

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 12 January 2017

Subject: **INFORMATION REPORT –
Progress on the Better Care
Fund Quarter 2, 2016/17**

Responsible Officer: Chris Spencer, Corporate Director
People Services & Javina Sehgal,
Chief Operating Officer, Harrow CCG.

Exempt: No

Wards affected: All

Enclosures: none

Section 1 – Summary

This report sets out progress on the BCF, Better Care Fund in the second quarter – Q2 of 2016/17.

(Report submitted to NHSE 25th November 2016).

FOR INFORMATION

Section 2 – Report

The Harrow BCF annual plan 2016/17 was originally submitted to NHS England on June 17th 2016. The agreed value of the Better Care Fund in Harrow is £16.258m, £1.181m of which reflects the capital funding in relation to Disabled Facility (the Community Capacity Grant having been discontinued). The balance of £15.077m allocated to revenue funding supports two agreed schemes.

NHS England subsequently made a number of changes to the reporting format for the plan which was re-submitted on September 8th 2016 along with the S75 agreement between Harrow CCG and Harrow Council.

As a result of the changes to the plan format a number of changes were made to the reporting template which was released later than anticipated incurring a delay in reporting timelines.

This report covers the Q2 report of the 2016/17 plan.

The BCF agreed schemes within the 2016/17 plan include:

- **Protecting Social Care - £ 6.558m.**

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

These schemes are a continuation of schemes established in the 2015/16 BCF plan.

- **Whole Systems & Transforming Community Services - £8.519m.**

Harrow CCG re-tendered its community service contract late summer 2015. The new contract award was made in December 2015 and the new service became operational in May of 2016 with the Community Rapids Discharge service following on October 4th 2016.

Through the re-commissioning and re-configuration of community services Harrow CCG has better aligned its community service provision with primary and social care towards establishing a Single Point of Access to community services. The new community service provider transferred its IT operating system to EMIS Community, the system used by Harrow GP's on November 7th 2016.

This development will support the CCG and partners to deliver more integrated and joined up services that will support reducing admissions into acute care and delivery of care in community settings.

The community services model underpins the vision for an Accountable Care Organisation for Harrow which will improve access to care and the patient experience for Harrow registered patients.

Section 3 – Further Information

The 2016/17 BCF plan also agreed a plan to deliver the national conditions as set out by NHS England.

The conditions are as follows:

- Protection of social care services.
- 7 day services to support patients being discharges
- Data sharing – NHS number being used as the primary identifier for health and social care services and appropriate agreements in place
- Joint assessments and lead professionals in place for high risk populations
- Agreement on the impact of changes with the acute sector.

The following are extracts from the Q2 report that indicate our position in relation to the plan. The submission template is no longer pre-populated with activity data 2016.

We have supplied data in narrative form in key areas to give an indication of where we estimate our end position.

National Conditions

Condition (please refer to the detailed definition below)	Please select "Yes" "No" or "No - in progress"	If the answer is "No" or "No –in progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No – in progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services – please confirm:			
(i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings	No – in progress	01/04/2017	There are a number of services operating 7/7 which include an out of hours Emergency Duty Team for social care.

when clinically appropriate			
(ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No – in progress	01/04/2017	On 12/11/2016 Harrow CCG opened a 3 rd Walk In Centre located in the East of the borough offering additional appointment capacity. We have also submitted our SCF access plans to NHSE proposing a range of initiatives that will provide enhanced services in primary & community settings to support admission avoidance.
4) In respect of Data Sharing – please confirm:			
(i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes		
(ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
(iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes		
(iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes		
5. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	No – in progress	01/04/2017	Work is underway to move towards a single assessment process.
6. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans.	No – in progress	01/04/2017	As the bulk of the fund is used to protect and maintain social care services this is not considered to be a local risk but will need to be subject to on-going review.
7. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range	Yes		

of services including social care.			
8. Agreement on a local target for Delayed Transfers of Care (DToC) and develop a joint local action plan.	No – in progress	01/10/2016	This work is underway and led by the Systems Resilience Operational Group – it is looking at D2A as a key initiative to support reducing admissions.

National and locally defined metrics

Non-Elective Admission	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	We have experienced a significant spike in activity over the last few months which we attribute to a change in the management of patients in A&E resulting in increased admissions. This is subject to scrutiny and a recovery plan which may affect the outturn position.

Delay Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target.
Commentary on progress:	As a result of increased admissions we have experienced fluctuation in our DToC numbers. We have in place a daily SITREPS report between ourselves and the acute trust and social care. We also have an increasing numbers of fast track cases and increasing numbers of choice delays. The main issue is securing placements for clients with dementia in residential and nursing homes.

Local performance metric as described in your approved BCF plan	Social Care User Satisfaction was identified in the BCF as the local performance metric. This is measured annually
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Annual survey will report after Q4 – 2017.

Local defined patient experience metric as described in your approved BCF plan If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	Overall GP experience
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	We are maintaining our current performance level of 78% (July 2016) but want to improve on this. We are aiming to improve performance through a range of initiatives but cannot accurately predict the

Section 4 – Financial Implications

Both the Council and CCG continue to face financial challenges and optimising the allocation of BCF resources remains a key priority of the plan. The HWBB should note that the amount of funding transferring to the Local Authority for 2016/17 was agreed at £6.558m

The national picture for the finances of the public sector remains very challenging. Projections by London councils based on the government spending plans are for additional reductions of over 30% over the next two 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 Councils budgets driven largely by the statutory responsibility on the council to meet the increase in demand relates to individual with complex care needs requiring higher intensity care provision. This national picture is reflected locally as the quarter 2 position reported to Cabinet in December reported an increased overspend of £2.4m on the Adult Social Care budget.

Financial models to support the development of the local and NWL STP are being jointly developed by CCG CFOs. These plans are expected to assist in contributing to and achieving financial balance for health budgets. These plans will be presented as they are developed for consideration and approval through the relevant governance processes (CCG & LA), to ensure that any proposals can be delivered within the existing MTFS and financial plans.

Over the autumn both organisations will review their commissioning intentions and financial plans for 2017/18. The Council's draft budget was agreed by Cabinet in December 2016 and assumed a continued funding of £6.558m towards the Protection of Social Care through the BCF.

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:

- 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: 9 December 2016

Ward Councillors notified:

NO

Section 7 - Contact Details and Background Papers

Contact: Garry Griffiths, Assistant Chief Operating Officer, 0208 966 1067.

Background Papers: None