MUNICIPAL YEAR 2016/2017		
MEETING TITLE AND DATE **Health and Wellbeing Board** **8th December 2016**	**Agenda – Part: 1**	**Item:**
	Subject: The Better Care Fund. - the 2016-17 Better Care Fund plan implementation update - planning for the 2017-19 BCF plan	
	Wards: All	
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1. EXECUTIVE SUMMARY

This report provides an update on:

- the delivery of the 16/17 BCF plan including the current performance against key indicators and service/scheme outcomes
- key messages from the NHS England Q1 Data Collection and Performance report for all HWB areas
- a summary of the financial position as at the end of quarter 2 (April – October 2016)
- the planning process and expected timescales for the production of the 2017/19 BCF plan
- an update on activity associated with integration and future planning.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- **Note and receive** the current BCF performance and performance dashboard including outcomes
- **Note** the Quarter 2 financial position
- **Note** the information about regional BCF activity and performance
- **Note** that the NHSE policy framework and planning guidance is due to be published for the production of a 2 year plan - 2017/19. It is expected that the first submission is expect will be before Christmas and the final one at the end of March 2017
- **Note** the information regarding integration and future planning.

3.0 2016-17 BCF PLAN: IMPLEMENTATION AND DELIVERY

3.1 IMPROVEMENTS TO THE MANAGEMENT AND DELIVERY OF THE BCF

3.1.1 Earlier on in the year, the HWB were made aware of the outcome of audits that had been undertaken in relation to the management and delivery of the BCF, in particular recommendations to improve practice. This included governance structures, financial management, performance management and identifying outcomes against the plan.

3.1.2 Since then and latterly via a BCF Delivery Group, made up of council and CCG colleagues, improvements have been made across all areas. Governance arrangements supporting the plan have been strengthened and there is closer monitoring and challenge in relation to performance, finance and monitoring scheme outcomes. A performance indicator guide has also been produced which defines each indicator and how it is measured enable better communication and challenge.

3.1.3 We continue to improve the monitoring of scheme outcomes. However, all other audit recommendations and actions have now been completed.

3.2 Current performance against key performance indicators and scheme outcomes

3.2.1 The following section is a summary of BCF performance and outcomes of some of the commissioned schemes. Please find attached as appendix 1, the current BCF performance dashboard and Appendix 2 for a copy of the BCF indicator guide – definitions of the performance indicators and how they are measured

3.2.2 **Diagnosis of dementia** - performance is above the target of 66.7%. Additional consultant capacity commissioned in 2016/17 and improvement in the diagnostic imaging pathway are having a positive impact on waiting times.

3.2.3 **Non-elective admissions (NEAs**) - this is a significant area of challenge as admissions continue to be above the BCF and CCG Operational Plan targets. Activity in progress to improve performance includes:

- A number of Integrated Care schemes have been rolled out and extended from the 65+ to the 50+ age group.
- Work is underway to assess the effectiveness of the Integrated Care schemes on admission avoidance of affected (50+ yrs) cohort.
- Actions are also being taken to improve performance including increasing the utilisation of the Ambulatory Emergency Care service and expanding the A&E front end triage service to include paediatrics to reduce pressures in A&E department.
- The GP see & direct service has implemented a new model since the end of August and has seen both CCG and Trust GPs working together more closely. All patients are seen within 15 minutes of arrival and streamed into the appropriate Emergency Department queue. The model is working well and has the support of the Trust clinicians.
- The Trust has recently received permission to increase number of Pediatric consultants.

- The Ambulatory Emergency Care service – the Trust is aiming to increase this from 30 patients a day to 40, and aiming for 60 patients a day by year end.

Please also see section 5 finance position.

3.2.4 **Delayed transfer of care (DTOCs)** – this continues to present challenge and the September actual is 3668 days compared to target of 2759 and 10 patients compared to target of 5. Activity in progress to improve performance includes:

- A programme of work underway at two main acute providers to improve discharge processes including streamlining Continuing Health Care (CHC) process, implementation of the Discharge to Assess model and delivery of the nationally recognised Multi Agency Discharge events
- Additional nursing home capacity being secured in the borough.
- Demand and capacity modelling being undertaken at the mental health trust to gain better understanding of issues.
- Improvements are expected from quarter 4, 2016/17

3.2.5 **Admissions to residential care –** the annual target has been set at 419 and at the end of quarter 2 the actual is 268 (64% of annual total). Admissions to supported permanent Residential & Nursing Care (65+) has increased significantly for the period April to September - from 85 in 2015/16 to 115 in 2016/17.

3.2.6 **Re-ablement**

The target for 2016/17 is 88.2% and current performance is 82.25% (as at September).

