Committee: Health and Wellbeing Board

Date: 28th March 2017

Wards: All

Subject: Update on Better Care Fund

Lead officer:

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Annette Bunka, Senior Commissioning Manager, NHS Merton CCG

Recommendations:

A. For note

1   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides an update to the Health and Wellbeing Board regarding the progress of health and social care integration through the Better Care Fund.

2   BACKGROUND

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which was announced by the government in 2013 with the aim of improving the lives of some of the most vulnerable people in our society, by placing them at the centre of their care and support, providing them with integrated health and social care. In order to support this aim, a Better Care Fund Plan has been developed and agreed across health and social care.

The key priority for integration in 2016/17 BCF was to strengthen the relationships and collaboration between providers in Merton with the aim of:

- Reducing the growth of emergency admissions
- Reducing length of hospital stay
- Reducing permanent admissions to care homes
- Improving service user and carer experience.

3   DETAILS

3.1 Performance

Metric	Q3 Performance	Commentary
Non-elective admissions	The year to date performance is 3.7% higher than 2016/17 plans, although the quarterly growth from target has continued to decrease over the three quarters.	Factors for this variation include challenges early in the year regarding vacancies within community services which have now been addressed. Part of the additional growth has been an increase in inappropriate short stay admissions (0-1 day LOS) at St George's following a clinical audit. Commissioners have applied challenges to the Trust contract in order to mitigate this behaviour.
Permanent admissions to residential care	73 people have been admitted against a target of 75.	This is on track to achieve the end of year ambition.
Re-ablement activity	The internal target per month is 31 and on average we achieve more than 31 per month.	This is on track to achieve the end of year ambition.
Delayed Transfers of care	Delayed days were lower than planned in quarter 3. Therefore, while we saw an excess of delayed days in quarter 2, the annual figure continues to be on track to meet the target.	This is on track to achieve the end of year ambition.

3.2. Programme progress

Work across health and social care continues in order to achieve the deliverables within the BCF. A significant element of work has been the implementation of the multi-agency plans drawn up following the multi-agency workshops undertaken in the first quarter.

3.2.1 Community services development

In April 2017, a new community contract commenced with a new community provider, Central London Community Healthcare NHS Trust (CLCH). A significant element of work has been the full implementation of this contract, which has included building and expanding existing community services and as part of this, significant recruitment has taken place to deliver the new contract, with vacancy rates having fallen to 13.74% at

the end of quarter three. Temporary staffing, both bank and agency, are being used to support critical vacancies within funding and agency caps.

Key areas include the enhancement of the community rapid response service to patients in their own homes; the Merton Enhanced Rapid Intervention Team (MERIT), facilitates the prevention of unnecessary attendance at Accident & Emergency and/or admission to an acute hospital; the continued development of HARI (Holistic Assessment Rapid Investigation) service enables comprehensive multi-disciplinary assessment of complex potentially frail patients who may be deteriorating or who need consultant review, outside of the acute hospital. As a result of promotional activities and an agreed Alternative Care Pathway with London Ambulance Service, we have seen MERIT referrals for urgent assessments within 2 hours increasing from 46 in quarter two to 88 in quarter three. This increase is expected to continue into quarter four.

CLCH are continuing to drive increasing levels of performance as the year progresses with increased use of mobile technologies to improve access to clinical systems, reduce duplication and improve care delivery and patient facing time. CLCH have commenced the review of referral processes for their services in Merton, in order to provide an electronic solution to referrers.

3.2.2 Case finding pilot

The Merton GP Federation was commissioned to undertake a pilot, using a tool called e-Frailty to identify people as having moderate or severe frailty who may be at high risk of admission or longer term social care. The aim was to work in partnership with the newly appointed community case managers and care navigators from CLCH, health liaison social workers and the voluntary service sector to deliver proactive support in a multi-agency approach.

