
**Cllr Simon Allen, Cabinet Member for WellBeing
Key Issues Briefing Note**

Wellbeing Policy Development & Scrutiny Panel – January 2014

1. PUBLIC ISSUES

Better Care Fund 2015-16

The Better Care Fund (previously referred to as the “Integration Transformation Fund”) was announced in the June 2013 spending round covering 2015/16. This national £3.8 billion fund, established by the Department of Health, is to be held by local authorities and will include funding previously transferred by local NHS commissioners to the Council under Section 256 Agreements.

The Better Care Fund encompasses a substantial level of funding to help local areas manage pressures in the health and social care system, including those associated with demographic change, and to improve long term sustainability. Nationally, the Fund is being seen as *“an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change”*. The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings.

At a development session of the Health & Wellbeing Board in early December 2013, which included H&W Board members from the Clinical Commissioning Group (CCG), Council, NHS England Area Team and Healthwatch, some local principles for use of the Fund were agreed in draft form, in advance of the issue of the planning guidance. The principles agreed were consistent with the principles and aims set out in the national planning guidance, which was published on 20th December 2013.

Principles agreed in draft form for further discussion and development at the H&W Board meeting in January were:

- Needs to support the priorities in the Joint Health and Wellbeing Strategy as well as align with the CCG Plan, NHS England operational plan and others;
- Needs to be based on clear evidence including cost/benefit analysis of funding early-intervention and prevention services to achieve greater long-term sustainability and reduce pressure on acute/specialist services;
- Services should be encouraged through the Fund to be work in different and innovative ways, rather than simply creating new services as the fund itself is bringing together resources already committed to existing core activity;
- “Do no harm”, that is, the use of the Fund should add value and not adversely impact on core budgets.

Given the extent of integrated commissioning and service delivery already in place in Bath and North East Somerset, the Health & Wellbeing Board acknowledged that local plans for use of the Fund may largely represent a formalisation of what is already in place, including through Section 256 agreements.

The 2015-16 allocations to the Fund were announced on 20th December alongside the planning guidance. For Bath and North East Somerset the 2015-16 allocations have been confirmed as follows: Total: £12.049 million comprising £11.091m from the CCG to the BCF; £406k Social Care Capital Grant; and £552k Disabled Facilities Grant. Early analysis indicates that this allocation is slightly higher than anticipated based on an estimated 3% share of the national Fund. The detail of this is being worked through to understand the extent to which the 'extra' funding identified in the allocations data, which is in the region of £800k, represents additional NHS funding to the Better Care Fund and how much is the Government contribution to the additional costs expected to be incurred by the Council as a result of the Care Bill, which is due to come into force in 2015-16.

Plans for the use of the Better Care Fund must be jointly agreed by the Council and CCG and formally signed off by the Health and Wellbeing Board for submission by 4 April 2014.

2. CARE HOMES PERFORMANCE QUARTERLY UPDATE (OCTOBER - DECEMBER 2013)

Baseline Data

At the time of writing there were 57 residential and nursing homes under contract in B&NES including those providing services to people with learning disabilities and people with mental illness.

As at 30th December 2013 1140 individuals were recorded as being 'permanently placed' in residential/nursing care, supported living or extra care settings although this figure also includes a number of individuals who are placed out of area i.e. not with a contracted provider in the B&NES local authority area. This is a reduction since the last report of 36 people.

Care Quality Commission Data

The Care Quality Commission came into being in April 2009 and required all adult social care and independent health care providers to register by October 2010. Part of the role of CQC is to carry out inspections of care homes and to assess compliance against twenty eight quality standards, known as the 'essential standards'.

In Bath and North East Somerset all homes under contract have been inspected by CQC, the performance for the October to December period is summarised in the table overleaf.

All standards met	32 homes
One standard requiring improvement	8 homes (decrease of 2 since last period)
Two standards requiring improvement	1 homes (decrease of 1 since last period)
Three standards requiring improvement	3 homes (same since last period)

When one or more essential standards are not met *and* there are serious concerns regarding the quality of care provision in a home, CQC may issue compliance notices which require providers to respond within specific timescales, after which follow up inspections take place. At the time of writing 13 homes in B&NES were under compliance action. The action was evidenced to have a minor impact to service users for 10 homes, a moderate impact to 1 homes and a mix of minor and moderate to 2 homes.

All homes with outstanding compliance issues are required to produce action plans setting out how, and in what timescales full compliance will be achieved. This information is utilised to inform the review B&NES schedule and to inform contract monitoring activity.

A report published by Age UK on 28th June 2012 suggests that around 73% of adult social care provision is fully compliant with CQC standards and this figure is corroborated by the analysis above which indicates that 72% of homes inspected in B&NES are fully complaint.

Service User & Stakeholder Feedback

Information regarding the quality of care homes is collected at each individual service user review and collated on a 'feedback database' by commissioners. The database is also used to store 'adverse incident' reports received from health colleagues. During the period October to December 2013 feedback relating to 8 care homes was received via the feedback database, these are summarised in the table below.