315 of the 383 clients who were discharged from hospital and received enablement achieved independence. Of the remaining 68, 19 are deceased and 49 are either in hospital or residential care.

3.2.7 COMMISSIONED SCHEMES AND OUTCOMES ACHIEVED DURING QUARTER 1AND QUARTER 2 (APRIL – OCTOBER 2016)

3.2.8 **Quality checker programme** – the key objectives of this programme are:

- to gather feedback from service users on the quality and appropriateness of the services received
- to use this feedback to improve the quality of services and to identify improvements that can be made

Outcomes achieved include:

- sign posts to specialist information, advice and training available
- the provision of a self-audit tool to enable providers to measure their own ability to provide LGBT specific services
- reviews of hydration strategies and procedures have been undertaken at 20 care homes, including customer satisfaction with food and drinks available to support hydration. Findings have been included in a report that has been

presented to the multi-disciplinary working group leading on improvements on hydration in care homes. A toolkit has also been developed as an aid to prevent dehydration amongst residents

- recommendations for service improvements based on feedback from a mystery Shopping exercise have been documented. Details will be available for the next quarter after the report has been presented to the Safeguarding Adults Board
- advice and information has been provided to five minority groups to raise awareness of the Safeguarding reporting systems and to increase the levels of reports of abuse from under-represented groups
- monthly drop in sessions have been setup to help service users set up Enfield Connected accounts

3.2.9 **Advocacy** – the key objective of this scheme is supporting independent advocacy for adults who would otherwise have difficulty accessing and/or using the care and support provision

Outcomes achieved include:
Advocacy provided to 144 individuals during needs assessments, reviews, support planning and safeguarding investigations.
This can be broken down as follows:

- Information & Advice 8
- Assessment 30
- Care Review (IMCA) 1
- Housing and Accommodation 1
- Review 22
- Support Planning 31
- Safeguarding Support 23
- Safeguarding Vulnerable Adults (IMCA) 1

3.3.0 **Safeguarding –** the key objective of this scheme is the commissioning of Safeguarding Adults Reviews (SARs) to improve services and, the development and implementation of action plans (project managed by the SAB Co-ordinator) resulting from the SARs.
Outcomes achieved include:
The commissioning of 4 SARs and reports on two of these will be presented to the Safeguarding Adults Board (SAB) in December for review and sign off.
The results and any service improvements will be reported next quarter after sign off by the SAB.

3.3.1 **Disabled Facilities Grant (DFG)** – the key objective of grant is to provide appropriate aids and adaptations in a person's home to support the following the outcomes:

- To reduce the risk of hospitalisation due to falls or other injury
- To facilitate hospital discharge
- To prevent or delay the need for residential or nursing care

These outcomes have been achieved via:

- 116 grant applications approved in Q1 and Q2 (55 and 61 respectively)

- 70 grants adaptations completed in Q1 and Q2 (19 and 60 respectively)

3.3.2 **Wheelchair service** – the key objective of this service is to provide wheelchairs that are appropriate to a user's needs. This includes:

- Clinical assessment to consider physical, postural, social and environmental needs
- Provision of a wheelchair and equipment tailored to meet the assessed mobility needs
- Full instruction and handover on the use, care, basic safety and maintenance of the equipment
- Access to an Approved Repairer who provide a repair, delivery, modification, planned maintenance and collection service.
- Reassessment and review at the individuals request.

Outcomes achieved include:

- 480 new and re-referrals received from 1.5.16 to date
- 340 total wheelchairs issued (across range of equipment)
- Adjustments and modifications made to current equipment
- All referrals seen with the 13 week timeframe specified (average to date 3-4 weeks from referral to clinic appointment
- Transit wheelchair requests triaged and equipment provided typically within 2 weeks

3.3.3 **Integrated Care Programme –** in order to monitor the development of the integrated care programme, the CCG has developed an integrated care performance scorecard for initiatives in 2016/17. The scorecard provides some 38 indicators across the 8 integrated care programme workstreams. This scorecard is being used to inform the key outcomes/ and measurable indicators aligned to the 8 workstreams. This includes:

- Integrated Care Team:
  - understanding the number of patients avoiding a hospital admission due to the development of integrated care delivered in the community by the District Nurse
  - Identifying patients admitted to hospital whilst receiving care by the Community Matron
  - Patient feedback in relation to receiving care that ensures their dignity is respected, that they are engaged in their care planning and supported to manage their own health,
- Friends and Family Test
- Care Home Assessment Team – number of patients attending A&E following a fall and number of A&E attendances per registered care home
- Dementia care in partnership with Age UK - to support patients and their carers accessing the community navigator,
- Community Crisis Response Team – number of patients seen within 2 hours of their referral being received by the team and the percentage of patients who would have otherwise attended hospital,

- Use of assisted technology – number of patients with long term conditions including COPD, and Heart Failure who are being monitored using Telehealth equipment

The associated indicators are monitored on a monthly/ quarterly basis and will provide further information that demonstrates the outcomes being delivered by the integrated care programme. Further detail will be presented at the next Health and Wellbeing Board.

