

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 5 November 2015

Subject: **INFORMATION REPORT – Better
Care Fund (BCF) progress report**

Responsible Officer: Bernie Flaherty, Director of Adult Care
Harrow Council & Javina Seghal, Chief
Operating Officer, Harrow Clinical
Commissioning Group

Exempt: Yes

Wards affected: All

Enclosures: n/a

Section 1 – Summary

This report sets out progress on the BCF between April 2015 and September 2015.

FOR INFORMATION

Section 2 – Report

The Health & Wellbeing Board agreed the Harrow BCF at its meeting on 8 January 2015. This report provides an update on progress made over the first 2 quarters of the year 2015/16.

The agreed value of the Better Care Fund in Harrow is £14.373m, £1.190m of which reflects the continuation of historic capital funding in relation to Disabled Facility and Community Capacity Grants. The balance of £13.183m is allocated to three agreed schemes.

A section 75 agreement between the Council and the Clinical Commissioning Group (CCG) is required to underpin the agreement.

Agreed Schemes

The BCF agreed 3 schemes.

1. Whole Systems Integrated Care Programme - £3.023m

This included the expansion of the Integrated Care Pilot to provide an end to end case management service, together with the roll out of multi-disciplinary teams to provide personalised long term care and support for individuals at high risk of hospital admission, beginning with older people with one or more long term condition.

2. Transforming Community Services - £4.749m

This included better aligning CCG community services to primary care, aligning CCG Short Term Assessment, Reablement and Rehabilitation Service (STARRS) better with community care, establishing a single point of access to community services and the CCG redesigning the pathway for the urgent assessment of mental illness with a focus on avoiding acute admissions and delivering care in community setting.

Through the re-commissioning and re-configuration of community services, services provided in the community will be better aligned with GP practices and the range of services provided will be increased

3. Protecting Social Care - £5.411m

To ensure that the social care provision essential to the delivery of an effective, supportive whole system of care is sustained. The scheme includes access and assessment from the acute and community sector, a Reablement service, a diverse range of services to meet eligible needs through personal budgets and comprehensive and effective safeguarding and quality assurance services, including support to carer's.

National Conditions

The BCF also agreed a plan to deliver the national conditions as set out by NHS England. The conditions are as follows:

- 1) Protection of social care services
- 2) 7 day services to support patients being discharged
- 3) Data sharing - NHS Number being used as the primary identifier for health and care services and appropriate agreements in place
- 4) Joint assessments and lead professionals in place for high risk populations
- 5) Agreement on the impact of changes with the acute sector

NHS England quarterly monitoring

As part of the overall assurance process for the BCF all areas are required to complete a quarterly joint progress report. In addition, as part of the support to CCG's, NHS England commissioned PA Consulting to offer support in the review of BCF progress and Harrow agreed to access this support. The report (currently being produced) will be included in the next update report to the HWBB in 2016.

Progress at September 2015

The section 75 agreement that underpins the BCF has been agreed and signed off.

Progress on agreed schemes

- 1) Whole Systems Integrated Care Programme

The first Virtual Ward (*MDG6) is operational with recruitment of a case manager and pharmacist complete. The initial focus on patients has been the "frequent admissions cases" and this has delivered some success with patients now being maintained in the community.

**Multi-Disciplinary Group (MDG)*

The MDG6 meets fortnightly and is attended by a Consultant Psychiatrist, Consultant Geriatrician, Practice GP, District Nurse, Social Worker and Care Navigator.

A plan is to roll out the virtual ward to the other MDG's is under development, including additional Social Work finance to support this are underway.

2) Transforming Community Services

Procurement is now at assessment stage.

3) Protecting Social Care

Protection of Social Care continues with on-going services being provided including the Reablement service, Community and Long-term care management, Emergency Duty Team (EDT) Social care and rapid response in place. Whilst these services are being delivered there is an underlying pressure in Adult Social Care, mitigated in year. With a budget gap for future years and expected on-going reductions in central government funding, the needs for innovative solutions to continue to protect this condition are critical.

Progress on National Conditions

1) Protection of social care

Protection of social care is both a scheme and national condition in Harrow's BCF. Progress is good as stated above.

2) 7 day services to support patients being discharged

Core services are operational with community and "walk in" services to be extended by 31 March 2016.

3) Data sharing

NHS Number being used as the primary identifier for health and care services and appropriate agreements in place. The NHS number is in place for 74% of records.

4) Joint assessments and lead professionals in place for high risk populations

Joint assessments are in place in the Virtual ward, for complex cases; learning disabilities & mental health and through Special Educational Needs and Disabilities (SEND).

5) Agreement on the impact of changes with the acute sector

An agreement in place but there is the need to review in light of changes to the discharge policy in the hospital.

Section 3 – Further Information

n/a

Section 4 – Financial Implications

Both the Council and CCG continue to face financial challenges and optimising the allocation of BCF resources proved very difficult for both organisations. The HWBB at its meeting on 8th January 2015 noted that the minimum funding transfer to protect social care from 2016/17 would be £6.529m.

The national picture for the finances of the public sector remains very challenging. Projections by London councils, based on the governments spending plans, are for reductions of over 30% over the next three years. As a result, this is likely to translate into further significant grant cuts in the coming years although projections show on-going pressures on the Council's budgets, driven largely by legislative pressures and growing complexity of required care levels.

In the coming months both organisations will be reviewing commissioning intentions and financial plans. Cabinet received a report in July which set out an estimated budget gap of £52.4m for the three year period 2016/17 to 2018/19, and for indicative purposes allocated targets to directorates. This resulted in a savings target of £28.240m for the former Community Health and Wellbeing division, which includes Adult Social Care where the majority of these savings would need to be identified.

Cabinet will receive a draft budget at its meeting in December with the final budget going to Cabinet and Council in February.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The BCF will improve the following priorities of the organisation.

- Making a difference for the vulnerable
- Making a difference for communities

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Name: Donna Edwards on behalf of the
Chief Financial Officer

Date: 19 October 2015

Ward Councillors notified: NO

Section 7 - Contact Details and Background Papers

Contact: Jonathan Price, Head of Strategic Commissioning, People
Directorate, ext. 2963