

Merton Council
Health and Wellbeing Board
24 March 2015
Supplementary agenda

4 Better Care Fund

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Committee: Health and Wellbeing Board

Date: 25 March 2015

Agenda item:

Wards: All

Subject: Better Care Fund Update

Lead officer: Simon Williams, Director of Community and Housing

Lead member: Councillor Caroline Cooper-Marbiah

Contact officer: Simon Williams, Director of Community and Housing

Reason for urgency: The Chair has approved the submission of this Better Care Fund (BCF) report as a matter of urgency as the agreement of the Health and Wellbeing Board on the target for Non-Elective Admissions is a requirement of BCF.

Recommendations:

- A. That progress with the Better Care Fund plan, as described in this report, is noted.
 - B. That agreement of the reduction of the BCF target for Non-Elective Admissions from 3.5% to 1.41% is formally noted, having been transacted outside the meeting cycle for reasons of timing by the Merton Integration Board.
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1 Purpose of report and executive summary

- 1.1 The purpose of the report is to present progress with implementing the Better Care Fund Plan.
- 1.2 This report also formally notes the BCF target for Non-Elective Admissions (NELs) has been reduced from 3.5% to 1.41% and that this reduction was agreed by the Merton Integration Board outside the formal meetings cycle for reasons of timing.

2 Progress

- 2.1 Recent focus has been principally on the final implementation phases of the Holistic Assessment and Rapid Investigation (HARI) Service and on refining performance data, as well as continuing to examine how the Merton integration programme fits into its wider environment.

3 Holistic Assessment and Rapid Investigation Service (HARI)

- 3.1 The most intensive piece of work has involved driving the implementation of the HARI service, as there have been delays in developing the service for operational reasons. Delays in agreeing the job description with the RCP and the consequent move to a recruitment phase have been a feature of this work

package, alongside delays in agreeing operational procedures and recruitment to community posts.

- 3.2 Through robust discussion, progress has been made and, although the recruitment process has not yet started, as final confirmation of the job description is still awaited, St George's FT has agreed to provide three sessions from existing resources to run clinics from April. These will be supplemented by existing community geriatrician and GP resources, resulting in a safe service being launched. Additionally, the two Advanced Nurse Practitioners will start in April and May meaning that, despite some sizeable challenges over the past few months, the service will still be launched in April, as planned, and that HARI's contribution to BCF performance statistics in 2015/16 will still be felt overall.

4. Performance Data

- 4.1 Performance figures reported in February, covering the period up to the end of December 2014 showed a positive direction for the rate of non-elective admissions at 1,377, which was a reduction of 90 from November, 189 since October and the lowest figure recorded since these measures were base lined in April 2014. DTOCs for Merton residents also fell, with the direction of travel for all performance data being positive.
- 4.2 Two initiatives were piloted during February to assess potential impact on DTOCs: a discharge to assess scheme and a seven-day working pilot, which was extended slightly to respond to need. The impact of these schemes will be assessed in the February figures, which will be available in April.
- 4.3 Despite the positive message from the above, all HWB areas have been requested to review their projections in the light of actual data over the winter period and to submit revised projections of their BCF targets. For Merton, this represented a 3.5% reduction in non-elective admissions (NELs).
- 4.4 In summary, the CCG assumed 2.2% growth in NELs as part of 2014/15 operating plan activity and the resubmitted September 2014 BCF plan forecast schemes to prevent 977 admissions, which would have resulted in a 3.5% reduction in NELs (if growth were maintained at 2.2%). However, NELs grew by 4.1% in 2014 and, based on a linear trend over the past 18 months, NELs are forecast to increase by 5.2% in 2015. Preventing 977 admissions for this period would have curbed growth and resulted in a 0.5% gross reduction on activity.
- 4.5 However, implementation of some BCF schemes has been delayed for providers' recruitment reasons with any impact of implementation now expected from May 2015, as set out above. The expected impact of BCF during 2015 is therefore 66% of the original plan and, when considering forecast growth and delayed implementation of BCF schemes, a gross increase of 1.41% in NELs is forecast. This projection was considered and agreed by the Merton Integration Board on

25 February and is reported to this meeting of the HWB for formal approval, per paragraph 1.2, above.

5. Alignment of Schemes

- 5.1 Work has begun to look at aligning BCF schemes around the System Resilience Group for St Georges Hospital across Merton, Wandsworth, Sutton and Lambeth (the principal catchment for the hospital). Merton's programme manager is working with colleagues in the other CCGs to review the potential for alignment.
- 5.2 The SW London Commissioning Collaborative is also developing responses to the issues, including process alignment, workforce, seven day working and data schemes that require a broader approach than can be fully delivered at a local level. The first meeting of the reconvened SW London group, now under the banner of 'Out of Hospital Schemes', took place at the end of February.

6. Objectives of Integration

- 6.1 The Merton Integration Board agreed that there should be a review of the objectives of integration at the most senior level of all partners in order to ensure that the national needs of BCF reporting did not cause the locally-agreed objectives of Merton's integration programme to have a lower priority. Such a review would also provide an opportunity to redefine the importance and roles of mental health services and the voluntary sector within the overall field of integration in Merton.
- 6.2 The review would not only focus on progress to date but also, in the light of Simon Stevens' comments within the Five Year Forward Review around models of primary care and community services, Merton's approach to integration to meet the structural, funding and consumer demand challenges of the future.
- 6.3 It was also agreed that the constitution of the Board should be reviewed and that the level of membership requested should be at the most senior, appropriate level in each partner organisation. This would entail an overhaul of the terms of reference and membership of the Board, and a review of the focus of its remit to encompass the development of a five-year model for Merton.
- 6.4 Efforts are currently being made to find a suitable date.

7. Visits to Merton

- 7.1 On a final, positive note, Merton received visits in February from Ed Scully, Deputy Director of the BCF Task Force at the Department of Health, and from Earl Howe, Minister for Health, and Lord Ahmad, Minister for Communities and Local Government. Both visits comprised a number of meetings and visits to facilities, focusing on the success to date of the Merton BCF and Integration programmes.
- 7.2 Both have also resulted in strong praise for the work undertaken in Merton and the potential for its schemes to be used in support of the development of schemes in other areas, which was gratifying for all involved.

8 Financial, resource and property implications

- 8.1. Under current arrangements, failure to meet the target for reduction in NELs will result in the Health and Wellbeing Board being requested to reconsider the performance component of the fund, which could have an effect on the ability of the programme to deliver fully all the schemes within the Plan.

9 Legal and statutory implications

- 9.1. The joint fund is under S75 of the NHS Act 2006.

10 Human rights, equalities and community cohesion implications

- 10.1. None specific for this report

11 Crime and Disorder implications

- 11.1. None specific for this report

12 Risk management and health and safety implications

- 12.1. None specific for this report

13 Appendices

- 13.1. None specific for this report

14 Background papers

- 14.1. Merton Better Care Fund Plan Resubmission: September 2014