

# **REPORT FOR: HEALTH AND WELLBEING BOARD**

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**Date of Meeting:** 11 May 2017

**Subject:** **INFORMATION REPORT** – Better Care Fund (BCF) Update Quarter 3 2016/17 and 2017/18 Planning

**Responsible Officer:** Chris Spencer, Corporate Director People Services & Paul Jenkins, Chief Operating Officer, Harrow CCG (Interim).

**Exempt:** No

**Wards affected:** All

**Enclosures:** None

## **Section 1 – Summary**

This report sets out progress on the BCF, Better Care Fund in the third quarter – Q3 of 2016/17.

(Report submitted to NHSE 10 March 2017).

**FOR INFORMATION**

## **Section 2 – Report**

The Harrow BCF annual plan 2016/17 was originally submitted to NHS England on June 17<sup>th</sup> 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 8<sup>th</sup> 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 Q3 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 4<sup>th</sup> 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 7<sup>th</sup> 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 – ACO' for Harrow which will improve access to care and IMPROVE 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 Q3 report that indicate our position in relation to the plan. The submission template is no longer pre-populated with activity data – this change occurred in 2016/17.

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

#### National Conditions – Table 3.

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 when clinically	No – in progress	01/04/2017	There are a number of services operating 7/7 which include an out of hours Emergency Duty Team EDT for social care. Longer term we plan to offer a 7/7 social work service as well as D2A – Discharge to Asses.

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	Some services are available 7/7 but not as part of an agreed comprehensive pathway. This will be developed as part of our 'Whole Systems Integrated Care' work programme.
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.	Yes		
7. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care.	Yes		

8. Agreement on a local target for Delayed Transfers of Care (DToC) and develop a joint local action plan.	Yes		
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**National and locally defined metrics – Table 5.**

<b>Non-Elective Admission</b>	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Performance against our NEA targets has deteriorated due to an increase in presentations at the local acute unit. In addition significant pressure on the system during the winter period has also had an impact on performance overall. This issue is being monitored through a range of daily calls and recovery plans overseen by the SRoG/A&E Delivery Board.

<b>Delay Transfers of Care</b>	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:	We have experienced an increase in our DToC numbers since October with the trend continuing through the winter surge period. We have a daily SITREP call with our acute providers, community providers and social care which has enabled us to better manage our DToC numbers which remained in single figures for the CCG. We have also optimised our community bed capacity to support early discharge and we are exploring options for D2A.

<b>Local performance metric as described in your approved BCF plan</b>	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?	Data not available to assess progress
Commentary on progress:	Data available in Q4.

<b>Local defined patient experience metric as described in your approved BCF plan</b> 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:	Current performance is 78% (32% Very Good, - 46% fairly good) which maintains the previous quarter and years level of performance.

<b>Admissions to residential care</b>	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	108 per 100,000 as at 31st December 2016. The targets this year have been modelled on the pattern of admission seen in 2015-16, with few initially but then a larger number in Q3. The target is being achieved despite pressure from hospital discharges and 'complex cases' in the community. Increasingly, community based solutions are actually more extensive than residential options. Results last year show Harrow was average in London and may improve this year.

<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
Please provide an update on indicative progress against the metric?	Data not available to assess progress.
Commentary on progress:	Data available in Q4 (Q1 17/18) as annual measure.

## 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 continues to remain 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 3 position reported to Cabinet in February reported an overspend of £2.8m 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.

The CCG has developed a recovery plan that has been submitted to NHSE. For 2017/18 the CCG is planning for £21.2m in year deficit ((6.5)% of recurrent resource limit). To deliver this plan the CCG will need to deliver a £17.5m QIPP (savings) plan.

In February, Council approved the budget for 2017/18, which included growth of £4.629m for Adult social care (funded by the 3% precept) to fund these underlying pressures and the budget assumed the continuation of the BCF funding for the protection of social care. The NHS planning guidance, issued at the end of March, prescribed inflationary uplifts of 1.79% on the 16/17 allocations, although the 2017-18 BCF has yet to be agreed.

## **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	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 20 April 2017		

<b>Ward Councillors notified:</b>	<b>NO</b>
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## **Section 7 - Contact Details and Background Papers**

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

**Background Papers:** None