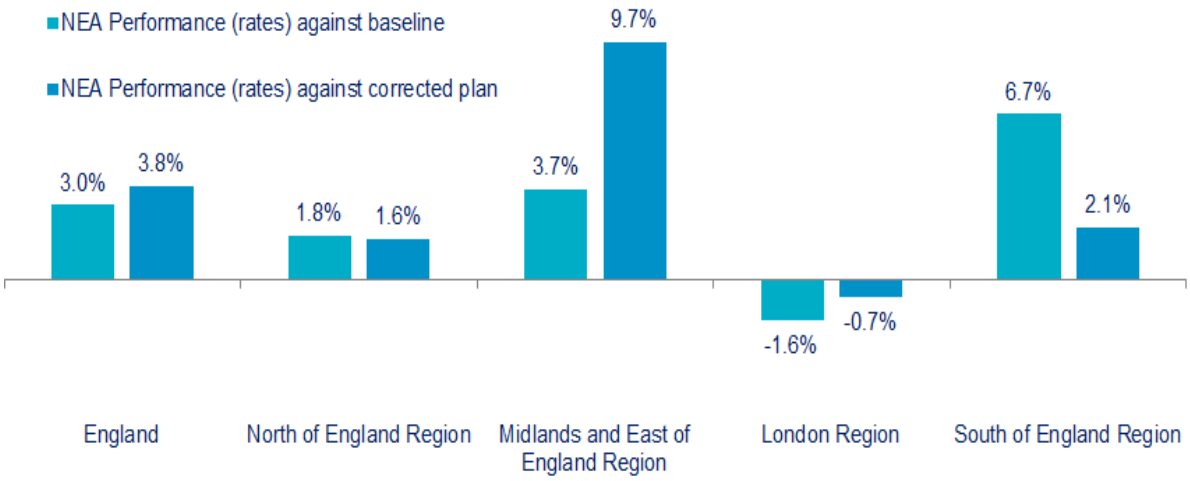
These indicators are also being used to inform a review of other schemes funded in the BCF scheme 2016/17 in order to inform the development of schemes in 2017/18-2018/19, informed by the NHS England BCF planning guidance.

4.0 NHS England Q1 Data Collection and Performance report for all HWB areas

The NHSE quarter 1 (April to June 2016) regional Data and Performance report is due for publication. Headlines were shared at a recent regional BCF event and are as follows:

Quarter 1 NEA performance

- NEAs showed a reduction in London and in Q1 were 0.7% lower than planned
- Nationally NEAs were 3.8% higher than planned



Quarter 1 DTOC Performance

- 13 out of 33 HWBs reported an improvement on plan activity
- The City of London and Harrow were the furthest from planned performance with increases of 53% and 114.7% respectively
- The largest reductions against plan were in Havering (52.7%) and Barking and Dagenham (43%)
- London's were 7.1% higher than planned, compared to 23.7% for England

Other national conditions

The lowest compliance related to the following 2 national conditions:

- 7 day support for discharge from hospital. In Q4 2015/16, 32 HWB areas stated that they had 7 day services to support discharge and in Q1 this fell to 23
- NHS number as the prime identifier. In Q4 2015/16, 29 HWB areas stated that the NHS number was the prime identifier and in Q1 this fell to 26.

HWB areas provided the following comments on DTOC challenges:

Placements
Identifying appropriate placements has been a challenge in both health and social care - In particular, nursing home placements (social care) and neuro-rehabilitation and stroke beds (health). A range of actions are in place in different HWB areas including market development and overseeing quality.

Data quality
A number of HWBs raised data quality as an issue and have measures in place to address this.

Pathway
The need for pathway development was raised in some areas and actions are in place linked to A&E delivery plans.

Mental Health delays

Delays in mental health discharges account for a large proportion of delays in a number of HWBs and detailed work is underway to better understand and address this.

Patient and family choice

Patient and family choice is another area of challenge, which is being picked up by improved patient choice policies and other initiatives.

HWB areas provided the following comments on NEA challenges:

Short admissions

A number of HWBs have flagged an increase in the number of very brief admissions, which is being addressed

Increased A&E conversion rates

This has also been flagged in a number of areas, with follow-up actions in place to understand this and address it.

I**ncreased admissions for younger adults**

This was raised in one HWB area and as a result some condition specific work (e.g. in relation to sickle cell anaemia) is being undertaken.

