

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

---

**Date of Meeting:** 07 June 2018.

**Subject:** **INFORMATION REPORT –  
Better Care Fund Q4**

**Responsible Officer:** Visva Sathasivam, Director of Adult Social Services & Javina Sehgal, Chief Operating Officer, Harrow CCG.

**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 the 2017/18 plan.

(Plan approved November 2017).

**FOR INFORMATION**

## **Section 2 – Report**

National Guidance for the production of BCF plans was changed in 2017 with CCG's and Local Authorities mandated to produce BCF plans for a two year term rather than the one year term in place since the BCF began in 2013.

Harrow CCG & Local Authority's two year plan was submitted in September 2017 and received formal NHSE sign off in November (2017).

Due to the change in guidance and late arrival of the notification the process had been subject to some delays in relation to the plan submission dates.

This paper covers the end of year report for 2017/18, year 1 of the Harrow BCF 2 year plan 2017/19.

The two year plan was submitted to NHS England with a financial value of £20,903,860 including the sum of £1,293,294 for the DFG – Disabled Facilities Grant and £3,627,827 for the iBCF - improved Better Care Fund both of which are paid directly to the Local Authority.

The balancing figure includes the CCG's contribution to Social Care Services and a range of community based schemes.

Guidance is awaited from NHSE relating to the process for Mid Term Review at which point the financial contributions for the 2<sup>nd</sup> year of the plan will be agreed, although these are not expected to change materially.

### **The BCF agreed schemes within the 2017/18 plan include:**

- **Protecting Social Care - £6.106m**

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 - £9.877m**

Harrow CCG re-tendered its community service contract late summer 2015. The new community services model became operational in May of 2016 with the Community Rapids Discharge service following in October the same year. Since this time the service has evolved to include the Harrow 'Home First' service which provides a rapid discharge service to support hospital discharges and to reduce Delayed Transfers of Care.

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 'Integrated Care Partnership – ICP' (formerly ACS – Accountable Care System) for Harrow which will improve access to care and improve the patient experience for Harrow registered patients.

### **Section 3 – Further Information**

The 2017/18 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 revised guidance also included revisions to the metrics reporting and a new set of metrics relating to the NHSE HICM – High Impact Change Model which covers a wider range of indicators.

The year-end position on each is set out below:

The following are extracts from the Q4 report that indicate our position in relation to the various metrics. This report also has an additional section which includes the summary of year end performance – submitted April 2018.

## BCF Metric Table

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	Winter pressures have resulted in increased referrals in Q4. However at M10 (January) the CCG's YTD NEL admissions were 1% below its Operating Plan target.	NEL levels below plan during term.	None Identified
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sourcing appropriate placements for patients and users with complex needs remains a challenge for both the CCG and the LA.	Development of new 'Harrow is Home' supported living scheme went live in Feb 2018 and further development of the scheme is in discussion.	Recognition of 'deterioration' training to be implemented at targeted care homes with high conveyance rates to A&E.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress	Data currently undergoing analysis and will be available by May 2018.	n/a	None Identified
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	Increased demand over winter period and recording on MH data (which if corrected for 17/18 would improve performance)	Maintained proactive DToC management through daily surge calls with providers. Twice weekly DToC calls with providers, LA, community and the CCG continue. Weekly 'stranded patients' calls continue. Also commissioned additional spot purchase bed capacity (5) to support patient discharge - pathway flow.	ADASS meeting (20th February) with MH trust colleagues to review and agree next steps in relation to data recording challenges.