After gaining consent from the patients, the case managers from CLCH have met with the individuals identified and discussions have taken place working with the person to help understand what might help keep them as independent as possible for as long as possible. There has been positive feedback on the use of the tool and discussions are currently taking place to determine how best to roll this out across Merton, taking the learning from the pilot undertaken.

3.2.3 Integrated health and social care response

The BCF plan identified co-location as an enabler to better integration and closer working between health and social care in order to support joint assessment, care planning and service delivery as well as supporting joint training and team building. CLCH have welcomed the opportunity to move their operational base from 120 The Broadway in Wimbledon to the Civic Centre in Morden, thereby achieving co-location of clinical locality teams (including community nurses and therapists) and management support posts alongside council staff. The move is taking place in March 2017.

In the interim, the rapid and intermediate care health service teams have developed closer working with social care by attending re-ablement meetings. Improved relationships are facilitating the bridging of gaps in care provision to prevent unnecessary hospital admission and facilitating a reduction of hospital length of stay.

During quarter three CLCH took over the contract to directly commission the community rehabilitation beds, now 24, which has enabled an improved and more integrated service, with health liaison social worker input into discharge discussions.

The implementation of the action plan continues to ensure consistently improved performance, quality and access from the previous model.

Within the Council, following the transfer of line management of the re-ablement function to sit within the operational service, further alignment with the hospital to home team has been possible and work continues to provide a more joined up response to complex discharges and enable the most effective use of available capacity.

3.2.4 Data Sharing

Merton CCG's Information Management and Technology Strategy highlighted the importance of ensuring the capacity and capability of information sharing across providers in South West London.   The Strategy sets out the technical solutions that need to be procured or aligned in order to deliver the objectives and is supported by a series of inter-related technical projects both at a Merton and at a South West London level.   In order to deliver these projects, a robust data sharing framework needs to be in place that will provide an over-arching information-sharing protocol covering a series of peer-to-peer sharing agreements. The work to deliver this will continue into 2017 with a view to full implementation by 30 September 2017. This will enable full exchange of patient-consented information between care settings in Merton.

3.2.5 Development of BCF for 2017/19

Following the publication of the South West London Sustainability and Transformation Plan (STP), work has started in quarter four to develop implementation plans to deliver this work, which is expected to have a significant and positive impact on the delivery of the BCF objectives. These plans will form a significant part of the BCF plan going forward, with the priorities for 2017/19 focussing on:

- Integrated locality teams including support for complex patients, roll out of frailty work and case management support, end of life care, dementia and falls.
- Intermediate care and re-ablement, rapid response and discharge to assess.
- Enhanced support to care homes.

The implementation of the BCF has been undertaken by Merton Integrated Delivery Group who will report into the Merton Joint Commissioning Group once established. Multi-agency Task and Finish Groups have been set up to develop the work programme for 2017/18.

The guidance for the development of the BCF Plan for 2017/19 has not yet been released, but it is hoped this will come out before the new financial year. Once released a plan with be jointly developed.

4   ALTERNATIVE OPTIONS

Not applicable.

5   CONSULTATION UNDERTAKEN OR PROPOSED

Not required.

6   TIMETABLE

Not applicable.

7   FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The BCF is a pooled budget of £12.57m of which £5.5m is transferred from Merton CCG to London Borough of Merton. There is a risk share agreement in place for the value of the CCG QIPP savings target of £1,014k. The transfer to the LA will be reduced as a proportion of non-achievement of the QIPP up to a maximum of £687k should this savings target not be achieved.

8   LEGAL AND STATUTORY IMPLICATIONS

There is a signed section 75 in place between the CCG and the LA setting out the terms of the BCF pooled fund.

9   HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Integration programme is sensitive to human rights, equalities and community cohesion and is governed under current service management arrangements.

10   CRIME AND DISORDER IMPLICATIONS

Not applicable.

11   RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

Risk management and health and safety are managed by current service management arrangements.

12   APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Not applicable.

13   BACKGROUND PAPERS

BCF Plan 2016/17.

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