5.0 A summary of the BCF financial position as at end of quarter 2 (April to October)

5.1 As at the end of quarter 2, the CCG's has spent the fund as per plan and the year end forecast is to breakeven. This includes identifying a £0.159m savings requirement (as agreed by the HWB) as at the end of quarter 2 small slippages against budget of £41k have been identified, across a small number of schemes. The CCG fully expects to meet the full savings target by the end of the year. The CCG includes spend relating to mental health and community services with Barnet, Enfield & Haringey MHT as well as the existing costs of the Integrated Care work stream.

5.2 Of the fund, the Annual LBE BCF commissioning budget is £12.061m (£2.540m capital and £9.521m revenue). As at the end of Q2 2016/17 the Council has spent £5.099m and we are currently forecasting to spend £11.976m as at the 31st March 2017. We are reporting a £0.085m underspend with which we will put towards the targeted £0.159m savings required. Work is on-going throughout 2016/17 to achieve the remained of the £0.159m by the end of the financial year.

5.3 Local risk sharing agreement – Emergency Admissions/Non-Elective Admissions (NEA's) reduction targets were consistently not met in 2015-16 and therefore a risk share arrangement was entered into for 2016-17. This agreement was entered into on the basis that if the planned levels of activity were achieved and, as such, value is delivered to the NHS in that way, then this funding would be released to be spent as agreed by the HWB.

Current indications are that the targets will not be met in this financial year.

6.0. The 2017-19 BCF plan.

The BCF plan will cover 2 years from April 2017. The publication of the policy framework and planning process and confirmation of timescales for the production of the 2017/19 BCF plan is imminent. A verbal update will be given at the HWB, in the meantime NHS England has advised the following expected timeline:

November 2016 - policy framework to set out the national conditions and assurance process

End of November - intention to publish the planning guidance shortly after the policy framework

March 2017 - Complete assurance by March, where possible.

Key Changes (not yet confirmed by ministers) are:

- **The BCF plan -** it will be a broader document and will cover not just the BCF but wider integration
- **National Conditions –** the aim is to reduce the number of national conditions
- **BCF Graduation –** suggestions around a small number of areas (6-10) can graduate from the BCF. Graduation was proposed at the 2015 Spending Review and will be based on progress towards health and social care integration and may result in the removal of the requirement to report nationally on the BCF.
- **Integration 2020** - given all the work that has happened for Sustainability and Transformation Plans a separate plan is not proposed. BCF Plan 2017-19 to include setting out their vision for how they will continue towards ever closer integration by 2020.

8. Health and Social Care integration

8.1 The following section highlights some of the positive work that is taking place in the borough to integrate health and social care services, in particular the Integrated Locality Teams. It also provides an update on integration plans at a strategic level.

8.2 **Integrated Locality Teams (ILTs) -** Phase I of the development of the ILTs brought together a number of key services as a “virtual team” around GPs to manage cases of older people 65+ with frailty. Cases were identified using a risk stratification tool. This was reviewed and early indications are that this approach was successful in managing more complex cases of older people at risk of hospitalisation. The model was extended in 15/16 to frail over 50’s.

8.3 Phase 2 developments commenced with workshops to review where we are now and explore the further development of Integration within Enfield Primary and Community Care services. The plan is to extend the model to include Adults and Young People in Transition from Children’s Services, increase the scope to integrate more services across adult social care and community health and develop a single point of access. A joint integration manager of the services in scope has been appointed.

8.4 A ‘Marketplace’ event is being held in November and the focus is on: the extension of Integrated Locality Teams, how these could work better with key services to deliver integrated pathways and improved outcomes for individuals, enabling officers to

network and meet key colleagues and partners and to continue to help shape the phase 2 action plan.

Integration plans

The submission of the North Central London (NCL) Sustainability and Transformation Plans (STP's) is on December 23rd. In addition, and as reported in the September HWB BCF update, two key documents have now been published (on behalf of the LGA, NHS Confederation and ADASS) that will help inform the future development of integration:

- Stepping up to the place: the key to successful health and social care integration. This includes a shared vision, what has been learnt about successful integration and issues for local and national leaders
- Stepping up to the place: an Integration self-assessment tool.

Link to the documents: http://www.nhsconfed.org/resources/2016/06/stepping-up-to-the-place-the-key

Although indications suggest that the production of a strategic plan will not be a requirement of the BCF planning, it is essential that as a local area we are able to describe what integration looks like in Enfield and the longer term vision, within the context of the STP. As previously discussed at HWB, work continues on the development of a local plan to support Health and Social Care Integration; however this will be developed further once the STP and leaders across health and social care are in a position to set the future direction at local level.

In view of this, time has been requested at the March HWB development session to discuss local integration plans.

End of Report.