Committee: Health and Wellbeing Board

Date: 20th June 2017

Subject: Update on Better Care Fund (BCF)

Lead member: Councillor Tobin Byers

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

Recommendations:

That the Health and Wellbeing Board

A. Notes this report

B. Agrees to delegate the review of the BCF Plan submission to the Chair and Vice-Chair, and to delegate the final sign-off of the BCF submission to the Chair of the Health and Wellbeing Board.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides an update to the Health and Wellbeing Board regarding the 2016/17 year end position in relation to performance of the Better Care Fund (BCF) and outlines the plans for 2017-19 and progress against those plans. A paper detailing the achievements within the BCF was presented to the Health and Wellbeing Board on 28th March 2017.

The national planning guidance for BCF has not yet been finalised and published, with no publication date set. In May, the LGA made a decision to share the draft planning guidance which is currently being worked through across health and social care.

A request is therefore made to the Health and Wellbeing Board for approval of delegated authority to enable the BCF Plan, once finalised, to be signed off via chair's action.

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 2016/17

Metric	Q4 Performance	Commentary
Non-elective admissions	The annual target of 18,819 for this performance measure has not been achieved for the 2016/17 reporting period with a year-end outturn of 19,900 for London Borough of Merton.	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 was also found to be 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. The CCG continue to work and manage the situation with our acute providers.
Permanent admissions to residential care	This target has been achieved, with an end of year out-turn of 104 against a target of 105.	Data will be validated by NHS Digital during July/August 17
Re-ablement activity	149 reablement services were offered to customers aged 65+ during October to December, which was an increase from 2015/16 but did not achieve the proposed target	Data will be validated by NHS Digital during July/August 17. It was not possible to include the data from Intermediate care services, which has reduced the expected position. Work to rectify this is taking place.
Delayed Transfers of care	The 2016/17 annual target of 2,799.1 per 100,000 population has now been met with a 2016/17 year end outturn of 2,622.6 per 100,000 population reported for London Borough of Merton.	The CCG and Local Authority have jointly monitored and managed this performance measure throughout 2016/17 which has helped deliver performance levels consistently below the London average.
Social care-related quality of life	This target has not been achieved with an end of	London Borough of Merton outturn shows a marginal

This measure is an average quality of life score based on responses to the Adult Social Care Survey.	year out-turn is 18.5, against a plan of 18.8.	decrease in reported levels of quality of life from the 2015/16 score of 18.6. Data will be validated by NHS Digital during July 17, following which benchmarking will be possible. A review will take place to understand this further.

3.2 Proposed Targets and Trajectories for 2017/18

The BCF policy framework establishes that the national metrics for measuring progress of integration through the BCF will continue as they were set out for 2016-17, with only minor amendments to reflect changes to the definition of individual metrics, with quarterly metrics for non –elective admissions and delayed transfers of care and annual metrics for admissions to residential and care homes and effectiveness of reablement.

Work is taking place to agree the targets and trajectories for 2017/18.

For delayed transfers of care, London has been set target reductions for achievement by September 2017 which should be sustained through the winter until March 2018.

For Merton this represents a 9% target reduction in days delayed. This has been apportioned using the 16/17 activity data to work out the average NHS to social care ratio split.

Work is in progress that we think will help us achieve that performance improvement which includes local implementation of the 'High Impact Changes for Managing Transfers of Care'.

3.3 Development of BCF for 2017/19

As outlined at the Health and Well Being Board in March, following the publication of the South West London Sustainability and Transformation Plan (STP), multi-agency task and finish groups have been established 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 task and finish groups report into Merton Integrated Delivery Group who will report into the Merton Joint Commissioning Group once established.

A summary of the schemes and progress to date is outlined below:

3.3.1 Integrated Locality Teams

A multi-agency group has been established to further develop current multi-disciplinary working across health and social care to proactively support keeping people well at home and avoid unnecessary emergency admissions to hospital. This group has reviewed current arrangements and developed a proposed model going forward. An implementation plan has been developed which the group has agreed and actions are being undertaken to achieve the agreed aims and objectives of the teams. These will be presented to the next Merton Integrated Delivery Group, before wider engagement takes place. This group will also oversee a range of other schemes, including the roll out of the frailty pilot undertaken and a project manager has been recruited to support the delivery of this scheme. Engagement with patients and the voluntary sector has started, with a view to maximising the impact of this work.

3.3.2 Intermediate Care, Re-ablement, Rapid Response and Discharge to Assess.

A multi-agency group has been established to improve capacity and access to enable more people to go home sooner from hospital where possible and avoid unnecessary admission to hospital so that more people are able to remain independent in their own home.

Significant improvements have been put in train over the last year, with the focus of this work stream maximising the impact of services that have already been commissioned and identifying and addressing outstanding gaps. As part of this, a gap analysis has been undertaken and an action plan drawn up. This includes building on the co-location of services already undertaken and supporting joint assessment, care planning and service delivery as well as supporting joint training and team building.

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.

Work is taking place to make the process of discharge for hospital teams as simple as possible and enable the most effective use of available capacity.

3.3.3 Enhanced Support to Care Homes

To aim of this work stream is to provide enhanced support to care homes in order to provide improved quality, help people access the right care and support and provide more care out of hospital. This will take learning from the National Vanguard programme and in particular the successes from the work undertaken by the Sutton Vanguard and includes, review and development of the support available to residential and nursing homes (including enhanced primary care support and MDT working), development of care home workforce, development of the CQC liaison meeting to form the Joint Intelligence Group, improvements in the hospital transfer pathway and use of ‘Red Bag’ and supporting more joined-up commissioning and collaboration between health and social care. Some of these elements have already started, including establishment of the Joint Intelligence Group. Recruitment is underway for a commissioning manager post, and this will form one part of their work area.

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 which £5.5m is transferred from Merton CCG to London Borough of Merton. In addition to this, iBCF funding of £2.745m has been allocated to London Borough of Merton, the spending of which forms part of the BCF agreement, along with Disabled Facilities Grant. Discussions are taking place regarding the allocation of the iBCF, with NHS expectations of an impact on hospital admissions/ discharges, alongside challenges from social care in relation to provider expectations to make good previous year's fee restrictions.

A risk sharing agreement for 2017/18 is under discussion between London Borough of Merton and Merton CCG.

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, draft guidance –Integration and Better Care Fund Planning Requirements for 2017/19, High Impact Changes for Managing Transfers of Care.

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