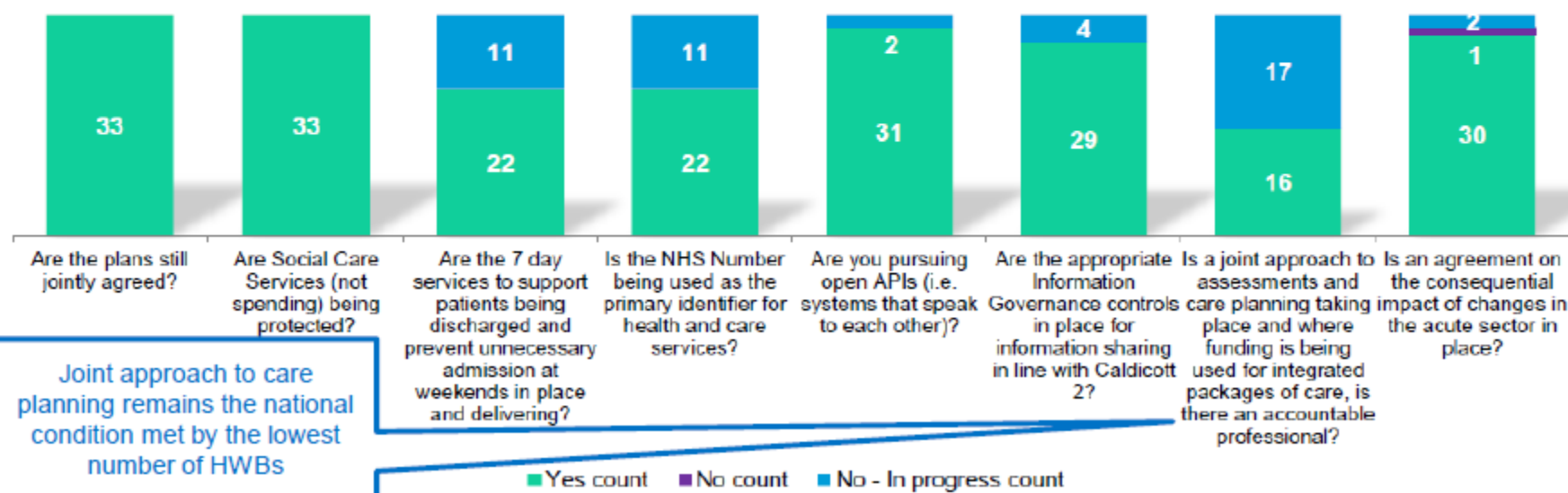
Better Care Fund: Progress to date

October 2015



Since Q4, some progress has been made in meeting national conditions

National condition	No. of HWBs that achieved in Q4	No. of HWBs that achieved in Q1
Are plans still jointly agreed?	33	33
Are Social Care Services (not spending) being protected?	33	33
Are 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place?	22	22
Is the NHS Number being used as the primary identifier for health and care services	18	22
Are you pursuing open APIs?	28	31
Are the appropriate IG controls in place for information sharing in line with Caldicott 2?	27	29
Is a joint approach to care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	16	16
Is an agreement on the consequential impact of changes in the acute sector in place?	25	30

