REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	20 July 2017
Subject:	**INFORMATION REPORT – Better Care Fund (BCF) Update Quarter 4 2016/17 and 2017/18 Plan**
Responsible Officer:	Chris Spencer, Corporate Director People Services & Paul Jenkins, Chief Operating Officer, Harrow CCG (Interim).
Exempt:	No
Wards affected:	All
Enclosures:	N/A

Section 1 – Summary

This report sets out progress on the BCF, Better Care Fund in the fourth quarter – Q4 of 2016/17.

(Report submitted to NHSE 31st May 2017 in accordance with prescribed deadlines).

FOR INFORMATION

Harrow COUNCIL LONDON

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 Q4 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 – 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 discharged
- 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 Q4 report that indicate our position in relation to the plan. This version also has an additional section which includes the summary of year end performance as submitted on May 31st 2017.

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		Discussions on going but have progressed significantly.

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		As above.
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		Agreement underway with good progress made.
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		

National and locally defined metrics – Table 5.

Non-Elective Admission	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	690 above plan (2579 last month) which is entirely attributable to increased short stay admissions. This is however offset by some decrease in the numbers of long LoS. The increase is being reviewed via joint audit with initial results indicating inappropriate use of beds and chairs in observation areas for patients to either wait for 'path' results or admission. The acute Trust is also validating a potential double count of some of the short/long stay admissions, audit finding due w/e 19th May. This work is likely to trigger an audit/review of GP heralded admissions.

Delay Transfers of Care [DToC]	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 increases in our DToC numbers over the year but have in place robust processes to monitor the position on a daily basis with partners. As a result we have seen a decrease in Q4, utilising our community beds capacity. We had our 1st week of 0 DToC's in April 2017 since we started monitoring the data and activity in April 2016. The annual DToC report will be circulated by the end of Q1 2017

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 for improved performance, but not to meet full target
Commentary on progress:	There was a drop in reported satisfaction from 58% to 53% (NB only 'extremely' or 'very' satisfied responses are included) but this is within the survey margin of error. There are no targets for this survey measure. Analysis of last year's data showed that feeling in control of daily life, good nutrition and being treated well by staff were the strongest drovers of satisfaction with services. The survey recently closed, so analysis work will continue to work out what accounts for the

	results and what follow up actions might be included.

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:	As anticipated we maintained the previous years performance but did not fully meet the target. The July 2016 Ipsos Mori survey results are 46% of patient reported good levels of GP satisfaction and 32% reported fairly good - consistent with the previous quarters position.

Admissions to residential care	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:	The indicator has slightly improved in 2016 -17 with fewer admissions to residential care made for older people in year, down from 190 - 182 people, with a modest population increase estimated (exact figures not available at the time of writing). The target is being achieved despite pressure from hospital discharges and 'complex cases' in the community. Increasingly, community based solutions are more expensive than residential options.

Reablement	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?	No improvement in performance
Commentary on progress:	The result this year of 76.4% is slightly lower than last year (77.6%) against a target of 80%. The result follows a familiar pattern with rehabilitation/reablement services offered widely (3rd highest in London last year) but success rates relatively lower as a consequence.

Year End feedback.

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	Developing and implementing the plan has supported both the CCG and LA to gain greater understanding of each other's business and operating challenges. Through continued joint working both partners have been able to provide a unified and supportive response to the wider health and care economy at peak times.
2. Our BCF schemes were implemented as planned in 2016/17	Agree	All plans were realised with the exception of 7/7 working and Single Assessment as set out in the guidance. Both partners face significant financial pressure in the face of increasing demand and more complex needs. The partners have flexed existing services to provide an enhanced service, some delivered 24/7 and both will continue to work towards 7/7 working. The single assessment form development has moved significantly but is affected by the fact that there is not full interoperability across providers.
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The fund has given all partners increased flexibility to develop services and to transform existing ways of working and pathways. This has been done through shared working of the Systems Resilience Operational Group working across BHH.
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Neither agree nor disagree	Harrow did not fully meet its NEL target due to a number of pressures that we are looking at in order to learn from the experience going forward. A large portion of the plans in Harrow CCG's 2017 QIPP will be aimed at reducing NEL's aligned with the BCF plan and other initiatives.
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	2016/17 has been the most positive in Harrow CCG's DToC performance with numbers in single figures for the bulk of the year. Similarly the LA's DToC performance has been positive with larger numbers of people being discharged home with reabling care packages.
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and	Neither agree nor disagree	The proportion of older people still at home has fallen very slightly in the past year (and is short of target) but the high volume of support provided (as a proportion of live discharges) has been maintained.

over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services		
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	The number of care home admissions had been rising but in 2016-17 fewer admissions have been recorded. Notably more existing clients were supported to remain living in the community following a change in circumstances, rather than being placed in care homes.

Part 2: Successes and Challenges
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

8. What have been your greatest successes in delivering your BCF plan for 2016-17?	Response - Please detail your greatest **successes**	Response category:
Success 1	Development and on-going monitoring of the plan has enabled the partners to better understand the pressures facing the respective partner organisation at a time of increasing and often unprecedented demand for services. This has helped to strengthen our shared responses at times of peak activity and has helped greatly to shape shared thinking around the future vision for Harrow.	1. Shared vision and commitment
Success 2	The plan and its implementation is a substantive item at a monthly Health & Wellbeing Board sub group - HWBB Joint	2. Shared leadership and governance

	Executive, which is attended by senior leaders from both organisations. This has helped all partners to understand the finer details of the plan and the interdependencies between the various elements of the plan. This has helped to enhance discussion with the wider Health & Wellbeing Board membership demonstrating a joined up approach to delivery of the plan through a shared leadership approach.	
Success 3	Relationships between the partners are at their strongest and this has been demonstrated through successful joined up responses to increasing pressure facing the system. This happens at a number of levels, operationally in acute and community services most notably demonstrated by the steady state of our DToC performance at its best for some years in 2016/17. The collaboration continues at a more strategic level with a wide range of partner supporting strategic operational resilience at a borough and	3. Collaborative working relationships

	sector wide level.	

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 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 outturn (Q4) position reported to Cabinet in June reported an overspend of £2.7m on the Adult Social Care budget.

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 at £6.558m. 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	x	on behalf of the Chief Financial Officer
Date: 27 June 2017		

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

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

Background Papers: List **only non-exempt** documents relied on to a material extent in preparing the report. (eg previous reports) Where possible also include electronic link.