Nursing home	Staffing levels, record keeping and communication
Nursing home	Staff not wearing ID badge
Residential home	Staff turnover
Nursing home	Attitude of staff member
Nursing home	Staff support relating to eating/drinking
Residential home	Behaviour of staff member
Nursing home	Record keeping
Nursing home	Use of equipment

Commissioning & Contracts Review

Of the above homes 3 have been reviewed by Commissioning & Contracts Officers and the remainder are scheduled for review in the first quarter of 2014. A further 7 homes where no concerns were raised have been reviewed during the reporting period as part of the planned schedule of contract review activity.

Six of the above homes have been recently inspected by CQC and three of these were found to be fully compliant whilst two have one outstanding compliance action and one has two outstanding compliance actions.

Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to all concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team.

Financial Monitoring

Cross authority work has been completed to establish a regional cost model for care homes based on locally collated data covering six main cost drivers including:

- Nursing/care staff costs
- Other staff costs
- Capital costs/rent
- Fixtures/fittings
- Food/laundry
- Utilities/rates

The weekly rates for residential and nursing home placements currently operational in B&NES have been set using the regional cost model and prices within each individual cost driver can be reviewed separately under these arrangements.

The Council's November 2013 revenue forecast for adult social care summarises performance against financial plan targets for 2013-14. The net end of year forecast shows a balanced budget.

3. DOMICILIARY CARE PERFORMANCE QUARTERLY UPDATE (OCTOBER - DECEMBER 2013)

Baseline data

At the time of writing there were four domiciliary care strategic partners under contract in B&NES and four spot providers, plus a small number of 'one off agreements'. The contract with strategic partners is a framework agreement under which providers are paid quarterly in advance for the projected number of hours they will deliver, then this amount is adjusted to reconcile with the actual hours delivered. During the reporting period the total hours delivered by all contracted providers ranged between 4672 (1st October 2013) and 5040 (31st December 2013) which is within projected demand limits.

The strategic partners are commissioned to accept the majority of all referrals for domiciliary care made by Sirona Care & Health as part of the statutory social care assessment and care management process. As at 31st December 2013 just over 81% of all commissioned domiciliary care was being delivered by the strategic partners with the remaining 19% being delivered by either contracted spot providers (16%) or under 'one off agreements' (3%).

One strategic partner was de-commissioned from the 1st April 2013 due to on-going performance and relationship issues. The table below shows the number of care hours commissioned in B&NES at equivalent points during 2012-13 and 2013-14. The fall in

hours during the first two quarters of 2013 relates to the exit of this provider and the corresponding transfer of service users to other support services.

The transfer process highlighted the fact that a significant proportion of service users who had been receiving a care service no longer required it, and could be appropriately transferred to alternative forms of support such as the Curo Independent Living Service. These findings provided further support for the re-modelling of our adult social care pathway to focus greater attention on short term, rehabilitative interventions.

	April	June	August	October	December
2012	5016	4922	5006	4627	4796
2013	4489	4451	4661	4658	4874
Net change	-527	-471	-345	+31	+78

Care Quality Commission Data

In Bath and North East Somerset all four domiciliary care strategic partners have been inspected by CQC and have been found to be fully compliant with all essential standards. All four spot providers have been inspected and two of these have been found to require improvements against two standards.

When one or more essential standards are not met *and* there are serious concerns regarding the quality of care provision, CQC may issue compliance notices which require providers to respond within specific timescales, after which follow up inspections take place. At the time of writing only one provider in B&NES was under compliance action and had been due to be re-inspected by CQC during December 2013 however at the time of writing the findings of this inspection were not known.

Service User & Stakeholder Feedback

Information regarding the quality of domiciliary care provision is collected at each individual service user review and collated on a 'feedback database' by commissioners. The database is also used to store 'adverse incident' reports received from health colleagues. During the period October to December 2013 feedback relating to two strategic partners and one 'one off provider' was received via the feedback database, this is summarised below.

Strategic partner 1	Continuity of carers, record keeping and communication
Strategic partner 2	Continuity of carers
One off provider	Attitude of staff member

Commissioning & Contracts Review

Of the above providers both strategic partners have been reviewed during the reporting period as have the two other strategic partners where no concerns have been raised as part of the planned schedule of review activity.

The 'one off' provider has not been reviewed during the reporting period however this provider delivers less than 1% of all commissioned hours in B&NES which must be balanced against the capacity of officers to devote the necessary time.

Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to all concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team. A follow up inspection of the above 'one off' provider is planned by CQC for the 14th February 2014 as discussed at the most recent CQC liaison meeting on 7th December 2014.

Financial Monitoring

The strategic partnership contract sets out the basis on which providers are paid and the reconciliation process as well as the indices on which inflationary uplifts are calculated. The exit of one provider from the partnership arrangement has resulted in significant savings to the Council which it is proposed will contribute towards the medium term resource and service plan for 2014-15.

A number of these indices on which inflationary uplifts are calculated have however changed and it is no-longer possible to use all of the ones set out in the contract. For the previous three financial years providers have been willing to negotiate an acceptable uplift and have in this way contributed to Council efficiencies. This is the planned approach for 2014-15 rate setting.

The Council's November 2013 revenue forecast for adult social care summarises performance against financial plan targets for 2013-14. The net end of year forecast shows a balanced budget.