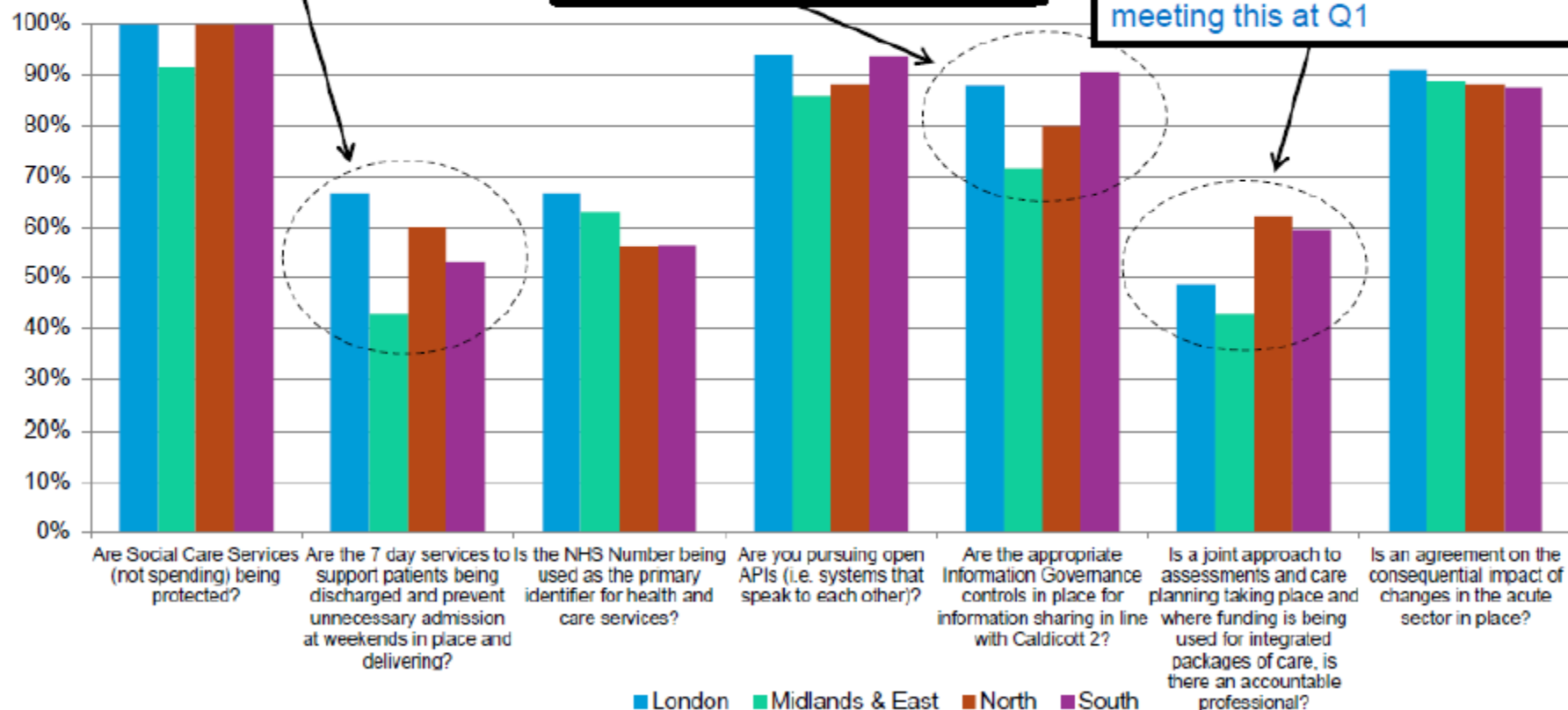


When compared to the rest of the country, London is progressing well with meeting national conditions

In Q1, 67% of HWBs in London reported they are on track to deliver 7DS, this is no change from Q4

Since Q4, a further 2 HWBs in London have progressed to report that they have the IG controls in place for data sharing

Whilst an improved position from Q4 (16 HWBs), London's HWBs are struggling to meet the national condition for joint assessments and care planning; just 18 HWBs are meeting this at Q1



Based on Q4 2014/15 and Q1 2015/16 outcomes, London region has seen some progress against expected levels of performance but only secured just under one-third of payment for performance at Q1

Performance against plan

Quarter	No. of HWBs that performed against plan for NEL admissions	Overall London region performance
Q4 2014/15	11	3.3% increase
Q1 2015/16	16	1.73% increase

Payment for Performance (P4P)

Quarter	No. of HWBs that achieved a P4P payment	Total value of P4P payments	Total unreleased funds
Q4 2014/15	5	£644,034	£5,069,698
Q1 2015/16	9	£3,305,477	£1,465,799

Easy to find fault, but what will be the key components of integrated resilient systems?

- Systems leadership ethos, including finance function
- Clear shared local accountability with HWB oversight
- Commissioners mandating local providers to drive integration and transformation, within cash limits and where needed new transactional rules
- Whole system performance and finance metrics to guide whole system decision making
- Mutual clarity over system risks and mitigations
- Shared interest in social care in its own right, not just as a function to support the NHS
- Using patient experience to guide front line change