## HCIM – High Impact Change Model

		Maturity assessment					Narrative			
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Established	Established		Reporting in place to monitor patients and ensure that patients have a plan in place for discharge.	CCG supported NWLHT 'reset week' which focussed on early discharge planning and reducing delays. The trust continues to implement a process whereby ward managers can escalate any delays which impact on patient flow.	None at present.
Chg 2	Systems to monitor patient flow	Plans in place	Established	Established	Established	Established		Reporting in place to monitor patient flow.	Work planned to improve the patient flow through 'off the clock' areas at LNWHIT i.e. ambulatory care to monitor patient flow.	None at present.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established		We continue to struggle to meet the D2A trajectory despite working closely with our acute and community providers to streamline the process and raise awareness amongst staff of the scheme and its benefits.	More pro - active joint working with our providers has seen a measurable improvement in patient flow through the system. This has been demonstrated when the system has been under significant pressure.	None at present.
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	Established		As above	The process and model has been reviewed and plans are in development to re-design pathways for our local acute centre. These will be subject to CCG sign off before implementation May onwards.	None at present.
Chg 5	Seven-day service	Established	Established	Established	Established	Established		7/7 operation in place for some but not all services - this remains a capacity and resourcing issue.	Continues to be part of our on going discussions. LB Harrow and the CCG are looking at reviewing current service provision and models as part of our WSIC planning.	None at present.
Chg 6	Trusted assessors	Plans in place	Established	Established	Established	Established		We continue to promote the model as part of our WSIC/ACS discussions.	This has been flagged as a development for 18/19 as part of a recent HWBB discussion on new ways of working between the CCG and the LA.	None at present.
Chg 7	Focus on choice	Established	Established	Established	Established	Established		We continue to work with our practitioners and commissioners to promote choice that is manageable and affordable within current available resources.	On - going.	None at present.

Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Established	Established	Established		Resourcing remains an issue for rolling out our Care Homes Programmes but we have secured additional funding to take our planned programme of work forward.	Developed an agreed work programme for our GP care homes leads and secured funding to implement the programme - short term at present.	None at present.
-------	--------------------------------	----------------	----------------	-------------	-------------	-------------	--	---	--	------------------

Hospital Transfer Protocol (or the Red Bag Scheme)										
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.										
		Q2 17/18	Q3 17/18	Q4 17/18 (Planned)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Established	Established	Established		Resource for implementation and monitoring going forward is challenging if the project is to be sustained. The scheme is currently run by a local GP who is not directly funded by the CCG for this	Harrow currently has 10 care homes "live" with the red bag scheme, there are plans for a further 6 homes to go live within the coming months.	None at present.

## 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	The plan continues to support work between the key agencies through a clear shared narrative about our intentions and direction of travel. Agreeing the two year plan proved quite challenging for the partners in the context of reducing resources and increasing demand but has proved beneficial in helping us to refine our shared objectives and encouraged greater engagement between the CCG and the LA. We would also hi-light improved
2. Our BCF schemes were implemented as planned in 2017/18	Agree	Yes, all plans and work programmes within the scheme have been implemented but progress has been slower than anticipated in some areas. Developing our shared care model has been impacted by a number of factors i.e. resourcing, significant and fluctuating pressure on the system. These will remain challenges going forward but our open dialogue is enabling us to work more responsively and pro actively.
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Agree	This continues to improve - we have been pro-active in reviewing pathways and supporting the system through daily operations led calls, early problem solving and reviewing our ways of working, all of which are having a positive impact, but this is difficult to measure in the short term and is affected by the fluctuating pressure on the whole system.
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Agree	We have seen our NEA levels reduce and we will do further evaluation of the schemes to see which is having the most impact and how we might build on this. We have however agreed to continue to develop our integrated work programme with the LA in both our commissioning , strategic and operational functions.
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Neither agree nor disagree	Managing delays continues to be a challenge for both organisations as the increase in demand and the complexity of cases presents real challenges in sourcing placements/care services (domiciliary) both short and longer term.
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Neither agree nor disagree	The reablement data is currently under review and will be available by May 2018.
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	The Council have reported a decrease in permanent new admissions for the over 65s. For 2017-18 there were 169 new admissions compared with 182 in 2016-17, although this is a provisional figure as the year-end figures are currently being validated.

**Part 2: Successes and Challenges**

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and three Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest <b>successes</b>
Success 1	9. Joint commissioning of health and social care	A s75 service level agreement with the CCG has been signed in relation to the management of Personal Health Budgets (PHB's) by the Council, with the partnership now actively exploring joint working including the possibility of an integrated brokerage function together with joint commissioning of placements and services for the health and social care economy.
Success 2	Other	Despite the operational and financial challenges the CCG, LA and providers have worked collaboratively (regularly on a daily basis) to maximise timely assessments and discharges to improve patient flow across the system and avoid further pressures on the wider health and care system.
8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest <b>challenges</b>
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	The financial challenges for both organisations continues to be a limiting factor into 2018-19 and beyond. To assist, the new local Adult Social Care vision will enable progress towards greater integration. The stretching DToC target will continue to be challenging, particularly working with the local acute trust.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Both the CCG and the LA continue to experience challenges in securing a more stable provider market for both residential and community/domiciliary placements: The local area is well served for both residential and nursing care homes, however due to geography the borough is a large importer of patients from the boroughs surrounding the locality where there is less provision. This has made sourcing placements more challenging both in terms of volume and pricing which has become more competitive in recent years as competition for places



## **Narrative**

### **Progress against local plan for integration of health and social care**

The Health & Wellbeing Board at its meeting on 8th March 2018 received a report on the new vision for Adult Social Care which outlined the transformation of its models of care and support. This included reviewing the adult social care navigation pathway for citizens, staff and other stakeholders, with the aim of streamlining and optimising the experience. To support any future changes the CCG and LA are actively discussing a realignment of the commissioning functions for both adults and children's services. This would be particularly beneficial for our older adults population and our high frequency attenders/VW - Virtual Ward patients. The CCG is leading on the development of an Accountable Care System and has identified this cohort as its priority for service mobilisation.

This model has been overwhelmingly agreed by front line staff, managers, service users, the voluntary sector, GP's and the CCG. The new structure to deliver this model is expected to be in place by 1st July and will pave the way for seamless health and social care integration. The LA has a well established safeguarding adults quality assurance service and this will continue to work alongside the CCG to support the market including working with failing providers to maintain good quality provision in Harrow.

### **Integration success story highlight over the past quarter**

One of our local GP's has been working independently on a number of care homes projects for Harrow. The CCG is now working with this practitioner and her small team to roll out the work programme across all Harrow care homes. The work programme includes: HARROW PACT Care Homes Joint Intelligence Group which focusses on training needs for local care homes alongside the training and roll out of the 'red bag' scheme. The meetings take place quarterly and includes the LA and LAS amongst others. Red Bag Scheme, this has been successfully rolled out over 10 homes with a further 6 to go live shortly. 5 day Training Programme: a bespoke training programme that covers the last phase of life, care plans and recognising deterioration. The CCG is actively supporting this work as we have felt for some time that we have a gap around provision of support to care homes where we see a significant number of conveyances to A&E annually. The longer term plan will be to link this work into the NWL STP Older People's team work programme which included a project on care homes and IUC and others including a care homes based telemedicine project - roll out in July 2018. We have seen some reduction in care home attenders through this programme and are working on quantifying the impact more clearly than our current data allows us.

## **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 agreed amount in 2017-18 represented a reduction of £452k on the previous year figure requiring the Council to mitigate this reduction in funding.

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.

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 2018/19 the CCG is planning for £(20.2)m in year deficit ((6)% of recurrent resource limit). To deliver this plan the CCG will need to deliver a £(20.2)m QIPP (savings) plan.

In February, Council approved the budget for 2018-19, which included growth of £5.825m for Adult social care (which included raising 0.5% through the precept) to fund underlying pressures and the budget assumed the continuation of the BCF funding for the protection of social care at the 2017-18 levels of £6.106m.

The NHS planning guidance, issued at the end of March 2017, prescribed inflationary uplifts of 1.9% on the 17-18 allocations, subject to the mid year review.

## **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 type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 23 May 2018.....		

<b>Ward Councillors notified:</b>	<b>YES/ NO</b> <i>* Delete as appropriate.</i>
-----------------------------------	---

## 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.